NHS
Leeds Community Healthcare
NHS Trust

Board Meeting (Public)
Friday 29 May 2020, 8:30am – 10:00am
(via Microsoft Teams)

AGENDA				
Time	**Item no.**	**Item**	**Lead**	**Paper**
		Preliminary business		
8:30	2020-21 (14)	Welcome, introductions and apologies	Brodie Clark	N
	2020-21 (15)	Declarations of interest	Brodie Clark	N
	2020-21 (16)	Patient's story (video): Kari's story	Steph Lawrence	N
	2020-21 (17)	Minutes of previous meeting and matters arising: a. Minutes of the meeting held on 1 May 2020 b. Actions' log	 Brodie Clark Brodie Clark	 Y Y
		Key issues		
8:50	2020-21 (18)	COVID-19 a. Overview b. Operational changes and issues c. Clinical issues: including PPE d. Quality: e. HR and workforce: including health and well-being of staff (i) Vulnerable and At Risk staff COVID risk assessment framework f. IT and estates: including information governance and equipment g. Risk report	 Thea Stein Sam Prince Steph Lawrence Ruth Burnett Jenny Allen/Laura Smith Bryan Machin Thea Stein	(Papers to follow*) N Y* Y Y* Y* Y Y
9:20	2020-21 (19)	Reset and recovery	Sam Prince	Y
		Sign off /approval		
9:40	2020-21 (20)	Corporate governance report: • Board and committee effectiveness review • Audit Committee annual report 2019-20 • Committees' terms of reference review • Register of sealings	Thea Stein	Y
		Information for noting/discussion		
9:45	2020-21 (21)	Mortality annual report	Ruth Burnett	Y
	2020-21 (22)	Performance brief and domain reports Performance brief – April 2020	Bryan Machin	Y
	2020-21 (23)	Committees' assurance reports: a. Quality Committee: 18 May 2020 b. Business Committee: 20 May 2020	 Ian Lewis Brodie Clark	 Y Y
	2020-21 (24)	Minutes and notes: a. Non-Executive Director briefing notes: 7 May 2020 14 May 2020 b. West Yorkshire Mental Health Services Collaborative Committees in Common (WYMHSC C-In-C) minutes: 23 April 2020	Brodie Clark	 Y Y Y
10:00	2020-21 (25)	Close of the public section of the Board	Brodie Clark	N

Leeds Community Healthcare NHS Trust

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

AGENDA ITEM 2020-21 (17a)

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

Friday 1 May 2020, 8.30am-9.30am (via Microsoft Teams)

Present:	Neil Franklin	Trust Chair
	Thea Stein	Chief Executive
	Brodie Clark	Non-Executive Director
	Jane Madeley	Non-Executive Director
	Richard Gladman	Non-Executive Director
	Professor Ian Lewis	Non-Executive Director
	Helen Thomson	Non-Executive Director
	Bryan Machin	Executive Director of Finance and Resources
	Sam Prince	Executive Director of Operations
	Steph Lawrence	Executive Director of Nursing and Allied Health Professionals
	Dr Ruth Burnett	Executive Medical Director
	Jenny Allen	Director of Workforce, Organisational Development and System Development (JA)
	Laura Smith	Director of Workforce, Organisational Development and System Development (LS)
Apologies:	None	
In attendance:	Diane Allison	Company Secretary
	Kim Adams	Programme Director, Local Care Partnerships Development Programme (Item 4)
	Anna Green	Service Development Lead (Item 4)
Minutes:	Liz Thornton	Board Administrator
Observers:	None	
Members of the public:	None	

Item	Discussion points	Action
2020-21 (1)	**Welcome and introductions** The Trust Chair welcomed Board members and attendees to the meeting. On behalf of the Board he placed on record his thanks and admiration for the enormous task that was being undertaken by everyone across this Trust in response to the pandemic. He praised the outstanding commitment and determination of staff who were working without ever losing the importance of their unfailing care for the community of Leeds. He said that the Board were justifiably proud of everything the staff were doing and the many extra miles that people were going to in the interest of patient health and wellbeing.	

