NHS
Leeds Community Healthcare
NHS Trust

**Board Meeting (Public)**
**Friday 01 May 2020, 8.30am – 09.30am (via Microsoft Teams)**

| AGENDA | | | | |
|---|---|---|---|---|
| **Time** | **Item no.** | **Item** | **Lead** | **Paper** |
| | | **Preliminary business** | | |
| 8.30 | 2020-21 (1) | Welcome, introductions and apologies | Neil Franklin | N |
| | 2020-21 (2) | Declarations of interest | Neil Franklin | N |
| | 2020-21 (3) | Minutes of previous meeting and matters arising:<br>a. Minutes of the meeting held on 27 March 2020<br>b. Actions' log | <br>Neil Franklin<br>Neil Franklin | <br>Y<br>Y |
| | 2020-21 (4) | Innovation at a time of crisis – capturing the good from the COVID-19 response (presentation and paper). | Thea Stein | Y (to follow) |
| | | **Key issues** | | |
| 8.35 | 2020-21 (5) | COVID-19<br>a. Overview<br>b. Operational changes and issues: including Silver and Gold command<br>c. Clinical issues: including PPE<br>d. Quality: including outcomes, mortality, Mental Health Act Governance and work with Primary Care<br>e. HR and workforce: including health and well-being of staff<br>f. IT and estates: including information governance and equipment | <br>Thea Stein<br>Sam Prince<br>Steph Lawrence<br>Ruth Burnett<br>Jenny Allen/Laura Smith<br>Bryan Machin | (Papers to follow)<br>Y<br>Y<br>Y<br>Y<br>Y |
| | 2020-21 (6) | Governance<br>a. Proposal for holding Board meetings in 'public' | Diane Allison | Y |
| | | **Sign off /approval** | | |
| | 2020-21 (7) | a. Clinical Waste Contract (approved) | Bryan Machin | N |
| | | **Information for noting/discussion** | | |
| | 2020-21 (8) | Performance brief and domain reports<br>a. Performance brief - March 2020 | Bryan Machin | Y |
| | 2020-21 (9) | Committees' assurance reports:<br>a. Audit Committee: 17 April 2020<br>b. Quality Committee: April 2020 (verbal)<br>c. Business Committee: April 2020 (verbal) | <br>Jane Madeley<br>Ian Lewis<br>Brodie Clark | <br>Y<br>N<br>N |
| | 2020-21 (10) | a. Leeds Health and Care System Governance (four papers in total) | Thea Stein | Y |
| | 2020-21 (11) | a. Non-Executive Director COVID Communications plan | Thea Stein | Y |
| | 2020-21 (12) | Non-Executive Director briefing notes:<br>a) 2 April 2020<br>b) 9 April 2020<br>c) 16 April 2020 | Neil Franklin | <br>Y<br>Y<br>Y |
| 09.30 | 2020-21 (13) | Close of the public section of the Board | Neil Franklin | N |

Leeds Community Healthcare NHS Trust

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

**AGENDA ITEM 2020-21 (3a)**

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

**Friday 27 March 2020, 9.00am**

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| **Present:** | Neil Franklin | Trust Chair (via virtual link) |
| | Thea Stein | Chief Executive (via virtual link) |
| | Brodie Clark | Non-Executive Director (via virtual link) |
| | Jane Madeley | Non-Executive Director (via virtual link from item 123 ) |
| | Richard Gladman | Non-Executive Director (via virtual link) |
| | Professor Ian Lewis | Non-Executive Director (via virtual link) |
| | Helen Thomson | Non-Executive Director (via virtual link) |
| | Bryan Machin | Executive Director of Finance and Resources |
| | Sam Prince | Executive Director of Operations |
| | Steph Lawrence | Executive Director of Nursing and Allied Health Professionals (via virtual link) |
| | Dr Ruth Burnett | Executive Medical Director (via virtual link) |
| | Laura Smith | Director of Workforce, Organisational Development and System Development (LS) (via virtual link) |
| **Apologies:** | Jenny Allen | Director of Workforce, Organisational Development and System Development (JA) |
| **In attendance:** | Diane Allison | Company Secretary |
| **Minutes:** | Liz Thornton | Board Administrator |
| **Observers:** | None | |
| **Members of the public:** | None | |



| Item | Discussion points | Action |
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| **2019-20 (115)** | **Welcome and introductions**<br>The Trust Chair welcomed Board members attending the meeting.<br><br>It was agreed that the agenda be re-ordered to take the items which required sign off and approval before the update from the Chief Executive and executive directors on COVID 19. The numbering of these minutes reflect the re-ordering.<br><br>**Apologies**<br>Apologies were noted from Jenny Allen, Director of Workforce, Organisational | |

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| | Development and System Development. | |
| **2019-20 (116)** | **Declarations of interest**<br>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. | |
| **2019-20 (117)** | **Questions from members of the public**<br>There were no members of the public in attendance and no questions had been notified in advance of the meeting. | |
| **2019-20 (118)** | **Minutes of the previous meeting held on 7 February 2020**<br>The minutes were reviewed for accuracy and agreed to be a correct record.<br><br>**Items from the actions' log**<br>The Board noted that there was one action which was due for completion in August 2020.<br><br>Verbal update were provided on the following actions:<br><br>**Item 2019-20(101): Chief Executives Report:**<br>• The Executive Director of Nursing and Allied Health Professionals confirmed that the universities in Leeds were included in the updates regarding Coronavirus<br>• The Executive Director of Operations confirmed that she had received contact details for sustainability experts from Non-Executive Director (JM)<br><br>Item 2019-20(109): **West Yorkshire and Harrogate Health and Care Partnership: first annual review of Partnership MoU:** Non-Executive Director involvement in the Finance Forum and Quality had been clarified<br><br>Item 2019-20 (111): **Research and Development Strategy 2020-2025**<br>• Work was underway to consider linking the citywide group on research and development<br>• The Executive Medical Director confirmed that a Clinical Research Network contact had been suggested to her as a potential member of a newly formed Research Group<br><br>There were no further actions or matters arising from the minutes. | |
| **2019-20 (119a)** | **Organisational Plan 2020-21**<br>The Executive Director of Finance and Resources presented the draft Operational Plan for 2020-21 which was intended to reflect the Trust's plans and priorities for the year ahead including the Financial Plan.<br><br><u>Priorities</u><br>The Executive Director of Finance and Resources explained that the plan presented the impact of the spread of COVID19 on the workforce and service delivery as the highest risk to the delivery of the service plans but it did not attempt to anticipate or describe that impact, as it had been developed before the full impact of the virus on the country had been understood.<br><br>He invited questions regarding the priorities in the plan.<br><br>The Board noted the plan and the priorities for the year ahead but acknowledged the significant impact that COVID-19 would have on the | |

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| | achievement of the Trust's priorities in 2020-21. A Non-Executive Director (BC) suggested that the Trust should be cautious about how the plan was published as it might require significant amendment as the COVID-19 situation developed.<br><br><u>Financial Plan</u><br>The Executive Director of Finance and Resources presented the Trust's Financial Plan for 2020-21. He explained that the Trust's financial plan for 2020-21 could only be considered in the context of COVID-19 and the suspension of the 'normal' business rules for at least 4 months.<br><br>The financial plan presented to the Board was in two parts: firstly, the business rules that would apply for at least the first four months and, secondly, the financial plan that would have been presented for the full year had those new business rules not been introduced.<br><br>The business rules for the first four months were published in a letter from the NHS Chief Executive and the Chief Operating Officer on 17 March 2020. These rules would be developed as issues arose but it is important for the Board to understand the financial framework the Trust would be operating under.<br><br>A Non-Executive Director (BC) said that a rigorous discussion about the Operational Plan priorities and the Financial Plan for 2020-21 had taken place at Business Committee on 25 March 2020. Following that discussion the unanimous decision of the Committee was to recommend both the priorities and the financial plan to the Board for approval. He added that this was subject to the caveat that both the priorities and financial plan might be subject to significant change as COVID-19 developed over the coming months.<br><br>In response to a question from the Executive Director of Operations, the Executive Director of Resources confirmed that Public Health income was not included in the income summary. He said that he would be seeking clarity from the Local Authority about when the contracts for 2020-21 would be formally agreed and whether similar business rules would apply to local authorities during COVID-19.<br><br>**Outcome:** The Board:<br>• approved the Trust's Operational Plan priorities and Financial Plan 2020-21 as presented to the meeting subject to the following caveats:<br>➢ that there were significant risks around the delivery of the plan and the priorities within it and these could change as a result of COVID-19<br>➢ the assumptions underpinning the budget for the first four months would continue to be reviewed and reported to the Board through the existing governance arrangements. | |
| **2019-20 (119b)** | **Board Assurance Framework (BAF) 2020-21 (Draft)**<br>The content of the BAF had been reviewed in line with the operational plan for 2020-21 and a draft revised BAF was presented to the Board. The Board was asked to consider the suggested amendments, which included the additional strategic risk of business continuity planning and the removal of two strategic risks.<br><br>Outcome: the Board approved the amended BAF | |

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| **2019-20 (120)** | **Draft high level indicators for Performance Brief 2020**<br>The Board discussed the measures proposed for inclusion in the Performance Brief in 2020-21.<br><br>The Director of Workforce, Organisational Development and System Development (LS) drew the Board's attention to the two indicators included under Well Led Leadership related to WRES and proposed that both these were replaced by one indicator which measured the number of BAME candidates appointed after being shortlisted as this could be reported on a monthly basis. This was agreed.<br><br>In response to a question from a Non-Executive Director (BC), the Executive Director of Nursing and Allied Health Professionals (AHPs) said that under the Quality Challenge and Quality Challenge+ programme in normal circumstances the Trust scheduled one visit to a service each week. The Chief Executive confirmed that due to COVID19 all Quality Challenge visits had been suspended for at least three to four months however, the programme would be resumed as soon as possible post the Coronavirus pandemic.<br><br>The Executive Director of Operations provided assurance that the Key Performance Indicators (KPIs) for CAMHS which had been removed from the responsive section would be available as part of the service spotlight presentations made to the Business and Quality committees in future.<br><br>**Outcome:** The Board:<br>• reviewed and agreed that the list of measures provided assurance<br>• approved the KPIs as presented<br>• agreed the changes to the WRES indicators as proposed by the Director of Workforce, Organisational Development and System Development (LS) | |
| **2019-20 (121)** | **Corporate governance report**<br>The Chief Executive presented the report which covered a number of corporate governance requirements which the Board needed to consider on an annual basis, including:<br>• an update on progress of the Annual Governance Statement<br>• 'Going concern' consideration<br>• Declarations of interest and compliance with fit and proper person requirements made by directors for 2019/20<br>• Board membership: appointment of non-executive directors<br><br>These would form part of the Annual Report to be presented to the Board in May 2020.<br><br>The Company Secretary confirmed that the Audit Committee had reviewed the 'Going Concern' consideration and recommended that the Board approved the preparation of the 2019/20 annual accounts on a going concern basis.<br><br>**Outcome:** The Board:<br>• noted the contents of the going concern consideration and approve the conclusion that the Trust is a going concern<br>• noted the declarations made by directors for 2019/20 (in draft) | |
| **2019-20 (122)** | **Learning and development strategy**<br>The Executive Director of Nursing and AHPs presented the strategy for the Trust for 2020-23 which outlined the ongoing development needs for staff and the Trust's commitment to providing effective experience for learners. | |