	Apologies There were no apologies to record. **Questions from members of the public** There were no members of the public in attendance and no questions had been notified in advance of the meeting.	
2020-21 (2)	**Declarations of interest** 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.	
2020-21 (3)	**Minutes of the previous meeting held on 27 March 2020** The minutes were reviewed for accuracy and agreed to be a correct record. **Items from the actions' log** The Board noted that there was one action which was due for completion in August 2020. There were no further actions or matters arising from the minutes.	
2020-21 (4)	**Innovation at a time of crisis- capturing the good from the Covid-19 response** The Chief Executive invited Kim Adams, to present the report which updated the Board on the scale and nature of the innovative work which has taken place across the organisation in response to Covid-19. She highlighted the key themes in the report and invited questions and observations from the Board. Board members were impressed with the scale and nature of the work which had taken place across the Trust and welcomed the work which had been undertaken to drawn it together in the report presented to the Board. Non-Executive Director (BC) said that it was important for the Trust to take the opportunity to evaluate the innovative new ways of working that had been collectively brought about in response to Covid-19, including maintaining and building on the strong relationships with partners across the City, flexible and remote working where appropriate; and the introduction of new technology-enabled service delivery such as digital consultations. Non-Executive Director (JM) welcomed the move towards a model of commissioning for outcomes enabling services to make effective use of resources whilst achieving better outcomes for individual people. The Executive Director of Operations said that whilst there had been significant progress over the last month, innovative and new ways of working continued to emerge. She provided assurance that changes to practice would continue to be tracked and mechanisms introduced to embed the innovations, including a named innovation champion in each Business Unit. She added that all change would be captured to help inform future service models, with a focus on evaluation and measurement of outcomes to ensure sustained changes delivered improvements. The Chief Executive reported that to harness and embrace the many new, innovative and exciting ways services to patients and communities had been provided over the last few months the Trust intended to appoint a Programme Head – Reset and Recovery, she said that the programme would have many	

	different aspects to it and the initial focus of the work would be on reviewing this last period of change and innovation to work out what to retain as well as to scope more comprehensively the inter-dependencies with partners. The Chief Executive reported on the work which had already commenced on resetting and recovering services, an initial focus on mental health, cancer support and hospital discharge support. She said that this work would need to be managed alongside the increased demand for COVID-19 aftercare for patients requiring ongoing health support in the community including care homes and the ability to respond quickly to a 'surge' of infection if necessary. The Trust Chair thanked those involved for producing and presenting the report which he said was an excellent initial step in capturing the learning from COVID-19 to inform future delivery models. **Outcome:** The Board: • noted the breadth of innovation that had taken place across the Trust in response to Covid-19 • noted the approach to capturing learning to inform future delivery models.	
2020-21 (5a) **2020-21 (5b)**	**Covid-19** **Overview** The Chief Executive introduced this item. She explained that the reports presented to the Board at this meeting were not intended to provide a comprehensive account of the decisions and actions taken by the Trust in response to Covid-19 but should be read in conjunction with the briefing notes shared and noted at Item 12 in these minutes. **Operations report** The Executive Director of Operations presented the report which covered the Trust's preparations for and response to managing Covid-19, the services which had continued, been amended or stopped in line with national guidance, redeployment of staff, business and logistics, hospital discharge guidance, stress testing and system plan and resetting and recovering. The Executive Director of Operations reported that approximately 450 clinical and 250 non-clinical staff had been identified for re-deployment. All redeployed staff had participated in core skills training and as appropriate had benefited from shadow shifts and 'getting to know you' exercises with their new teams. She was pleased to report that overall this had been very positive. One exercise to stress test the system plan to manage the impact of Covid-19 on community services (in the widest sense) had taken place on 28 April 2020. This session had looked at early modelling work to gather information and potential requests for mutual aid in the event of a community surge. Participants had included system partners from primary care, Leeds Teaching Hospitals NHS Trust (LTHT), Public Health, hospices, care homes, and Leeds and York Partnership NHS Foundation Trust (LYPFT). A second session was planned for 4 May 2020 when a scenario of surge to stress test the plan would be run. A Non-Executive Director (HT) asked about the impact of the implementation of the Hospital Discharge Guidance published by NHS England and NHS Improvement and whether this had raised any significant issues particularly in terms of safeguarding. The Executive Director of Operations reported that the City Council had established 'stepdown beds' to allow an assessment of what support patients needed to recover to take place. No issues relating to	

	safeguarding concerns had been escalated as far as she was aware. The Executive Director of Nursing and Allied Health Professionals provided assurance that the Trust's Safeguarding Team were fully operational and had not reported a significant increase in demand for their services. She added that Safeguarding issues were highlighted regularly as part of the daily Covid-19 briefing for staff. The Executive Medical Director provided assurance that patients were only being discharged when it was clinically safe to do so but there was evidence that some patients, for example those with coronary heart disease were being discharged earlier than normal. She added that currently no clinical risks had been identified around this. A Non-Executive Director (JM) observed that it would be difficult to manage the potential second surge in demand against the rehabilitation needs of post Covid-19 patients in the community and she asked what plans the Trust had made to manage this. The Executive Director of Operations advised that a cross-city group was undertaking a piece of work to model the impact in terms of the increased requirement for rehabilitation and possibly end of life care.	
2020-21 (5ci)	**Clinical issues** The Executive Director of Nursing and Allied Health Professionals presented the report which covered training and clinical preparation for staff re-deployment, care homes, Nightingale Hospital and implementation of new pathways and guidance. She reported that a number of teams were providing significant support to care homes across the city to provide patient specific advice but also to support care staff. The Trust Infection Prevention Control Team (IPC) was also supporting care homes with advice around IPC practice and the use of Personal Protective Equipment (PPE). The Team had also undertaken FIT testing for staff and swabbing for residents with suspected Covid-19.	
2020-21 (5cii)	**PPE report** The Board received a joint report from the Executive Director of Finance and Resources and the Executive Director of Nursing and Allied Health Professionals which covered the logistics and the clinical usage of PPE. The Executive Director of Finance and Resources advised that since the report had been written the Trust was no longer involved in the direct order of a shipment of PPE from China with health and social care partners across Leeds and Bradford. The Executive Director of Nursing and Allied Health Professionals said that although the Trust was initially unable to assess how much of the range of PPE was needed in each service she was pleased to report that excellent progress had been made to develop systems and processes locally to mitigate the risks as far as possible in terms of the availability of PPE. In response to a question from Non-Executive Director (JM) about the discrepancies in PPE advice, the Executive Director of Nursing and Allied Health Professionals confirmed that the Trust used the guidance published by Public Health England which was evidence based and was regarded as setting out the highest standards for the use of PPE. She provided assurance that regular information was available to staff about the latest PPE guidance as part of the daily staff bulletin and she was confident that staff were receiving consistent and safe advice about the use of PPE.	

2020-21 (5d)	**Quality report** The Executive Medical Director presented the report which included information on the continued focus on the review of incident, complaints and deaths, clinical outcomes programmes and the review of the medicines management pathways to support new ways of working. She highlighted the following points: • The clinical outcomes program had been adjusted in order to focus on the key workstreams on Covid-related changes to practice; alternative methods of wound care, video conferencing contact with patients and mortality and health inequalities. The Trust had linked in with Regional and national work to look at clinical outcome measures and with Covid-19 research. • Medicine management pathways to support new ways of working were being closely monitored, logged appropriately on the risk register and reviewed in conjunction with the incident data for the associated services. Recently published Covid-19 NICE guidance would be reviewed with the relevant services as applicable. A Non-Executive Director (HT) asked whether the Trust would engage in drug trails for Covid-19. The Executive Medical Director reported that work would begin shortly to facilitate drug trials in primary care and the community. The Executive Medical Director agreed to circulate a number of other papers to support her report following the meeting.	**Executive Medical Director**
2020-21 (5e)	**Workforce report** The Director of Workforce, Organisational Development and System Development (JA) introduced the report which provided an update on the key workforce themes and actions undertaken to date as part of the Covid-19 response including; absence recording and reporting, health and wellbeing for staff, resourcing, working with trade unions and staff engagement and morale. The Director of Workforce, Organisational Development and System Development (JA) highlighted the work on staff engagements and morale and said that she was relatively confident that the morale of staff remained good and that the Trust was doing all that it could to support staff who were understandable anxious about their own health and that of their families, particularly those who worked on the front line with Covid-19 patients. The Board discussed the emerging UK and international data which suggests that people from Black, Asian and Minority Ethnic (BAME) backgrounds are being disproportionately affected by Covid-19. The Director of Workforce, Organisational Development and System Development (JA) outlined some of the work being undertaken in the Trust with the BAME network and as part of implementing the guidance published by NHS England asking all line managers to have a conversation with their BAME staff to give them the opportunity to raise any concerns and agree solutions together to ensure they feel supported and safe whilst continuing to work. She added that in addition if BAME staff felt they would like to be supported when they had these discussions or wished to raise concerns to someone independent, they would be able to contact the Trust's Freedom To Speak Up Guardian John Walsh. In response to a question from Non-Executive Director (BC), the Director of Workforce, Organisational Development and System Development (JA) explained that it was difficult to quantify the number of staff who had sought	