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| | She confirmed that the strategy presented to the Board reflected the additions suggested by the Quality Committee and included Leadership Training.<br><br>**Outcome:** The Board:<br>• approved the Learning and Development Strategy | |
| **2019-20 (123)** | **Chief Executive's report**<br>The Chief Executive presented the report which updated the Board on the Trust's activities since the last meeting and the continuity plans for the Coronavirus (COVID 19) pandemic. The Chief Executive invited individual executive directors to update the Board on the actions the Trust was taking in the rapidly evolving COVID19 situation.<br><br>The Executive Director of Operations reported on the latest figures provided by Leeds Teaching Hospitals NHS Trust (LTHT). These were:<br>• 37 people as COVID positive<br>• Five deaths in hospital<br>• One death in the community<br><br>She outlined the actions the Trust had taken at the start of the infection curve:<br>• The Executive Director of Nursing and Allied Health Professionals had introduced twice daily Incident Management Team (IMT) meetings (containment phase).<br>• Silver Command meetings would start on Monday 30 March 2020 as the Trust moved into (delay phase).<br>• National guidance had been issued around services that must continue, services that have some essential elements that must continue and some elements that could be temporarily paused and services that could be temporarily paused (attached at annex A).<br>• Steps were being taken to train re-deployed staff including shadowing and induction arrangements for each service and everything was being done to ensure that staff worked within their scope of competence and confidence.<br>• There was an immediate requirement to reduce bed occupancy to 50% (currently running at 70% with 250 patients identified as medically fit for discharge.<br><br>A Non-Executive Director (HT) asked about the regional modelling around the need for critical care beds. The Executive Director of Operations said that the regional projections were based on the Imperial Model which had a key role in informing the UK's coronavirus strategy.<br><br>In response to a question from Non-Executive Director (BC), the Executive Director of Operations said that she expected that between six and eight hundred staff would be re-deployed within the Trust. She added that at the current time there was no expectation that staff would need to be re-deployed to LTHT and the priority would be to ensure the there was a robust community service across the city.<br><br>A Non-Executive Director (RG) asked when Coronavirus was expected to peak in the community. The Executive Director of Operations responded that the peak was expected at the end of April/early May however, it was not clear how many patients would be managed at home.<br><br>The Chief Executive observed that the pandemic would have a significant | |

impact on the physical and mental health of the population and community services would not return to normal working for a number of months.

The Executive Director of Nursing and Allied Health Professionals outlined the work being undertaken to prepare and support staff already working in and those who would be re-deployed across clinical areas:

- Additional high level training was being put in place in relation to clinical observations, falls and pressure ulcers.
- Shadow shifts and 'double-ups' were in place to ensure that staff were confident and comfortable in the roles they were being asked to perform
- To ensure social distancing, thought was being given to how the daily handover and safety huddle meetings were managed to maintain safety including a virtual handover approach with immediate effect.
- Serious incidents – the 72 hour completion timeframes remained the same.
- Complaint management – the Clinical Governance Team would continue to work to meet the same timescales and deadlines where possible. Comprehensive Serious Incident investigation timeframes remained the same however the CCG would automatically issue an extension if needed.
- PPE - the Infection Prevention and Control Team had received a delivery of 36,000 PPE units, including a mix of surgical and FFP3 masks. 16,000 units have been distributed over the past couple of days as well as additional eye protection. The team is still awaiting a delivery of visors, alcohol gel and aprons which was expected today.
- Testing – community swabbing was only taking place in a small number of locations: Wetherby Young Offender Institution, one private care home and South Leeds Recovery Hub. Staff testing was not currently routine but more national guidance was expected shortly.

- In-patient units
  - Little Woodhouse Hall
    All the appropriate PPE was in place. Two young people had been allowed home to begin a period of self-isolation. Staff on site were comfortable with the arrangements in place.
  - Hannah House
    All the appropriate PPE was in place and staff on site were comfortable with the arrangements in place
  - Wetherby YOI
    There were a number of suspected cases and staff on site had been trained to swab. Staff on site were comfortable with the arrangements in place

A Non-Executive Director (RG) asked what if any additional steps the Trust had taken to allow staff to raise concerns. The Chief Executive the Trust had an open culture and staff were very clear about the routes open to them, these included personal e-mails to line managers, general managers, the Freedom to Speak Up Guardian and the Chief Executive. She added she continued to receive questions through Ask Thea and a new process for channelling questions and raising concerns would be launched shortly and this would be available on mobile phones which could be accessed by using the individual's NHS Mail log in details.

***Non-Executive Director (JM) joined the meeting.***

The Executive Medical Director provided an update on city wide work and work with primary care providers including:

- The joint work on child safeguarding with LTHT
- Work with LTHT on mortality data – in relation to deaths in the community which were related to Coronavirus
- Establishment of a local/regional ethics committee to include membership from the CCG and Leeds GP Confederation
- Bridging the gap between the Trust and Primary Care across the city by regular and co-ordinated conversations to ensure that communications were consistent for example in the use of PPE
- Guidance to prescribers:
    - to defer routine medicine reviews
    - promote remote consultations

The Executive Director of Workforce, Organisational Development and System Development (LS) provided an update on workforce issues which would focus on three main priorities:

- Maximising supply
    - Understanding capacity across the organisation – recording absence rates in terms of those that are COVID19 related, staff self-isolating, annual leave, maternity leave, sick leave and special leave.
    - Staff re-deployment.
    - Use of returners, bank staff and new starters – systems put in place to streamline pre-employment checks, review the availability of bank staff, use virtual induction and ensure that statutory and mandatory training was easily accessible on line
    - Recently retired and students – a task force has been set up to streamline pre-employment checks and lists of staff were being compiled regionally and would be available shortly.

- Staff health and wellbeing
    - Work underway nationally to support staff health and wellbeing
    - The Trust is well prepared locally to support with a raft of initiatives in place.
    - A new Listening, Support and Signposting service was being offered to staff during the Covid19 period.
    - A psychological survival guide for working from home – produced by Leeds and York Partnership NHS Foundation Trust had been shared to support colleagues working at home.

- Communications and engagement
    - Work was underway to develop more comprehensive FAQs to support staff and guidance for managers which will be made available on the Trust Intranet.
    - Positive Joint work with Staff Side colleagues.

A Non-Executive Director (RG) asked for more information about the support for vulnerable staff. The Director of Workforce. Organisational Development and System Development (LS) said that information had been made available on the Trust Intranet with links to national guidance.

In terms of those members of staff who were pregnant the Trust was in contact with each individual to ensure they could work safely whilst adhering to the national guidance.

Some members of staff were anxious about working if a member of their household was identified as in a vulnerable group and steps were being taken to alleviate their concerns by considering flexible options whilst

working within the national guidance.

A Non-Executive Director (JM) asked about the use of nursing students to boost the NHS workforce. The Executive Director of Nursing responded that currently third year students were being called in to form part of the nursing workforce. Further consideration was being given nationally to deploying first and second year students as healthcare assistants or using them as volunteers in the community. She added that co-ordinating the deployment of volunteers was being undertaken by Leeds City Council.

In response to a questions from a Non-Executive Director (BC), the Executive Director of Nursing and Allied Health Professionals that the Trust was awaiting national guidance on the testing of staff and as far as she was aware currently no members of staff in the Trust had tested positive for Coronavirus.

A Non-Executive Director (IL) asked about the current staff absence rate. The Director of Workforce. Organisational Development and System Development (LS) reported the latest sickness absence figure as 14% and this was being monitored on a daily basis.

A Non-Executive Director (HT asked about the risk of the Trust losing staff to work in the acute sector. The Director of Workforce, Organisational Development and System Development (LS) assessed this as low risk and movement between the Trust and LTHT was slow.

In response to a question from a Non-Executive Director (RG), the Chief Executive confirmed that only critical staff were working at Stockdale House and the appropriate social distancing was in place in accordance with national guidelines.

The Executive Director of Finance and Resources outlined the work being undertaken in relation to Finance, IT and systems support:

- An extension had been granted and new reporting timetable issued in relation to production of the annual accounts
- Many more staff now had to rely on technology to help deliver patient care or continue essential support functions.
- 200 additional laptops had been configured and a further 100 mobile phones issued to help staff get ready to work in new teams and in different ways. A further 150 additional mobile phones had been ordered. This was placing an intense pressure on some of our support infrastructure including the IT Helpdesk and the SystmOne Helpdesk.
- In collaboration with Primary Care colleagues work was underway to rationalise 'Front of House' services to five clinical locations.

No further questions were raised.

The Trust Chair thanked the executive directors for their detailed update reports.

**Outcome:** The Board:

- Noted the contents of the Chief Executives report
- Received assurance on the Trust's preparations and response to COVID19

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| **2019-20 (124)** | **Performance brief and domain reports**<br>The report for February 2020 had been circulated.<br><br>**Outcome:** The Board noted the Trust's performance for February 2020. | |
| **2019-20 (125)** | **Significant risk and Board Assurance Framework summary report**<br>The report provided 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).<br><br>The Trust's primary concern was currently the threat of the coronavirus (COVID-19) pandemic as this had the potential to adversely and significantly affect patients and staff. The Board noted that the Coronavirus (COVID-19) risk had been recently added to the risk register. The risk was being reviewed weekly as there was potential for a rapidly changing situation. Details of the mitigation were provided in the report.<br><br>**Outcome:** The Board:<br>• noted the report and the mitigation in place for the coronavirus risk | |
| **2019-20 (126a)** | **Workforce strategy: proactive analytics**<br>The report provided the Board with an update on the delivery of the Trust's Workforce Strategy's proactive analytics priority during the period April 2019 February 2020.<br><br>**Outcome:** The Board:<br>• received and noted the report. | |
| **2019-20 (126b)** | **Engagement strategy update**<br>The report provided an update on the Trust's Engagement Strategy including the operational plan for year one.<br><br>**Outcome:** The Board:<br>• noted the actions of the year one implementation plan against the objectives of the Engagement Strategy. | |
| **2019-20 (126c)** | **Quality Strategy**<br>The report provided an update on the progress of implementing the Trust's quality strategy which as approved in February 2018.<br><br>**Outcome:** The Board**:**<br>• noted that the implementation plan was meeting the objectives of the Quality Strategy. | |
| **2019-20 (127)** | **Assurance reports from sub-committees**<br>***Item 127(a) Audit Committee 13 March 2020***<br>The report was noted.<br>There were no questions raised.<br><br>***Item 127(b) Quality Committee 24 February 2020 and 23 March 2020 (verbal)***<br>The reports were noted.<br>There were no questions raised. | |

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| | ***Item 127(d) Business Committee 26 February 2020 and 25 March 2020 (verbal)***<br>The report had been circulated and was noted.<br><br>There were no questions raised.<br><br>***Item 127(d) Charitable Funds Committee 28 February 2020***<br>The report had been circulated and was noted.<br><br>There were no questions raised.<br><br>***Item 127(e) Nominations and Remuneration Committee 28 February 2020***<br>The report had been circulated.<br><br>There were no questions raised.<br><br>**Outcome:** The Board noted the update reports from the committee chairs and the matters highlighted. | |
| **2019-20 (128)** | **Approved minutes for noting:**<br>The Board noted the following final approved committee meeting minutes:<br>a. Audit Committee: 18 October 2019<br>b. Quality Committee: 25 November 2019<br>c. Business Committee: 27 November 2019<br>d. West Yorkshire Mental Health Services Collaborative Committees in Common (WYMHSC C-in-C) 21 January 2020- meeting notes | |
| **2019-20 (129)** | **Close of the public section of the Board**<br>The Chair thanked everyone for attending and concluded the public section of the Board meeting.<br><br>Closed at 11.30am. | |
| **Date and time of next meeting**<br>**Wednesday 27 May 2020, 9.00am – 12 noon.**<br>**Boardroom, Trust Headquarters, Stockdale House, Victoria Road, Leeds LS6 1PF** | | |

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Signed by the Trust Chair:
Date:

AGENDA ITEM 2020-21 (3b)

# Leeds Community Healthcare NHS Trust
## Trust Board meeting (held in public) actions' log: 1 May 2020

| Agenda Number | Action Agreed | Lead | Timescale | Status |
|---|---|---|---|---|
| **Meeting 6 December 2019** | | | | |
| **2019-20** (87) | **Freedom to Speak Up Guardian Report:**<br>• The Chief Executive and the FTSUG to include conclusions on the impact of the introduction of the FTSUG role in future reports where possible. | CE/FTSUG | 7 August 2020 | |
| **Meeting 27 March 2020** | | | | |
| | **None to note** | | | |

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| Actions on log completed since last Board meeting | |
| Actions not due for completion before 1 May 2020; progressing to timescale | |
| Actions not due for completion before 1 May 2020; agreed timescales and/or requirements are at risk or have been delayed | |
| Actions outstanding as at 1 May 2020; not having met agreed timescales and/or requirements | |

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**AGENDA ITEM 2020-21 (6a)**

| **Meeting** Trust Board 1 May 2020 | **Category of paper** *(please tick)* | |
|---|---|---|
| **Report title** Proposal for holding Board meetings in public (interim solution, for discussion) | **For approval** | ✓ |
| **Responsible director** Chief Executive<br>**Report author** Company Secretary | **For assurance** | |
| **Previously considered by** N/A | **For information** | |

**Purpose of the report**

Different ways of working are currently required in order that the Trust can comply with its statutory duties and maintain good governance whilst faced with the Coronavirus CVD-19 pandemic.