	health and wellbeing support but she highlighted the results from the recent staff health and well-being survey; with over 170 respondents and extremely positive feedback.	
2020-21 (5f)	**Estates and facilities report** The Executive Director of Finance and Resources introduced the report which summarised the actions taken in relation to information technology and estates and facilities in response to Covid-19. He placed on record his thanks to the IT Team who had worked hard to roll out new technology solutions to support new ways of working and in particular he paid tribute to the significant contribution made by the Head of Information Technology. In response to a question from a Non-Executive Director (RG), the Executive Director of Finance and Resources said that the Trust would continue to use Microsoft Teams as the virtual meeting software post the pandemic. **Outcome:** The Board received and noted the Covid-19 updates.	
2020-21 (6a)	**Governance** **Proposal for holding Board meetings in public (interim solution)** The Company Secretary explained that the paper set out a proposed approach for the Trust to comply with its statutory duties and maintain good governance whilst faced with Covid-19 to allow members of the public to access Board meetings. **Outcome:** In order to ensure transparency during the current circumstances and beyond, the Board approved the proposed approach for involving the public in Board meetings.	
2020-21 (7)	**Clinical waste contract** The Executive Director of Finance and Resources provided a verbal report on a contract confirmation for the Board to note as the contract had already been approved in accordance with the Trust's standing orders. He explained that this was an approval to novate the contract away from Leeds Teaching Hospitals NHS Trust holding a single contract to each Trust having its own clinical waste contract. In future the Trust would only pay for the service that was needed making disposal of clinical waste more efficient. **Outcome:** The Board: • noted the novation of the clinical waste contract.	
2020-21 (8)	**Performance brief and domain reports** The Executive Director of Finance and Resources presented the report for March 2020 noting that this was an abridged version. He said that a number of Key Performance Indicators (KPIs) had been impacted by the Trust's planning response to Covid-19 and the national 'lockdown' during the second half of March 2020. *Safe* The Board discussed the rise in serious incidents reported via STEIS with seven in February and 18 reported in March. The Executive Director for Nursing and Allied Health Professionals advised that the March incidents had yet to undergo full review and therefore it was possible some of these could be de-logged as serious incidents. She added that there was a piece of work being undertaken to analyse this further and look at any emerging themes and trends which would include looking at whether there are any clusters in certain teams.	

	Further details would be provided to the Quality Committee and Board in future reports when this was available. A Non-Executive Director (HT) reported that she had spoken to the Executive Director of Nursing and Allied Health Professionals and received assurance about the data and she was confident that appropriate action was being taken and that the processes in place were robust. *Finance* The Executive Director of Finance and Resources reported that Trust had submitted the draft financial accounts and had met or exceeded all its external financial targets for 2019/20. *Well–Led* The Director of Workforce, Organisational Development and System Development (LS) reported that overall levels of absence were lower than those reported nationally and capacity was manageable. She referred to the most recent data on staff absence which had been circulated as part of the Covid-19 workforce report (discussed under Item 5e) which showed the overall sickness absence rate as 6.4%. The appraisal and statutory and mandatory training figures in the well-led section of the report reflected the relaxation of the requirements in line with the business continuity escalation plan to allow staff to focus on the efforts of the Covid-19 response. Steps were being taken to encourage staff to continue to undertake their training and appraisal where services were continuing with business as usual. *Responsive* The Board noted that from the third week in March 2020 services began to implement national guidance on community services prioritisation. Alternative ways of seeing patients where the 18-week national waiting standard applied included the use of video-conferencing. At the end of the first phase, all caseloads were reviewed and discussed with patients about their preferred treatment in the future. The Executive Director of Operations reminded the Board that the Trust was not currently being performance managed on national 18 week waiting time standard. A Non-Executive Director (RG) asked whether there would be a positive impact on some of the waiting lists following the introduction of digital technology in many areas during Covid-19 to support triage, clinical consultations, multi-disciplinary working, training and meetings. The Executive Director of Operations said that a piece of work was being progressed to ensure that the benefits were retained wherever possible. **Outcome:** The Board: • noted the levels of performance for March 2020.	
2020-21 (9)	**Committees' assurance reports** *Item 9(a) - Audit Committee 17 April 2020* The report was noted. There were no questions raised. *Item 9(b) – Quality Committee 27 April 2020*	

	The report was noted. There were no questions raised. *Item 9(c) – Business Committee 29 April 2020* The Chair of the Committee, Non-Executive Director (BC) provided a verbal update on the key points raised in the meeting: • <u>Child and Adolescent Mental Health Service (CAMHS)Tier 4</u> The Committee had viewed a video prepared by the architects of the new CAMHS unit and had been informed that the new build was progressing well. The Director of Workforce, Organisational Development and System Development (LS) had reported that she was working with the communication team on the resourcing campaign linking in with NHS England and the West Yorkshire and Harrogate Mental Health Collaborative Workforce Directors. • <u>Update on projects</u> The business team and the major change projects team had merged into a business logistics team. The team was currently focusing on Covid-19 related issues; work was continuing on the digital strategy, service re-design related to Covid-19 situation, and Integrated Children's Additional Needs (ICAN) and CAMHS transformation. The administration review work had been paused for the team to be deployed elsewhere. • <u>Health and safety</u> The Committee had been advised that a response to the action plan submitted to the Health and Safety Executive (HSE) on 27 January 2020 had been received. Progress was being made against the questions and queries raised by the HSE. The verbal update report was noted. No questions were raised. **Outcome:** The Board: • noted the assurance reports from the committee chairs and the matters highlighted.	
2020-21 (10)	**Leeds Health and Social Care System Governance** The Chief Executive introduced the report which outlined the new proposed structure developed and agreed by all system partners in response to the Covid-19 outbreak. **Outcome:** The Board: • noted the new proposed structure, establishment of new groups (including membership), frequency and reporting processes.	
2020-21 (11)	**Non-Executive Director Covid-19 communication plan** The Covid-19 communication plan had been circulated. **Outcome:** The Board: • noted the Non-Executive Director Covid-19 communication plan.	
2020-21 (12)	**Non-executive director Covid-19 briefing notes:** The Board noted the following briefing notes: a) 2 April 2020 b) 9 April 2020 c) 16 April 2020	

	d) 23 April 2020 **Outcome:** The Board: • received and noted the noted the briefing notes.	
2020-21 (13)	**Close of the public section of the Board** The Trust Chair thanked everyone for attending and concluded the public section of the Board meeting. Closed at 9.30am.	
Date and time of next meeting **Friday 29 May 2020, 8.30am – 10.00am. Virtual meeting** **Boardroom, Trust Headquarters, Stockdale House, Victoria Road, Leeds LS6 1PF**		

Signed by the Trust Chair:
Date:

AGENDA ITEM 2020-21 (17b)

Leeds Community Healthcare NHS Trust
Trust Board meeting (held in public) actions' log: 29 May 2020

Agenda Number	Action Agreed	Lead	Timescale	Status
Meeting 6 December 2019				
2019-20 (87)	**Freedom to Speak Up Guardian Report:** • The Chief Executive and the FTSUG to include conclusions on the impact of the introduction of the FTSUG role in future reports where possible.	CEO/FTSUG	**Trust Board meeting 7 August 2020**	
Meeting 27 March 2020				
	None to note			
Meeting 1 May 2020				
2020-21 (5d)	**Covid-19 Quality report** • Supporting papers to be circulated	EMD	**ASAP Post meeting**	**Completed 1 May 2020**

Actions on log completed since last Board meeting	
Actions not due for completion before 29 May 2020; progressing to timescale	
Actions not due for completion before 29 May 2020; agreed timescales and/or requirements are at risk or have been delayed	
Actions outstanding as at 29 May 2020; not having met agreed timescales and/or requirements	

Leeds Community Healthcare NHS Trust

Agenda item 2020-21 (18c)

Report to: Trust Board 29 May 2020
Report title: COVID-19 Clinical issues including PPE
Responsible Director: Executive Director of Nursing and AHP's

Summary

Training and clinical preparation of staff for redeployment:

- Staff have been trained from the services that have been stood down to support the C1 services across the Trust.
- Feedback has been received from staff redeployed and about the training they received and on the whole this is really positive. A piece of work is now underway to understand this in more detail and what the learning is etc. This will be presented to Quality Committee in June 2020.

Nightingale Hospital:

- The Yorkshire and Humber Nightingale is now in hibernation and has never had to be used. 6 staff in total were identified to support and remain on standby should the hospital have to be stood up at short notice.