The Trust is obliged under in law to meet in public. In order to comply with the Government's instructions on social distancing, the Trust is currently asking the public not to attend unless essential. A message to this effect is published on the external website. The Trust is publishing papers on the website in the usual manner and taking questions in advance.

This paper sets out a proposed approach for members of the public to access Board meetings during this time of social distancing and suggests how this could develop into a more permanent arrangement in order to encourage and improve public attendance at Board meetings in general.

**Main issues for consideration**

These are 'meetings in public' which means the public is welcome to come and listen to the debates, but not to question the Board members directly.

The Good Governance Institute (GGI) offers advice to Boards who are obliged by law to hold Board meetings in public. It says:
*'Some plan to stream their fully virtual meetings. GGI's advice is that this approach is fraught with problems and creates potential for all sorts of mischief. Live-streamed meetings can be recorded and one clumsy interaction can become a viral tweet in minutes. We would recommend that NHS England suspend the requirement for meetings to be held in public and that instead boards invite key stakeholders to represent the public, using the available technology to join meetings as observers. As an alternative, members of the public could request virtual access to watch board meetings, but we would recommend that any such observers are required to abide by a meeting etiquette agreeing not to record proceedings. This follows the accepted practice of physical board meetings, where chairs would not accept observers recording discussions on their phones.'*

Given that NHS England have not suspended the requirement for meetings to be held in public, doing nothing is not an option. The GGI caution against live streaming, and we

cannot guarantee that members of the public will not record the meeting remotely. The proposal for our Trust is that:

**a) Our approach whilst social distancing applies**

- For a message to continue to feature on our public facing website advising the public not to attend the Board meeting in person, in line with government guidance
- For the minutes to be produced and Chair/CEO approved soon after the meeting and published on the website asap so that the Trust is seen to be transparent
- For the Trust not to pursue the option of live streaming, given the associated risks.
- For the Trust to invite a member of Healthwatch as a key public representative to remotely observe the (public) meeting, plus other third party organisations that the Trust works with who can appropriately represent the local population. As the Trust felt appropriate, additional proxy representatives could be considered
- The Board will answer questions which are sent in up to three days before the meeting. Questions must be sent to the Company Secretary and information about how to do this is already on the website.

**b) Our approach once social distancing is no longer required**

- For a summary of the public Board meeting to be published on the website following the meeting, similar to the briefing already produced for staff (The 'Board Walk').
- For Healthwatch and, as agreed, other third party organisations to be asked to attend to observe the meeting.
- For the Trust to recommence inviting the public to attend Board meetings
- The Board will continue requesting that questions are sent in up to three days before the meeting.

**Recommendations**

**The Board is recommended to:**

- In order ensure transparency during current circumstances and beyond, the Board is asked to approve the proposed approach for involving the public in Board meetings

Leeds Community Healthcare NHS Trust

**AGENDA ITEM 2020-21 (8ai)**

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| **Meeting:** Trust Board 1 May 2020 | **Category of paper** *(please tick)* | |
| **Report title** Performance Brief and Domain Reports | **For approval** | |
| **Responsible director:** Executive Director of Finance and Resources<br>**Report author:** Head of Business Intelligence | **For assurance** | ✓ |
| **Previously considered by:**<br>Senior Management Team, 22 April 2020, Business Committee, 29 April 2020 | **For information** | |

**Purpose of the report**

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

**Main issues for Consideration**

The Performance Brief presented here is not as comprehensive as the Board is used to receiving. At the time of planning the Brief for March it was anticipated that the resources required for its production would be severely impacted by Coronavirus. We now expect to be able to resume the presentation of the full Performance Brief in future months. In this Performance Brief a number of KPIs have been impacted by the impact of the Trust's planning response to Coronavirus and the national "lockdown" in the second half of March 2020.

**Recommendations**

**The Board is recommended to:**

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

# Performance Brief – March 2020

Leeds Community Healthcare NHS Trust

This document outlines the Trust's current position in relation to a set of high level indicators. This is an abridged version of the report aiming to give an overview of the current situation.

## Committee Dates

Senior Management Team – 22nd April 2020
Business Committee – 29th April 2020

## Recommendations

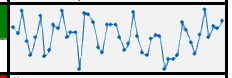
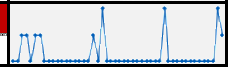
Committees and the Board are recommended to:

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

# Safe – March 2020

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

Leeds Community Healthcare NHS Trust

| Safe - people are protected from abuse and avoidable harm | Responsible Director | Target - YTD | YTD | Financial Year | Q1 | Q2 | Q3 | Jan | Feb | Mar | Q4 | Time Series |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Patient Safety Incidents Reported in Month Reported as Harmful | SL | 1.07 to 1.8 | 1.41 | 2019/20 | 1.18 | 1.40 | 1.40 | 1.72 | 1.74 | 1.44 | 1.64 |  |
| | | | | 2018/19 | 0.86 | 0.85 | 0.88 | 0.84 | 0.86 | 0.99 | 0.90 | |
| Serious Incident Rate | SL | 0 to 0.1 | 0.05 | 2019/20 | 0.04 | 0.04 | 0.06 | 0.06 | 0.06 | 0.07 | 0.07 |  |
| | | | | 2018/19 | 0.04 | 0.05 | 0.04 | 0.05 | 0.00 | 0.02 | 0.02 | |
| Validated number of Patients with Avoidable Category 3 Pressure Ulcers | SL | 7 | 14 | 2019/20 | 2 | 0 | 5 | 1 | 2 | 4 | 7 |  |
| | | | | 2018/19 | 1 | 2 | 0 | 0 | 3 | 1 | 4 | |
| Validated number of Patients with Avoidable Category 4 Pressure Ulcers | SL | 0 | 3 | 2019/20 | 0 | 0 | 0 | 0 | 2 | 1 | 3 |  |
| | | | | 2018/19 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | |

## Points to note

This past month has seen changes in some key governance processes as a response to the Covid-19 pandemic. The changes taken place within LCH are aligned with national guidance and have been agreed with our Commissioners which includes the relaxing of the 60 day turn around for serious incident investigations. In relation to patient safety incident reporting there are 2 key expectations:

1. The reporting of Serious Incidents and Never Events will be expected to continue in the normal way, within the current timescales (i.e within 48 hours of identification)
2. 72 hour reviews will still be completed to ensure immediate actions are implemented where necessary to protect patient safety.

## Update from February's Serious Incidents

The Trust declared 7 serious incidents (SI's) in February 2020 following a 72 hour review. These were 6 Pressure ulcers (2 Category 4, 2 Category 3 and 2 Unstageable), and 1 fall with harm, these will now undergo a full review to determine whether there are lapses in care. However, 2 have had requests made to the CCG to delog from STEIS as further information has come to light that has made it clear that they no longer fit the criteria for Serious Incident reporting. Of the 3 Cat 4 pressure ulcers in the table above, one has had the final report signed off and there were lapses in care identified, the learning from which will be taken forward via the pressure ulcer steering group and the other two are currently undergoing review to determine if there were lapses in care. The 4 cat 3 pressure ulcers reported in March are still undergoing review as well.

## March 2020 - Data Review

### 1. Serious Incident Rate

18 Incidents were added to the STEIS database in March, all had a 72 hour template review and were found to have some evidence of lapses in care and have been taken forward to full serious incident investigation.

| Type | Number |
|---|---|
| **Pressure Ulcer** | **11** |
| Cat 4 | 2 |
| Cat 3 | 4 |
| Unstageable | 5 |
| **Patient Falls** | **3** |
| **Self-Harm** | **2** |
| **Medication** | **1** |
| **Skin Trauma** | **1** |
| **Total** | **18** |

### 2. Status of all Serious Incidents

As of 23rd April there are a total of 22 STEIS reported serious incidents under investigation. These consist of the 18 reported in March and 4 which were recorded on STEIS in February 2020.

### 3. Verified (signed off) Serious Incidents

A total of 10 STEIS reported serious incidents were signed off by a Director in March. 6 of these involved in-patients at Little Woodhouse Hall; 3 of which found lapses in care (2 battery related incidents and 1 consent to treatment).
The remaining 4 consisted of 2 category 3 and 2 unstageable pressure ulcers, all found to have lapses in care.

### All Pressure Ulcers Reported

This month 42 Pressure Ulcer (PU) incidents were reported on Datix. The breakdown of pressure ulcer categories is depicted in the table below.

This shows a gradual and continuing rise in Category 2 pressure ulcers over the past 3 months, and a gradual and continued reduction in Unstageable Pressure Ulcers. This will be discussed and monitored via the Pressure Ulcer Steering Group.

The variation noted in Category 3 and 4 pressure ulcers will be monitored by the Patient Safety Team to observe for any trends / themes requiring further exploration and reported to the Pressure Ulcer Steering Group.

| **Category** | Jan 2020 | Feb 2020 | Mar 2020 | Total |
|---|---|---|---|---|
| Category 1 | 2 (10%) | 1 (2%) | 1 (2%) | 4 |
| Category 2 | 16 (32%) | 15 (36%) | 19 (45%) | 50 |
| Category 3 | 11 (22%) | 5 (12%) | 11 ( 26%) | 27 |
| Category 4 | 0 | 4 (9.7%) | 1 (2.5%) | 5 |
| Deep Tissue Injury | 1(2%) | 0 | 0 | 1 |
| Unstageable | 20(40%) | 16 (39%) | 10 (24%) | 46 |
| Total | 50 | 41 | 42 | 133 |

## 72hour Review Update – March 2020

There were 37 moderate and above pressure ulcer incidents were discussed at the Serious Incident Decision Meeting (SIDM) within March 2020.

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

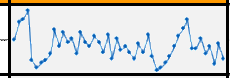
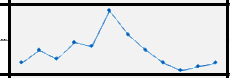
| Total no. | No lapses in care & no further investigation required | Progressed to concise RCA (internal) | Progressed to comprehensive RCA as potential lapses in care (SI) |
|---|---|---|---|
| 37 | 28 (76%) | 0 | *9(24%) |

(*4 unstageable, 4 Cat 3, 1 Cat 4)

# Caring – March 2020

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

Leeds Community Healthcare NHS Trust

| Caring - staff involve and treat people with compassion, kindness, dignity and respect | Responsible Director | Target - YTD | YTD | Financial Year | Q1 | Q2 | Q3 | Jan | Feb | March | Q4 | Time Series |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number of Formal Complaints Received | SL | No Target | 203 | 2019/20 | 62 | 59 | 48 | 7 | 17 | 10 | 34 |  |
| | | | | 2018/19 | 43 | 40 | 37 | 5 | 8 | 11 | 24 | |
| Total Number of Formal Complaints Received Related to COVID-19 | SL | No Target | 0 | 2019/20 | - | - | - | - | - | 0 | 0 | |
| | | | | 2018/19 | - | - | - | - | - | - | - | |
| Number of Formal Complaints Upheld | SL | No Target | 93 | 2019/20 | 19 | 37 | 25 | 3 | 4 | 5 | 12 |  |
| | | | | 2018/19 | - | - | - | - | - | - | - | |
| Number of Formal Complaints Responded to within timeframe | SL | No Target | 161 | 2019/20 | 33 | 50 | 51 | 5 | 10 | 12 | 27 |  |
| | | | | 2018/19 | - | - | - | - | - | - | - | |

## Complaints

There were 10 formal complaints received within March which are currently under investigation. There were 12 complaint investigations completed and responses provided in March from complaints received in previous months. A total of 34 complaints were received in Quarter 4 and there were 27 complaint investigations completed and responses provided.

There has been a decrease in the number of complaints received in March and across Quarter 4 2019/20. This is consistent with the previous reporting year when we saw a drop in complaints in the same quarter. This seems to be a repeated pattern in previous years; with no obvious cause of the reduction in complaints.

On review of previous years' data, complaint numbers generally have increased from March onwards. There has been a significant drop in incoming calls and written complaints in the latter part of March and into April and this may be due to the public's reluctance to contact NHS services at a time of crisis. This is expected to continue into Q1 20/21. Work is ongoing with partner agencies to increase awareness of the Patient Experience Team operating business as usual.

Overall for the year there has been an increase in the number of complaints received for the year 19/20 compared to the previous year which will be explored further in the 2019/20 annual report.

# 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.**

Leeds Community Healthcare NHS Trust

The Trust had one expected death in a Community Care Bed in March. The level 2 mortality review is yet to take place but no immediate learning has been identified.

# Responsive – March 2020

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

Leeds Community Healthcare NHS Trust

| Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care | Responsible Director | Target - YTD | YTD | Financial Year | Q1 | Q2 | Q3 | Jan | Feb | March | Q4 | Time Series |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Patient Contacts - Variance from Profile | SP | 0 to ± 5% | 1.8% | 2019/20 | -0.2% | 0.2% | 2.3% | 6.0% | 10.3% | -0.6% | 5.1% | |
| | | | | 2018/19 | -3.0% | -6.4% | -3.1% | 3.7% | -1.0% | -1.0% | 0.6% | |
| Patient Contacts | SP | No Target | 1,431,189 | 2019/20 | 354,255 | 354,517 | 361,491 | 126,995 | 118777 | 115155 | 360927 | |
| | | | | 2018/19 | 392,694 | 373,902 | 379,919 | 138,325 | 118,483 | 128,631 | 385,439 | |
| Percentage of patients currently waiting under 18 weeks (Consultant-Led) | SP | >=92% | 98.3% | 2019/20 | 99.3% | 98.7% | 97.6% | 97.1% | 95.3% | 94.4% | 94.4% | |
| | | | | 2018/19 | 97.0% | 97.8% | 96.7% | 97.5% | 97.4% | 95.6% | 96.8% | |
| Number of patients waiting more than 52 Weeks (Consultant-Led) | SP | 0 | 0 | 2019/20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | | 2018/19 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01) | SP | >=99% | 97.8% | 2019/20 | 100.0% | 94.1% | 100.0% | 100.0% | 100.0% | 88.0% | 88.0% | |
| | | | | 2018/19 | 99.7% | 97.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | |
| % Patients waiting under 18 weeks (non reportable) | SP | >=95% | 97.7% | 2019/20 | 97.9% | 98.4% | 97.7% | 98.1% | 97.8% | 95.5% | 95.5% | |
| | | | | 2018/19 | 98.9% | 98.4% | 98.2% | 98.2% | 97.9% | 97.2% | 97.8% | |
| 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% | 99.2% | 99.0% | |
| | | | | 2018/19 | 98.9% | 99.6% | 99.3% | 99.5% | 99.8% | 99.6% | 99.6% | |
| IAPT - Percentage of people referred should begin treatment within 6 weeks of referral | SP | >=75% | 45.6% | 2019/20 | 57.4% | 48.0% | 40.4% | 38.7% | 37.2% | 36.0% | 37.2% | |
| | | | | 2018/19 | 98.9% | 99.6% | 99.3% | 99.5% | 99.8% | 99.6% | 99.6% | |
| IAPT - Proportion of people accessing IAPT services aged 65+ | SP | >=13.6% | 3.4% | 2019/20 | 4.2% | 3.8% | 2.9% | 3.4% | 2.3% | 4.2% | 2.8% | |
| | | | | 2018/19 | - | - | - | - | - | - | - | |
| IAPT - Percentage of people who complete treatment and recover | SP | >=50% | 48.0% | 2019/20 | 50.0% | 49.1% | 48.8% | 46.6% | 49.7% | 51.5% | 49.4% | |
| | | | | 2018/19 | 49.9% | 48.4% | 52.0% | 49.1% | 55.7% | 54.5% | 53.1% | |
| IAPT - Recovery rate of people accessing IAPT services identified as BAME | SP | >=49.8% | 40.0% | 2019/20 | 43.6% | 37.3% | 39.1% | 38.6% | 48.8% | 44.9% | 44.0% | |
| | | | | 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 | Financial Year | Q1 | Q2 | Q3 | Jan | Feb | March | Q4 | 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% | - | 100.0% | |
| | | | | 2018/19 | 0.0% | 0.0% | 66.6% | 100.0% | 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% | 72.2% | 2019/20 | 89.5% | 77.8% | 73.1% | 25.0% | 69.2% | 69.2% | 58.8% | |
| | | | | 2018/19 | 92.9% | 75.0% | 64.7% | 100.0% | 100.0% | 100.0% | 100.0% | |
| CAMHS - Percentage of appropriately referred next steps patients seen in <12 weeks | SP | 100% | 48.0% | 2019/20 | 45.0% | 61.2% | 10.1% | 72.7% | 65.3% | 76.9% | 71.1% | |
| | | | | 2018/19 | - | - | - | - | - | - | - | |
| ICAN - Initial contacts to take place within 12 weeks for OT and PT | SP | >=80% | 79.3% | 2019/20 | 73.4% | 73.5% | 90.1% | 81.4% | 83.6% | 84.3% | 83.2% | |
| | | | | 2018/19 | 69.4% | 71.7% | 69.2% | 78.8% | 75.7% | 69.0% | 74.3% | |

From the third week in March services began to implement national guidance on community services prioritisation. This had an impact on several indicators in the performance brief.

Clinicians in services where the 18-week national waiting standard applies began to look at alternative ways of seeing patients including the use of video-conferencing. The inclusion of video-conferencing as a recognised approach for first contact was approved by Senior Management Team on 22 April 2020. This should improve performance not only in 18-week specialties but also in CAMHS.

The prioritisation guidance identified Audiology as a service to be stood down to enable capacity to be redeployed to critical services. This is the only service in the Trust where the 6-week wait for a diagnostic test standard applies. Performance against this target was consequently reduced in March

## IAPT

As previously reported there has been significant improvement in the time waiting for first appointment from 12-13 weeks in Q3 to 3 weeks in March 2020. It is expected that the target to ensure access within 6 weeks will be sustainably achieved by end of May 2020.

For reporting purposes the access to treatment indictor is heavily lagged as it measures the wait experienced by people who completed treatment in month. As 50% of people are in treatment for 9 months or more the waiting times indicator is not based on the current wait for an initial appointment

Following the introduction of the new contract in November access into the service has increased to 18.3%. The service was on target to reach 19% (contractual requirement) by end of March 2020 but the COVID-19 situation impacted poorly on referrals in the last two weeks of March (total access in March was 18.4%).

# Well-Led – March 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.**

Leeds Community Healthcare NHS Trust

| Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture | Responsible Director | Target - YTD | YTD | Financial Year | Q1 | Q2 | Q3 | Jan | Feb | March | Q4 | Time Series |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Staff Turnover | LS/JA | <=14.5% | - | 2019/20 | 13.1% | 13.0% | 13.1% | 12.9% | 12.4% | 12.6% | 12.6% |  |
| | | | | 2018/19 | 14.6% | 14.5% | 14.0% | 13.4% | 13.6% | 13.6% | 13.5% | |
| Total agency cap (£k) | BM | 6542 | 4350 | 2019/20 | 1158 | 1220 | 1025 | 275 | 310 | 362 | 947 | |
| | | | | 2018/19 | - | - | - | - | - | - | - | |
| Percentage Spend on Temporary Staff | BM | No Target | 6.2% | 2019/20 | 6.2% | 6.2% | 5.9% | 5.2% | 5.6% | 5.7% | 5.5% | |
| | | | | 2018/19 | 7.8% | 7.1% | 6.9% | 6.2% | 6.5% | 6.1% | 6.8% | |

More detailed Workforce data will be presented to Board as part of a separate COVID report from the Directors of Workforce.

# Finance – March 2020

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

Leeds Community Healthcare NHS Trust

| Finance | Responsible Director | Target - YTD | YTD | Financial Year | Q1 | Q2 | Q3 | Jan | Feb | March | Q4 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Net surplus (-)/Deficit (+) (£m) - YTD | BM | -1.7 | **-2.0** | *2019/20* | **0.0** | **-0.7** | **-1.0** | **-1.7** | **-2.1** | **-2.0** | **-2.0** |
| Capital expenditure in comparison to plan (£k) | BM | 2046 | **1969** | *2019/20* | **223** | **230** | **400** | **407** | **205** | **504** | **1116** |
| CIP delivery (£k) | BM | 2315 | **2115** | *2019/20* | **529** | **529** | **528** | **176** | **177** | **176** | **529** |
| COVID specific costs identified and submitted (£k) | BM | - | 180 | *2019/20* | - | - | - | - | - | 180 | 180 |

## Overall Summary

The Trust has met or exceeded all its external financial targets for 2019/20. The cash position remains very strong, the better payments practice code has been achieved for all measures and the use of resources risk rating is 1 overall, the lowest risk. The Trust has circa £7.2m more cash than required indicating the external financing limit has not been breached.

| Key Financial Data<br>Statutory Duties | Outturn | Variance from plan | Performance |
|---|---|---|---|
| Income & Expenditure retained surplus £1.7m | £2.0m* | £0.3m | G |
| Remain with EFL of £0.597m | -£6.657m | £7.154m | G |
| Remain within CRL of £2.067m | £1.969m | £0.098m | G |
| Capital Cost Absorption Duty 3.5% | 3.5% | - | G |
| BPPC NHS Invoices Number 95% | 99% | 4% | G |
| BPPC NHS Invoices Value 95% | 99% | 4% | G |
| BPPC Non NHS Invoices Number 95% | 97% | 2% | G |
| BPPC Non NHS Invoices Value 95% | 98% | 3% | G |
| | | | |
| **Trust Specific Financial Objectives** | | | |
| CIP Savings £1.68m recurrent in year | £1.7m | - | G |
| CIP Savings £0.64m planned non recurrent in year | £0.4m | -31% | R |
| +ve indicates peformance is better than plan | | | |
| * after technical adjustment | | | |

## Income & Expenditure Summary

The Trust has a surplus for 2019/20 of £1.697m before technical adjustments. When the fixed asset impairment and donated asset costs are added back the surplus for control total performance is £2.045m which is £0.3m more than the original plan. 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 (PSF) allocation. The Trust will be notified of any additional PSF allocation for 2019/20 during April.