Care Homes:

- A number of teams are providing significant support to care homes and in particular; Seacroft, Beeston, Morley, Kippax, Pudsey and Meanwood. The support is particularly LCH staff going into care homes to provide patient specific advice but also to support care staff. This sometimes involves spending a whole shift in the care home.
- The support to care homes is across both those with and without nursing.
- A more robust command and control process for care homes has now been established in the city and includes bronze control group which the lead nurse for IPC sits on and a silver group where the Director of Nursing represents LCH.
- There has been a national request of LCH to provide further support to all 151 care homes in the city which includes all care homes having an identified contact and clinical lead. This work is being operationalised currently and a process for this will be in place by Friday 29th May 2020.
- In addition the IPC team are leading on the work to provide IPC and PPE training to all care homes in the city. The care homes can decline this training but we have to offer it to 100% of the 151 homes in the city by 29th May 2020. This target is predicted to be met.
- LCH is working in partnership with primary care across a number of PCN's to ensure effective multi-disciplinary working in care homes across Leeds.
- A workforce agreement is almost complete to ensure LCH can safely deploy staff including staff from other organisations and bring back staff to care homes to support where there are staffing issues to ensure safety of care.

Implementation of new pathways/Guidance:

- Review of Community Services SOP issued nationally and how this could work for our teams. A set of principles based on this has been developed and shared with all teams across the business units to operationalise within their service.
- Work is ongoing around rehabilitation pathways for patients recovering from Covid-19, it is being led by commissioners and with a number of our clinical staff both AHP's and nurses involved to ensure an MDT approach to rehab involved in 3 workstreams in relation to this.

The Assistant Director of AHP's from LCH is chairing on of the workstreams.

General

- A weekly clinical drop in session has now commenced led by the Director of Nursing for clinical staff to raise concerns/ask questions via MS Teams. This is proving popular and the numbers attending are growing week on week.

PPE - logistics

- The PPE situation in the Trust has stabilized since the last Board meeting with good progress made in making the stock management and distribution businesses usual. The PPE team has established a regular distribution from central stocks to clinical teams and worked closely with them to establish the right local base stocks that can then regularly be topped up from Trust central stock. The links between the PPE team and local PPE champions have developed well and the building of relationship and a shared understanding of local need and stock management and distribution processes has been the foundation of the current position. A new electronic portal to support our processes is due to be launched on 8 June; this will replace the predominantly paper based system.
- We were very grateful for the donation of 20,000 masks from Masks for Heroes and for many other donations of PPE. Our website currently carries this message which the Board will wish to support: "LCH would like to sincerely thank everyone for their generous offers of support and help with Personal Protective Equipment (PPE) in the recent months. We are pleased to say we are now again able to get these products via our normal NHS Supply Chain, therefore we won't be requiring anymore at this time. We are aware however of a number of local care homes who I'm sure will gladly make good use of them should you wish to contact them. Many thanks again for your kind community spirited support during these challenging times."
- The national distribution of items has also improved recently. Although there has been improvement in national distribution, the Trust continues to have to escalate potential critical item shortages through the established process. The Trust has variable stocks of PPE items; there are good stock levels of some items whilst for others we rely on the escalation process working which, to date, it has.
- The Trust was able to respond swiftly and effectively to a recent recall of eye protection items that had failed a national quality test. As a result of good central stock management and quick and effective communication with local clinical teams, the items in question were all recalled to the central stock and quarantined for collection.
- The Trust ended its interest in the potential regional order of PPE from China without any goods being received, no payment having been made.

PPE – clinical

- In relation to the withdrawn eye protection a message was sent to all staff asking them to make contact with their clinical lead if they had any concerns about having used this type of eye protection, to date no contacts have occurred.
- The Trust continues to follow central PHE advice in relation to use of PPE. There were some slight changes to this guidance following an IPC update on the 19th May 2020 and these have been communicated appropriately. There were no changes to use of PPE at this stage.
- The IPC team continue to support clinical teams with advice regarding appropriate use of PPE, general IPC advice and support with donning and doffing and correct fit of PPE.
- Where there had been concerns about use of PPE in custodial settings these are now resolved.

Leeds Community Healthcare NHS Trust

Agenda item 2020-21 (18f)

Report to: Trust Board 1 May 2020
Report title: COVID-19 IT, Estates and Facilities Report
Responsible Director: Executive Director of Finance and Resources

Summary

Information Technology

There are no specific issues to bring to the Board's attention this month. The focus of work has been on ensuring the right levels of support are available to staff who are using the technology innovations reported last month for new ways of working.