## Income

Contract income is £0.1m less than planned the shortfall is in respect of penalties for missed police custody shifts and less HPV boys Commissioner income as the second dosage cannot be given with the financial year, this was an expected shortfall managed through reserves in previous months. The position assumes all CQUIN income; this has been agreed with Commissioners.

## Pay & Vacancies

Overall pay expenditure is £1.1m underspent at the end of the year. Expenditure in March was more than previous months as the P11D charge, the Real Living Wage increase, the very senior manager pay award and annual leave accrual have all been actioned in month. In addition there are 81 WTE vacancies in March, 18 less than last month.

The Trust has spent slightly more on agency staff in March as accounts are brought up to date at the end of the financial year. Total agency expenditure is £4.35m which is 33.5% less than the agency cap set by NHS Improvement.

## Delivery of Cost Improvement Plans

CIPs are £0.2m less than planned as forecast. This was offset by other non-recurrent underspending and did not impact on the delivery of the control total.

## Capital Expenditure

The Trust has a capital resource limit (CRL) of £2.067m for the year; this includes an additional £46k for Little Woodhouse Hall issued in year. The total expenditure for 2019/20 is £1.981m less £12k asset disposal giving a net charge of £1.969m against the CRL. This is an under-shoot of £98k which is permitted.

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**Agenda Item 2020-21 (9a)**

| |
|---|
| **Report to:** Trust Board 1 May 2020 |
| **Report title:** Audit Committee 17 April 2020: Committee's Chair assurance report |
| **Responsible Director:** Chair of Audit Committee<br>**Report author:** Company Secretary |
| **Previously considered by:** Not applicable |


**Summary**

This paper identifies the key issues for the Board arising from the Audit Committee 17 April 2020.


**Corporate Governance**

The external and internal auditors were advised of the Trust's interim governance arrangements for the Board and Committees, which had been approved at Trust Board on 27 March 2020 and the auditor's opinion was that the Trust was taking a reasonable approach to governance.

**Internal audit**

The Committee noted completion of the internal audit in the 2019/20 internal audit plan, with the final three audits in draft, awaiting manager's comments. The most recently completed internal audit on the Patient Safety and Experience Governance Group, which concluded reasonable assurance, was presented at the meeting.

The Head of Internal Audit reported that their opinion was one of reasonable assurance given that there were adequate and effective risk management and internal control processes to manage the achievement of the Trust's objectives. The conclusion was based on the current findings including the completed audits and the three audits still in draft. For 2019/20 fourteen audits have achieved reasonable assurance, two were substantial and three were limited (these were statutory/mandatory training, software licencing and IR35).

The Committee has previously reviewed and approved the annual internal audit plan for the coming year (2020/21), however it was recognised that it would now be difficult to deliver the full audit programme, given the current disruption and uncertainty caused by the COVID-19 pandemic. The Executive Director of Finance and Resources is liaising with the internal audit provider (TIAA) to establish what is possible to achieve within 2020/21 and will report back to the Committee on what is proposed at the next meeting.

**Annual report and accounts 2019/20**

The Committee was advised of the Trust's progress with the finalisation of the Trust's annual report, accounts and associated activities. The Committee noted the revised timescales for completion of the annual report and accounts. The external auditors confirmed that they had completed some interim audit work and there were no concerns, and whilst the auditors would have to complete the remaining work remotely, there were plans in place to do this effectively.

**Board sub-committees' annual reports 2019/20**

The Audit Committee's draft annual report was received and some amendments were suggested to bring the report up to date with the end of year activities. The Committees terms of reference were reviewed, and it was agreed that some minor changes needed to be made particularly to reflect the Committee's revised approach to how it will review the Board Assurance Framework.

At its meeting on 13 March the Committee had discussed and agreed a revised approach to how it would review the Board Assurance Framework (BAF), to ensure that the roles of the Board and three committees involved in reviewing the BAF would be unique. The proposed approach is also to be put to the chairs of the Quality and Business Committees and to the Board Chair for approval.

The Committee also received the annual reports of the Board's other sub-committees as part of the Committee's role in reviewing the effectiveness of governance. The annual reports were approved subject to minor amendments, which are to be communicated to the committees.

**Counter fraud annual work plan and self-review toolkit**
The Committee was advised that counter fraud self-review tool had been submitted to the NHS Counter Fraud Authority, following agreement from the Audit Committee Chair and the Executive Director of Finance and Resources.

**Agenda Item 2020-20 (10ai)**

**Leeds Health and Care System Governance – COVID 19**

3 April 2020

## 1. Introduction

In response to the COVID 19 outbreak the Leeds Health and Care system governance has been reviewed and a new proposed structure developed and agreed by all system partners (Appendix 1). This document outlines each of the group including membership, frequency and reporting processes.

A revised daily OPEL report is being established to provide the city wide position with regards organisational status and to access the impact of COVID 19 our response. This report will be sent out each day TBC.

## 2. Leeds City Wide Gold Command

The purpose of the group is to minimise the effect of the outbreak on the health and wellbeing of the city, especially the most vulnerable. The objectives of the group are

- To monitor, mitigate or minimise any risks to the city from the Coronavirus outbreak to ensure provision of essential services where possible.
- Provide what support we can to individuals, families and communities and businesses affected, and encourage communities to provide support.
- Follow national guidance and signpost people to comply with relevant advice.
- Recognise the impact on service delivery, particularly the NHS and social care, but also other critical services, if the spread of the virus continues.

Leeds city level structure:

- Chaired by Tom Riordan, Chief Executive Officer Leeds City Council (LCC).
- Supported by Mariana Pexton Mariana.Pexton@leeds.gov.uk
- Governance structure Appendix 2
- Meeting takes place every Tuesday at 8.30-9.15
- Members include but not exclusive to:
  - Leeds City Council – range of directorates including, Adults and Health
  - Director of Public Health
  - Leeds Clinical Commissioning Group (CCG)
  - Leeds Teaching Hospital Trust (LTHT)
  - West Yorkshire Fire Service
  - West Yorkshire Police
  - West Yorkshire Combined Authority
  - Voluntary Action Leeds
- Minutes form the meeting are shared with members within 24 hours

## 3. Leeds Health and Social Care Gold Command

The monthly SRAB meeting has now been stood down for 3 months; this will be replaced by a Weekly Gold Command meeting for Chief Executives from Health and Care Organisations across the city.

The purpose of the meeting will be:

- To agree strategy and policy positions to support silver and operational teams
- To ensure effective operation of city-wide and partner silver arrangements
- To address any weaknesses in city-wide coordination of health & care response
- To identify issues to escalate through City-Wide Multi-Agency Gold
- To provide a link to wider NHS and Care system (ICS/Regional/ National)
- To ensure Health & Social Care Communication is effective

Meeting structure:

- Chaired By Tim Ryley, Chief Executive Officer NHS Leeds CCG
- Meeting administered by Leeds CCG
- Meeting takes place every Friday at 2pm Skype
- Members include
    - Tim Ryley – CCG
    - Cath Roff
    - Victoria Heaton – Director of Public Health
    - Louise Metcalf/Lou Auger - NHS England
    - Julian Hartley – LTHT
    - Sara Munro – Leeds & York Partnership Foundation Trust (LYPFT)
    - Thea Stein – Leeds Community Heath Trust (LCH)
    - Jim Barwick – Leeds GP Con-federation
    - Hannah Davies – Health Watch Leeds
- Reports directly to City Wide Gold Command
- Any additions to the Sitreps submitted to Silver and other papers/information will need to be submitted by Thursday before the meeting by 12.noon and will be sent out the Friday morning by 10am.

## 4. Leeds Health and Social Care Silver Command

A Silver Command will be held weekly to:

- Manage the immediate pressures and risks across system.
- Take operational and tactical decisions requiring partnership arrangements
- Manage the available resources to meet the strategic goals
- Ensure the system position is understood across system via SITREPs

In addition all organisations will be able to convene a Silver Command meeting during the hours of 8am-8pm 7 days a week. Appendix 3 shows the process and requirements for initiating the call.

Meeting structure:

- Chaired by Leeds CCG – Debra Taylor-Tate in hours, out of hours CCG COVID on call manager
- Meeting administered by Leeds CCG
- A scheduled meeting take place every Wednesday at 2pm
- All organisations can initiate a System Silver Command 7 days a week - this will be at a time agreed by the initiator and chair
- The meeting will be action focused, the initiator will provide information regarding their current position/reason for calling the meeting and asks of the wider system
- Members include Chief Operating Officers/Executive Directors from the following organisations:
    - CCG – representing the CCG and Primary Care
    - Adults and Health - LCC
    - LTHT
    - LCH
    - LYPFT
    - LCD
    - OMG
    - Hospice Alliance
    - YAS
- Reports directly to the Leeds Health and Social Care Gold Command
- For the scheduled meeting; (Wednesday) work stream Sitreps and any additional papers/information will need to be submitted on the Tuesday by 12 noon and will be sent out on the Wednesday morning at 10am.

## 5. Silver City Wide Communications

This is the original System Resilience/Winter communication group that was established, Communication reps from all organisations are working closely together to ensure co-ordinated and consistent messages are re-laid to staff, the public and the media.

## 6. Silver City Wide Planning Group

This group is to deliver a number of key “products” on a consistent timely basis.

This will include

- a twice weekly (suggest Tuesday and Thursday 5pm) forecast report e.g. acute bed numbers
- Narrative update
    - A system picture
    - Reliability of information
    - Significant implications for pressures Any information gleaned

This group will be led by the CCG and Public Health.

## 7. Health and Social Care Operational Group – (previously Operational Winter Group)

The Operational Winter Group (OWG) has been stepped down until further notice; this has been superseded by the COVID 19 Operational Group.

The purpose of the meeting will be:

- focus on operational delivery across the health and care system
- use data to drive discuss/inform actions and decision making
- escalate operational pressures/issues/risks
- enact mutual aid where/when required/possible

Meeting structure:

- Chaired by Debra Taylor-Tate/Adam Cole CCG ICC team
- Meeting administered by Leeds CCG
- A scheduled meeting take place every Monday, Wednesday and Friday at 2pm
- Each organisation will be required to provide an update on their organisation highlighting **operational pressures/issues/risks and any asks that they might have of partners**
- Members include one senior operational manager and a EPRR manager from each of the following organisations:
    - CCG
    - Adults and Health - LCC
    - LTHT
    - LCH
    - LYPFT
    - LCD
    - GP Confederation
    - Hospice Alliance
    - YAS
    - Independent sector
- Reports directly to the Leeds Health and Social Care Silver Command
- Notes and actions from the meeting will circulated by 10am the following day

## 8. City Bronze Task Groups (Planning and Delivery)

A number of groups have been established to address the various issues and or pressures we are facing in our response to the COVID 19 outbreak. Working across the health and social care and wider system these groups will be managing, implementing solutions and providing clarify to ensure we are co-ordinated and focused on the priority areas.

To date the following groups have been established with SRO and Programme management support in the process of being identified.