Estates and Facilities

Whilst we continue to take steps to ensure our buildings are safe for staff to work from and for patients to visit, the focus is now on how we can now safely maintain social distancing and new guidance on what constitutes a safe working environment. This is a significant piece of work that may require fundamental changes to how services can be provided in our buildings and in how our buildings are configured and operate to allow building based services to restart. A further significant workstream has commenced to ensure that staff can enjoy a safe working environment in work if they cannot work from home, and at home if they can. It is clear that working from home will be the default position for many staff for the foreseeable future and the Trust is committed to supporting them to do that.

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (18g)

Meeting Trust Board 29 May 2020	**Category of paper** *(please tick)*	
Report title Risk Report	**For decision**	✓
Responsible director Chief Executive **Report author** Head of Corporate Governance / Risk and Safety Manager	**For assurance**	✓
Previously considered by N/A	**For information**	

Purpose of the report

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

In addition to the Trust's (Datix) risk register, a separate COVID risk log has being devised and is being maintained by the Risk and Safety Team with access given to key people who own each risk and update them accordingly. The log is housed on Microsoft Teams to aid discussion and collaboration. This report contains details of the COVID risk log and seeks to assure the Board that risk management processes continue to be robustly applied during the current challenging climate.

Main issues for consideration

This report provides the Board with details of:

Section A) The COVID risk log
There are currently three risks on this log, two of these concerns personal protective equipment (PPE) and one is about risks to vulnerable staff.

Section B) COVID risk assessments in process
A number of proactive risk assessments are being processed to ensure that COVID related risks are mitigated appropriately and escalated to the Board as required. These are listed in the section.

Section C) RIDDOR reporting arrangements (COVID)
The Health and Safety Executive have issued guidance on reporting requirements for COVID related incidents and occurrences. This section describes the Trust's approach in response to this guidance.

Section D) Datix risk register including themes and Board Assurance Framework
This is the standard report received by the Board at each meeting, describing Datix risk register movement, identifies risk themes and summarises the current levels of assurance for the 2020/21 Board Assurance Framework.

Section E) Draft revised BAF review process (seeking Board approval)
The Audit Committee has reviewed the Board Assurance Framework process as there is currently some duplication of BAF review activities between the Board, SMT and the governance committees. This duplication has led to differing views and multiple changes to the BAF, in particular many changes to risk scores. A revised BAF process was proposed to Audit Committee in March 2020 and is now being presented in draft for the Board's approval.

Recommendations

The Board is recommended to:

- For new and escalated risks, consider whether the Board is assured that planned mitigating actions will reduce the risk
- **Approve** the draft revised BAF review process

Risk Report

Section A: COVID Risk Log

Senior Management Team agreed that a simplified version of the risk register (a COVID risk log) should be devised and housed on Microsoft Teams so that risk management staff could collaborate with managers to produce effective risk assessments and an accurate COVID risk log, which was readily available and simple to update. COVID risks are identified through Gold Command utilising national guidance, soft intelligence, and discussions in daily COVID meetings. The Clinical Governance Team will identify themes from the Datix incident system so that these themes can also inform the risk log.