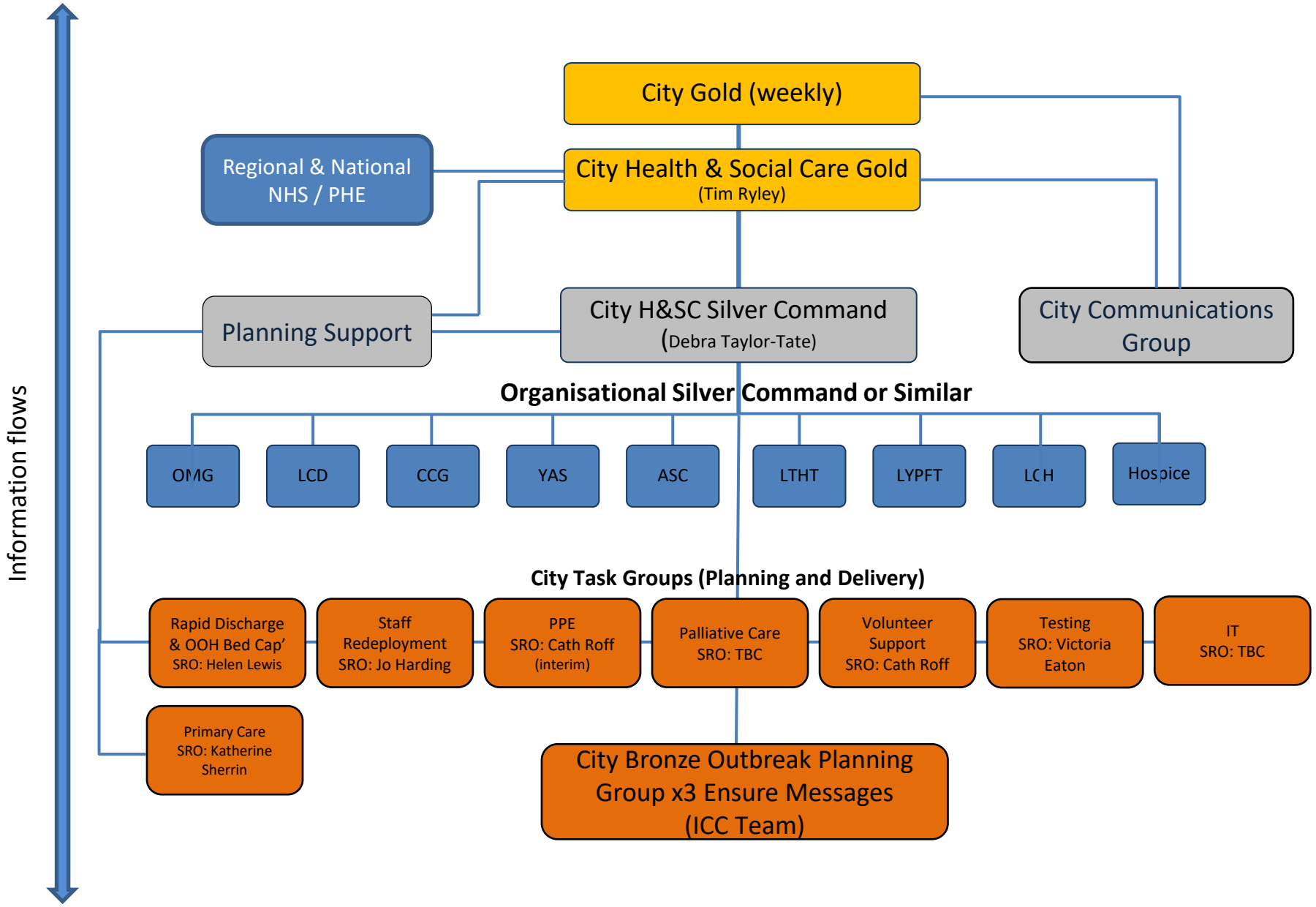
| Group | SRO | Programme Support |
|---|---|---|
| PPE | Cath Roff- Director Adults & Health | Joanna Bayton-Smith |
| Testing | Victoria Eaton - DPH | |
| Workforce redeployment | Jo Harding – Director of Nursing - CCG | LAP |
| Primary Care | Katherine Sherrin | Kirsty Turner |
| Shielding/Volunteering | Cath Roff- Director Adults & Health | Tony Cooke HPTeam |
| Discharge | Helen Lewis – Director CCG | |
| Pallative Care EOL | Thea Stein- CEO Leeds Community Health Care | |
| IT | Dylan Roberts | |

All groups will complete a Sitrep twice a week submitted to the CCG ICC team, this will inform the position statement for the following groups supporting decision making and identifying system issues and risks:

- Leeds City Wide Gold Command
- Leeds Health and Social Care Gold Command
- Leeds Health and Social Care Silver Command
- Health and Social Care Operational Group

We are working closely with Tom Riordan office to ensure all groups are linked and where it makes sense join groups up to provide one version of the truth for the city, this will also prevent duplication/confusion and maximise resources.

# Leeds Health & Care Covid19 Governance



**Leeds COVID-19 Response and Recovery Plan Themes:**

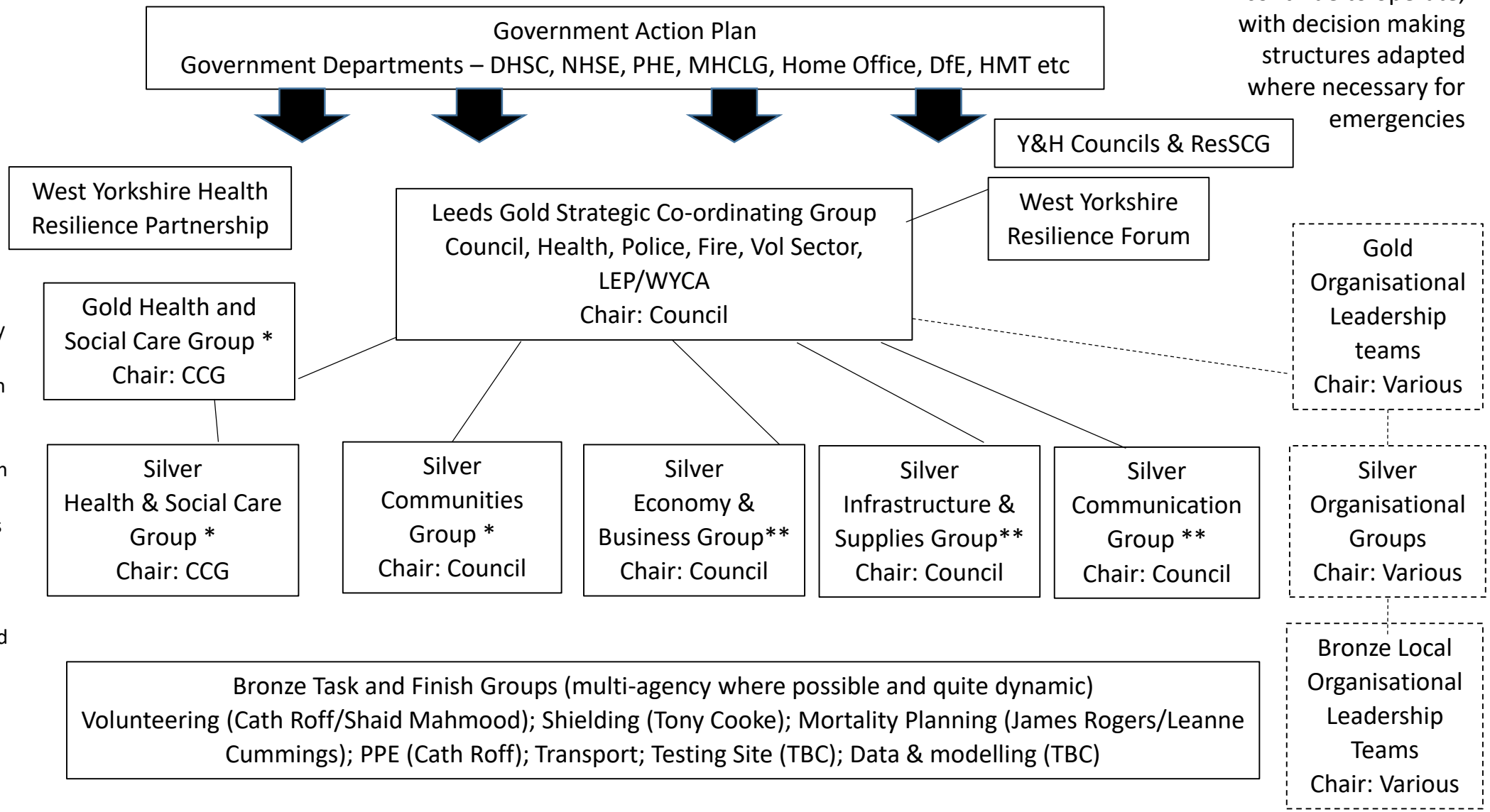
- Health
- Communities
- Economy & Business
- Infrastructure and Supplies
- Organisational
- Communications

**Aims and objectives:**

- Minimise the effect of the outbreak on the health and wellbeing of the city, especially the most vulnerable.
- To monitor, mitigate or minimise any risks to the city from the Coronavirus outbreak to ensure provision of essential services where possible.
- Provide what support we can to individuals, families and communities and businesses affected, and encourage communities to provide support.
- Follow national guidance and signpost people to comply with relevant advice.
- Recognise the impact on service delivery, particularly the NHS and social care, but also other critical services, if the spread of the virus continues.

# Leeds Multi-Agency Command and Control Arrangements
# COVID-19 – Overview

**Please note:**
Governance & boards for all organisations continue to operate, with decision making structures adapted where necessary for emergencies

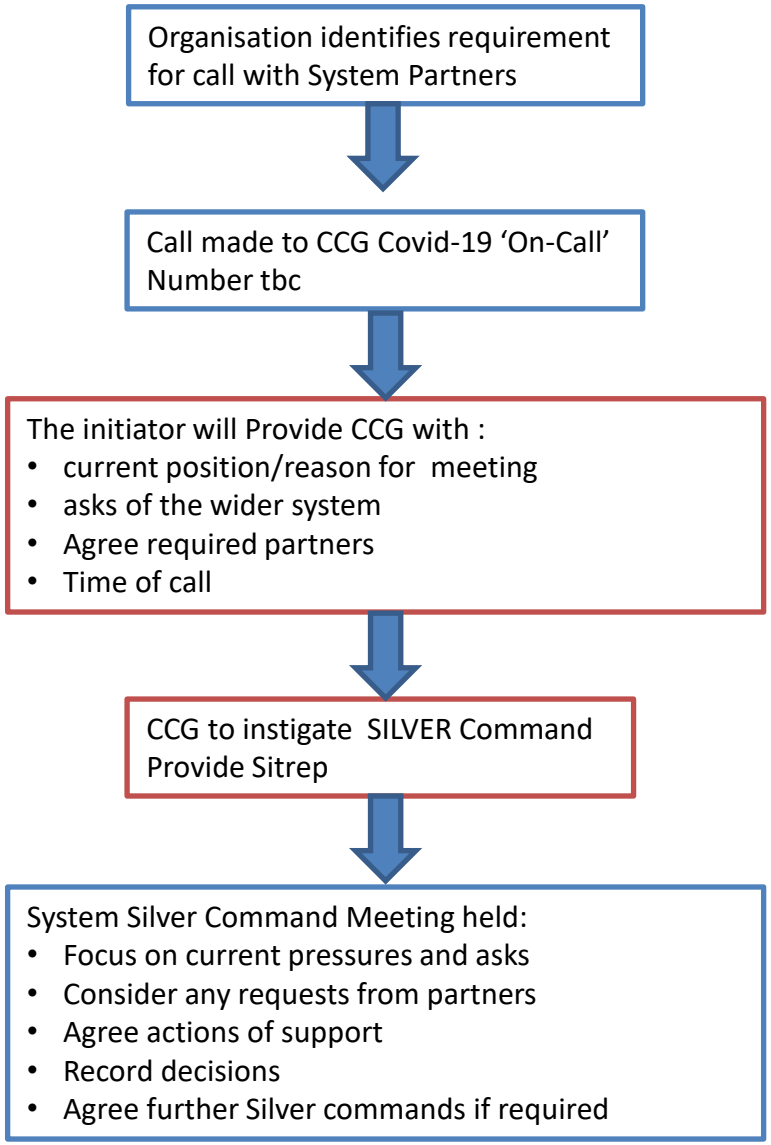



* Groups established ** Groups in the process of being established

Version 2 – 30 March

Appendix 3

## Covid-19 Silver command process



AGENDA ITEM 2019-20 (11a)

# Non-Executive Directors (NED) COVID Communication Plan

| Type of communication | Responsibility | Comments | Progress |
|---|---|---|---|
| Circulation of the COVID daily midday briefing | Board Administrator | Request made to IT to automate this function | Completed – NEDs now receive this automatically each day |
| A weekly phone call/video conference for all NEDS which will be hosted by the Executive Director of Finance and Resources and the Chief Executive– this will talk through operational issues that week, service changes – closures, hot spots etc, Health and wellbeing and people issues and any other key issues. This will not be a formal meeting and will not be minuted however, there will be a note circulated each week for NEDs outlining the key issues. | Chief Executive (agenda and host),<br>Business Support Manager (MST invitations),<br>Board Administrator (notes),<br>Company Secretary (maintain NED communications folder: H drive) | Meetings to commence 02/04/2020 until further notice/agreement | Meetings commenced 02/04/2020. |
| Weekly reports on staff absence | Company Secretary | Direct access to performance portal has been given to Company Secretary | Reports are being provided – some data accuracy issues found |
| Non-Executive Director Microsoft Teams group (team) | Company Secretary | | Completed - Team set up and MST ownership given to NED Richard Gladman |
| Monthly Board meetings | Company Secretary | Board workshops have been deferred and monthly Board meetings will take place until further notice/agreement | Schedule of timings have been confirmed (new schedule produced and circulated 03/04/2020. MST invitations issues for May and June 2020 |

Leeds Community Healthcare NHS Trust

**AGENDA ITEM 2020-21 (12a)**

# Leeds Community Healthcare NHS Trust
# NEDs COVID Update Briefing Meeting
# 2 April 2020

**Present:** Thea Stein(TS), Neil Franklin (NF), Brodie Clark (BC), Jane Madeley (JM), Richard Gladman (RG), Ian Lewis (IL) and Helen Thomson (HT)

**Note Taker:** Liz Thornton
**Apologies:** Bryan Machin
**In Attendance:** N/A

| Item | Discussion Points | Action |
|---|---|---|
| 1. | **Operational**<br>• **Local and City wide meetings**<br>➢ LCH Silver Command meetings daily (Led by Executive Director of Operations (EDO)<br>➢ Covid19 meetings twice per day (Led Executive Director of Nursing and AHPs) - will cease on Friday 3 April 2020<br>➢ Next step to move to LCH Gold Command meetings at 4.30pm daily (Led by EDO)<br>➢ City wide Gold Command Health and Social Care meetings weekly (Friday) – Thea Stein attending<br><br>• **Stepping down of services –C2 and C3** (based on national guidance)<br>➢ Converting existing contacts where possible to telephone contact, delaying new referrals or cancelling and discharging.<br><br>A sample of the letters sent to patients had been circulated. Further review will be undertaken to ensure these are accessible to all groups in different languages and formats.<br><br>A copy of the national guidance on stepping down services would be circulated to all NEDs<br><br>• **Working with commissioners and current demand on services**<br>➢ Figures circulated (noted) - some reduction in demand in the Neighbourhood Teams where families are stepping in. Increase in demand around coronary heart disease – following early discharge from Hospital. Assurance was provided that no clinical risk had been identified around this currently.<br>➢ All KPIs have been suspended without penalty apart from IAPT which has been designated as a C1 service nationally to cope with the stress and anxiety around COVID 19 and post pandemic implications.<br><br>• **Redeployment of staff**<br>• 250-300 staff currently identified for re-deployment.<br><br>**Questions**<br>HT asked whether there was an emerging trend of patients being reluctant to move into acute or hospice care including those who were dying from COVID related symptoms. TS | CS |

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| | responded that she felt this was the case, as the designated lead for EOL in the city she would be looking at this with the two local hospices.<br><br>IL asked what impact stepping down services would have for non-COVID19 patients. TS provided assurance that no patients at clinical risk would be discharged and this was the case across acute, community, primary and mental health sectors. Services were doing more triage remotely. The two week wait for cancer services remained in place. TS said that she expected this to be covered in more detail at the weekly city wide Gold Command Health and Social Care meeting and she would feedback any further information by e-mail if appropriate.<br><br>BC asked what the sense of staff morale was across the Trust particularly among staff who might feel currently 'out with' the Trust's main focus of business.<br><br>TS gave assurance on the staff morale – as generally good across the organisation and that there were no 'left out' groups in terms of Trust engagement and involvement. | TS |
| **2.** | **Clinical**<br>• **PPE- supply and demand**<br>➢ New guidance received 2 April 2020 (circulated and noted)<br>➢ IPC Team assessing the impact and engaged in co-ordinating the distribution of any additional PPE equipment in order to get it to teams as quickly and efficiently as possible. The significant changes to the guidance on PPE meant that thousands of pieces of equipment would need to be distributed across the city and the Trust was currently working on the logistics for this.<br><br>• **Clinical risk – training of staff, supervision and support**<br>➢ Appropriate training would be completed for 250 staff identified for re-deployment via distance learning by Tuesday 7 April 2020.<br>➢ Staff were encouraged to seek support if they felt they were being asked to carry out tasks they were not confident or competent to do.<br>➢ The 3rd visit to patients would always be made by a registered member of staff from the substantive team.<br><br>• **Continuing to monitor standards**<br>➢ QPD will be monitoring and reporting risk themes on Datix<br><br>• **EOL and palliative care guidance**<br>➢ EOL and palliative care guidance has not changed apart from PPE for COVID19 patients<br><br>**Questions**<br>NF asked if there were any 'gaps' in the supply of PPE. TS responded that the new guidance had significantly changed what was required. All business units were picking up what they need from the IPC base and current supplies were expected to last until Monday 6 April after that there was some uncertainty about the supply chain.<br><br>JM asked for assurance that no member of staff would be expected to visit patients if the appropriate PPE was not in place. TS confirmed that no member of staff would be expected to see patients without the required PPE.<br>BC asked if any unexpected concerns had been raised for example in terms of safeguarding. TS said that there were city wide concerns about safeguarding children – fewer children were being referred as new cases as a result of school closures and the wider 'lockdown'. Those children on the At Risk Register would continue to be visited by social worker, school nurses and health visitors as appropriate. The SILCs were still operating to support SEND children and this was working well. | |

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| | IL asked about plans to introduce testing for patients in the community. TS responded that currently testing was only available for patients with suspected symptoms in hospital and as yet, no further national guidance had been issued about this or the testing of frontline NHS staff. | |
| **3.** | **Working with Primary Care**<br>• A close working relationship was reported in a positive in an integrated way<br>• Many GPs were proactively taking on more work in the community work to support patients<br>• Colleagues from Primary Care were joining LCH Trust Silver Command meeting with LCH staff joining Primary Care Silver Command meetings - some issues remained unique to each sector. | |
| **4.** | **HR and people issues**<br>• **Mental health and well-being support**<br>➢ new service launched to support staff<br><br>• **Staff absence data circulated (noted)**<br>➢ Significant work was being undertaken to capture, share and understand what the data means for services and to match supply to demand.<br><br>• **Annual leave guidance**<br>➢ Looking after staff health and wellbeing was a top priority for the Trust and all staff including the SLT were being encouraged to take any planned leave.<br>➢ Comprehensive guidance had been issued to staff via the daily update on the Intranet – agreed by trades unions.<br><br>• **Communications and support to all staff and front line**<br>➢ Daily COVID19 updates available to all with links to guidance, advice and support.<br><br>• **Staff returners**<br>➢ Regional group established – Lead for Leeds is the Jo Harding, Executive Director of Quality and Nursing at Leeds CCG. The group will consider the deployment of staff across the region. LCH will be the 'host' employer for staff working in the Trust and Primary Care.<br><br>**Questions**<br>RG asked how the Trust was coping with the current level of demand. TS said that the Trust was currently dealing effectively with the demands placed on services. She added that planning was based on the peak in demand the community occurring at the same time as the acute sector. | |
| **5.** | **IT**<br>• **Home working enabled**<br>➢ Significant amount of work had been put in place by the IT Team to enable home working via CISCO- there were some issue around the capacity of the system which should be resolved soon.<br><br>• **Virtual meetings**<br>➢ IT had worked at speed to facilitate and support the use of Skype and MST more widely across the Trust and this was working extremely well.<br><br>**Questions**<br>None raised. | |

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| **6.** | **Estates**<br>• In collaboration with Primary Care colleagues work had been completed to rationalise 'Front of House' services to five clinical locations.<br><br>**Questions**<br>None raised. | |
| **7.** | **Finance**<br>• Work with CCGs continuing to finalise contracts<br><br>**Questions**<br>None raised. | |
| **8.** | **General**<br>• **NHS Nightingale Hospital Yorkshire and the Humber**<br>➢ Based at the Harrogate Convention Centre, the new, temporary hospital will initially provide some 500 beds equipped with ventilators and oxygen to form part of the NHS's surge capacity in the response to the Coronavirus pandemic.<br><br>**Questions**<br>None raised. | |
| **9.** | **Any other business**<br>None raised. | |

Leeds Community Healthcare NHS Trust

# Leeds Community Healthcare NHS Trust
# NEDs COVID Update Briefing Meeting
# 9 April 2020

**AGENDA ITEM 2020-21 (12b)**

**Present:** Thea Stein(TS), Neil Franklin (NF), Brodie Clark (BC), Jane Madeley (JM), Richard Gladman (RG), Ian Lewis (IL) and Helen Thomson (HT)

**Note Taker:** Liz Thornton
**Apologies:**
**In Attendance:** N/A

| Item | Discussion Points | Action |
|---|---|---|
| 1. | **Operational**<br>Led by EDO<br>• **Daily meetings**<br>➢ LCH Silver Command meetings daily (AM)<br>➢ LCH Gold Command meetings daily (PM)<br><br>➢ **City wide**<br>➢ City wide Gold Command Health and Social Care meetings weekly (Friday) – TS attending.<br><br>➢ **Redeployment**<br>➢ 125 members have been re-deployed in the neighbourhood teams in the last week- a very positive start. An induction video has been recorded for all re-deployed staff to view.<br><br>➢ Current demand on community services across the city has not increased significantly. TS had spoken to other community trusts in London and Birmingham to discuss and learn from their experience and planning.<br><br>➢ **Modelling for future demand**<br>➢ Latest figures showed some reduction in demand in the neighbourhood teams where families were stepping in to support patients. There is an increase in demand around coronary heart disease – following early discharge from Hospital. Assurance was provided that no clinical risk had been identified around this currently.<br><br>**Questions**<br>No questions were raised. | |
| 2. | **Clinical**<br>• **PPE- supply, demand and mutual aid**<br>Led by EDN&AHPs with EDFR is leading on logistics and supply of PPE.<br>➢ Significant changes to the guidance on PPE have meant that thousands of pieces of equipment need to be distributed across the city.<br>➢ A reasonable stock control system has been established with a Project Manager now in place and a central store at LYPFT. Deliveries of PPE are made 24/7 but the Trust has no control about what is included in each delivery therefore the | |

volume and supply of particular items is unpredictable.

- Systems have been established to escalate concerns about PPE supplies – regionally and nationally.
- A significant amount of work has been undertaken to embed the new PPE guidance, including daily briefings including VLOGs by the IPC Team and EDN&AHPs.
- Informal reciprocal agreements are in place to provide mutual aid by supplying PPE to other organisations e.g. Social Care - where stock levels permit.
- The majority of questions from staff relate to the use and supply of PPE – particularly about the new guidance – in the main managers are able to deal with the questions raised without the need for significant levels of escalation.

- **Palliative Care and EOL**

- TS updated on her work as the City Wide Lead. Productive work with Primary Care and the two hospices to develop a city wide approach to provide compassionate and thoughtful care for patients.

- **Working with colleagues in Primary Care**
  Led by the EMD

- Working with respiratory and geriatric consultants to support patients at home who need oxygen – help line established.
- Enhancing rehabilitation programmes for patients recovering from Covid19 in the community – particularly those who have been in ICU and possibly on a ventilator.
- Managing existing patients with long term conditions in the community by reviewing medicine management procedures including training staff to conduct on-line/ virtual medicine reviews and adapt medicines pathways to ensure they can safely and legally provide medication despite changes to the way patient care is delivered.
- Joint hubs established for leg ulcer care and catheter care.
- Looking into the impact of the changes made (so rapidly) to the way care is being delivered to patients – to ensure that learning is evaluated and the potential benefits some of these new approaches could bring in the longer term to the way services are run in the future.
- The Trust has accepted an offer of support from former Interim Executive Medical Director, Dr Phil Ayres to support the Trust's medical clinical leads.

- **Ethics Committee**

- The EMD is working to establish a local/regional ethics committee to include membership from the CCG and Leeds GP Confederation.

- **Nightingale Hospital staffing**
  Led by EDN&AHPs

- The Trust has been asked to provide five staff and five individuals have volunteered who have the necessary critical care skills. Training would begin on Saturday 11 April 2020 for four weeks.

**Questions**

HT referred to the national reporting about the drop in patients attending A&E departments and whether this was impacting on the pressures faced in the community. TS responded that currently there did not appear to be any significant impact in the community or Primary Care. She referred to a city wide project which was looking at the level of patient demand across all services.

RG asked about the demand for post Covid19 rehabilitation in the community. TS said that at the moment the numbers were small and there was no significant impact on service demand. She said that there was however pressure on the community cardiac service and staff within the Trust with recent cardiac experience were being asked to volunteer to

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| | support this particular service.<br><br>IL asked about the positive working relationship with Primary Care colleagues and whether this was consistent across all the PCNs. TS responded that overall the shift to more collaborative working was widespread across the city and added that GPs were working hard to take on some of the work which the Trust would normally undertake to free up staff time.<br><br>IL asked for an update on the numbers of Covid19 patients currently being treated in the community. TS provided assurance that the approach in the community was that every contact was potentially Covid19 and appropriate PPE was used. A number of care homes had been closed and a cluster of Covid19 related deaths had been reported in the community. TS agreed to provide details of these numbers following the meeting by e-mail. | TS |
| **3.** | **HR and people issues**<br>**Led by DoW**<br>• **Mental health and well-being support**<br>➢ The NHS nationally and locally has developed a range of wellbeing support to care for and protect all staff in the NHS, whether at the front line or in supporting services**.** The national offer of NHS staff support had been launched this week, and complements what that Trust is able to offer locally to support all of our staff through the forthcoming weeks.<br><br>• **Staff absence data circulated (noted)**<br>➢ Significant work was being undertaken to capture, share and understand what the data means for services and to match supply to demand.<br>➢ The data showed that the number of staff absent with Covid19 symptoms or self-isolating was relatively small in addition a small number of vulnerable staff were self-isolation but were working from home.<br><br>• **Staff testing**<br>➢ A large drive through testing site would open at the Park and Ride site at Temple Green in Leeds on Friday 10 April 2020.<br>➢ Initially the service would see 50 Leeds key workers, moving up to 150 on Saturday And then from Sunday it is anticipated it would be opened-up to West Yorkshire as it expands to 300 colleagues per day.<br>➢ The site will provide tests to see if a key worker or adult family member who has symptoms has Covid19 and is not an immunity test. The aim is to be able to test children in a couple of weeks but this is not available initially. The Trust is pulling together a list of front-line colleagues to test and testing would be done by invitation. The centre would run throughout the Bank Holiday weekend. The results should be available within 48hours via email.<br>➢ Looking after staff health and wellbeing was a top priority for the Trust and all staff including the SLT were being encouraged to take any planned leave.<br><br>• **Communications and support to all staff and front line**<br>➢ Daily Covid19 updates available to all with links to guidance, advice and support.<br><br>• **Staff returners**<br>➢ Regional group established – Lead for Leeds is Jo Harding, Executive Director of Quality and Nursing at Leeds CCG. The group will consider the deployment of staff across the region, a particular focus in the Trust was hard to recruit to areas such as CAMHS. LCH will be the 'host' employer for staff working in the Trust and Primary Care. | |

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| | • **Work with trade unions**<br>➢ In all areas remained very positive.<br><br>**Questions**<br>NF referred to the data in staff absence and noted that in comparison to other local organisations the current figures for the Trust were low. TS agreed but had no evidence to suggest why this was.<br><br>BC said that he was re-assured by the most recent staffing figures and agreed that they represented an imminent risk to service delivery. He asked if there was any feedback from staff on whether they felt that the re-deployment training was preparing them for different roles. TS responded that staff feedback so far had been very positive and no significant concerns had been escalated to executive director level as far as she was aware – any significant concerns would be reported to the Board. She added that the FTSU procedure was working well and she reported that three issues related to Covid19 had been resolved quickly and effectively by the FTSUG.<br><br>HT asked about the health and wellbeing of the SLT and the support in place for them. In response TS said felt that the all the SLT was responding well under pressure. ED's were spending some time working from home, HQ and as appropriate in clinical areas. She had regular 1:1 virtual meetings with each director to speak and discuss their individual workload and pressures but generally the overall position was good. She provided assurance that directors were being encouraged to take their annual leave and rest days.<br><br>RG asked about the absence position more widely across the city. TS responded that the numbers in the acute sector and social care were high. The position in LYPFT was similar to that in LCH. Overall the current position across the city was sustainable. | |
| **4.** | **IT**<br>• **Home working enabled**<br>➢ A Significant amount of work had been put in place by the IT Team to enable home working via CISCO.<br>➢ Some recent changes have been made to the CISCO Remote Access Solution to add more capacity. The total number of concurrent connections has been increased by 350 giving a total of 1,100.<br><br>• **Virtual meetings**<br>➢ IT had worked at speed to facilitate and support the use of Skype and MST more widely across the Trust and this was working extremely well.<br><br>• **Virtual consultations**<br>➢ Rolled out across all C1 services initially – with ongoing evaluation<br><br>**Questions**<br>None raised. | |
| **5.** | **Estates**<br>• In collaboration with Primary Care colleagues work had been completed to rationalise 'Front of House' services to five clinical locations.<br><br>**Questions**<br>None raised. | |
| **6.** | **Other areas**<br>• **Working with partners**<br>➢ Working with all partners remained very positive. TS said that there were some | |

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| | tensions around the availability and distribution of PPE – but overall mutual support was in place. West Yorkshire ICS were helping to co-ordinate PPE across the region including at the Nightingale Hospital in Harrogate.<br><br>• **Health Inequalities work**<br>➢ A piece of work was underway to assess the health impact on BAME and other minority communities to identify swift learning and address any inequalities identified.<br><br>• **Recovery**<br>➢ A recovery group had not yet been established – planning for 're-setting the business' was not yet possible.<br><br>**Questions and observations**<br>BC observed that when the Trust was in a position to do so it was important to take the positive themes and strands from the Covid19 experience to inform future learning and service delivery.<br><br>In response to a question from IL, TS responded that currently there was insufficient data for the Trust to plan for when and how the Trust would deal with the post 'lockdown' period. | |
| **7.** | **Any other business**<br>None raised. | |

Leeds Community Healthcare NHS Trust

**AGENDA ITEM 2020-21 (12c)**

# Leeds Community Healthcare NHS Trust
# NEDs COVID Update Briefing Meeting
# 16 April 2020

**Present:** Thea Stein(TS), Neil Franklin (NF), Brodie Clark (BC), Jane Madeley (JM), Richard Gladman (RG), Ian Lewis (IL) and Helen Thomson (HT)

**Note Taker:** Liz Thornton
**Apologies:**
**In Attendance:** N/A

| Item | Discussion Points | Action |
|---|---|---|
| 1. | **Clinical**<br>• **PPE- supply, demand and mutual aid**<br>Led by EDN&AHPs with EDFR is leading on logistics and supply of PPE<br>➢ A reasonable stock control system has been established with a Project Manager now in place and a central store at LYPFT. Deliveries of PPE are made 24/7 but the Trust has no control about what is included in each delivery therefore the volume and supply of particular items is unpredictable.<br>➢ Systems have been established to escalate concerns about PPE supplies – regionally and nationally – overall this had been working well. The Trust had escalated two issues in the past week relating to the supply of aprons and masks which had been resolved.<br>➢ The majority of questions from staff relate to the use and supply of PPE – particularly about the new guidance – in the main managers are able to deal with the questions raised without the need for significant levels of escalation. TS said that she was confident that staff were receiving the right information about using PPE and concerns were being escalated through the appropriate channels.<br><br>**Questions**<br>RG asked about the new on line ordering platform for PPE. TS said that the new system supported by Clipper logistics would be up and running w/c 20 April and she hoped that this would make the ordering and supply of PPE much more responsive. | |
| 2. | **HR and people issues**<br>• **Staff testing**<br>➢ Eligible staff are being sent for Covid19 tests on a daily base to identify those who can return to work quickly and safely – 37 slots were available each day to the Trust and to date over 60 staff members had been tested.<br>➢ The West Yorkshire test site is hosted at Temple Green in Leeds but work is underway establishing processes with other test sites in Yorkshire and Humber to minimise travel for staff that live or work outside of West Yorkshire. Staff must have an appointment to be able to attend.<br><br>**To be eligible for a test individuals must have:**<br>➢ Covid-19 symptoms or have a household member with symptoms. Household members can be of any age although children will receive an onward referral to a test site at Leeds General Infirmary.<br>➢ Been absent for less than 6 days as the test is more effective within the first 0-5 days of symptoms. | |

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| | ➢ Access to a car – because the test site is contact-free.<br>➢ Not already had a test within this sickness reporting period.<br><br>**Questions**<br>BC asked whether there was any evidence that staff morale had improved as a result of the availability of testing. TS said that most individuals wanted to know if they had had the virus and as the testing currently available was not an antibody test and it was difficult to assess the impact on morale.<br><br>RG asked if the Trust intended to send all staff that were self-isolating at home with symptoms for testing. TS confirmed that staff who were within the first 0-5 days of symptoms would be tested and as the current numbers were not significant she expected that the backlog of testing to be completed fairly quickly. She agreed to provide more precise information following the meeting.<br><br>IL asked whether any data was available about the test results. TS said that she hoped that some data would be available early next week but so far she was not aware that any members of staff had been admitted to hospital as a result of Covid19 and confirmed that no member of staff had died. | TS |
| **3.** | **Working with Primary Care**<br>➢ A spreadsheet had been circulated which illustrated the levels of operational pressure across the system measured by the OPEL Framework (PCNs) and REAP Framework (LCH)<br><br>**Questions**<br>HT referred to the information on operational pressures and was concerned to see that the pressure in LCH was significantly higher than reported by the PCNs. TS said that it was important to note that the measurements of pressure within the two frameworks were different so it was difficult to make an exact comparison but the figures were interesting. | |
| **4.** | **Ethics Committee**<br>➢ A Committee had been established a local/regional ethics committee to include membership from the CCG and Leeds GP Confederation and would be Chaired by Dr Phil Ayres.<br>➢ The Committee's first task will be to review the resources available to support mental health and wellbeing and ensure that these are meeting the needs of patients and staff across the health and social care sector.<br><br>**Questions/observations**<br>NF welcomed this development and observed that it would be important for the Committee to work closely with LYPFT in reviewing the resources and support available through the Leeds Mental Wellbeing Service. TS agreed and said that the Trust would identify a Lead Director (likely to be the EMD). | |
| **5.** | **Any other business**<br>None raised. | |