Risk score	Risk Description	Impact	Mitigation Plan (Control Measures)	Contingency Plan	Responsible Director	Risk Owner	Update Frequency	Latest update
2 x 3 = 6	Due to the unavailability of kite marked/ CE stamped visors, staff who undertake aerosol generating activities or need to wear glasses are provided with donated visors which have been made smaller enterprises. There is a risk that these visors may not meet the expected safety standards, they may not be adjustable, fit correctly and/or they may be less durable than those which have been through rigorous quality testing.	There is a potential that the donated visors will not give adequate protection, they could slip during use if they not adjustable, causing a breach in PPE. This would heightening the risk of transmission (especially for aerosol generating procedures) There could be reputational damage for the Trust and staff's confidence in the the PPE could decline, leading to stress and anxiety for staff members. Potential prosecution by the HSE for not putting safe working practices in place or providing the necessary	Approval checklist in place to recording whether the items are suitable or not. Guidance on donations that have been produced by local enterprises is in place to ensure that only assessed and approved products are used within the Trust.	Escalated for additional supplies to come from PUSH stock. Logistics team are aware.	Bryan Machin	Liz Grogan / Simon Cludeary	Monthly	24/04/2020 (Liz Grogan) To date the Trust has received 600 x3d printer visors which were donated. These can be cleaned between uses.
3 x 4 = 12	Due to difficulties being experienced in the supply and provision of suitable and sufficient personal protective equipment (PPE), there is a risk that if unsuitable or insufficient PPE is provided to staff they will not be adequately protected and may contract the virus	Impact is on staff health and safety and organisation's reputation	NHS supply chain coordinating national effort to ensure there is a sufficient supply of suitable PPE being delivered to the Trust's central store. LCH PPE supply and logistics activities oversight maintained by the Executive Director of Finance and Resources leading a PPE team including procurement, logistics and infection prevention and control experts. Stocktake central stock of PPE being maintained at a 7 day buffer. Top up system to local base stocks to maintain 7 day stock where ever possible. PPE team coordinate the ordering and delivery of PPE to local bases working with newly established local champions. Regular communication by midday briefing on PPE. Staff are provided with PPE in line with current Public Health England guidance relating to the work they are undertaking . This PPE includes aprons, gloves, and face masks. PPE requirements reviewed and updated as per government recommendations (latest 17 April 2020) Training and guidance material provided on types and use of PPE	Escalation processes are in place to raise concerns about PPE provision. Emergency requisition systems from Trust central stock. Informal reciprocal agreements are in place to provide mutual aid across West Yorkshire. Systems have been estabilised to escalate concerns about PPE supplies - regionally and nationally. In the event that staff must deliver urgent care without PPE training and guidance has been provided on use of alternatives e.g. apron and bare below the elbow then washing to the elbow.	Bryan Machin	Bryan Machin	Monthly	
3 x 4 =12	Staff with underlying health conditions, elderly, pregnant and BAME staff are disproportionately affected by COVID 10. There is a risk that in the course of their work these staff could come into contact with patients or others who may have COVID 19, and/or contaminated surfaces.	This could lead to the exposed staff member contracting the disease which would have a significant impact on their health	Extremely Vulnerable and At Risk staff risk assessment framework in place and in process of being rolled out, with additional guidance and training to support the conversation and assessment. Appropriate adjustments being made to working arrangements for staff in these catergories. This action complies with the NHSE letter of 20/04/2020 regarding at risk BAME staff. Occupational Health referral process. Welfare calls by HR to those who are shielding. PPE supply, guidance material and training.	Various methods of speaking up to ensure staff concerns are acted upon. FSUG provides a confidential resource for staff concerns. BAME Network provides a forum for staff to raise concerns. Ask Thea (on line escalation)	Jenny Allen / Laura SMith	Ann Hobson	Monthly	Risk assessment framework has been produced and is being rolled out to managers and staff. Risk assessments and associated guidance / training sessions commenced during May 2020 and risk assessments are in process.

Section B: COVID-19 related overarching risk assessments

Managers and staff are communicated with on a daily basis, with updates as required, on risks and issues that require proactive risk management. The Risk and Safety Team support managers to complete their own operational risk assessments to ensure that risks are being identified, considered and managed appropriately in order to keep staff, patients and the public safe. These operational risk assessments inform the Trust's overarching risk assessments.

The following overarching risk assessments are either in process or have now been completed:

Title	Purpose	Status
Staff working in patient's homes/care homes	To manage risk of infection from COVID-19	In process
Staff working in clinics	To manage risk of infection from COVID-19	In process
Office based working	To manage risk of infection from COVID-19	In process
Staff working at home	To manage staff members physical wellbeing in relation to display screen equipment whilst working at home.	In process
Vulnerable and At Risk staff.	To manage risks regarding the tasks / environment for all staff in these groups	Risk is on COVID risk log. Managers and affected staff will jointly complete individual risk assessments using standard template which has been disseminated and discussed.
Emotional wellbeing of staff	To manage staff member's mental wellbeing during the current climate of change and uncertainty, concerns for health, and being isolated	Mental wellbeing risk assessment is included in Vulnerable and At Risk staff risk template. Further assessment templates are planned.
Redeployment of staff	To manage risks associated with lone working, unfamiliar role, job-matching, training, and supervision.	In process
Maintaining sufficient stock of suitable PPE	To manage risk of infection from COVID-19	Completed. Risk is on COVID risk log
Managing 'hot' and 'cold' estate	To manage risk of infection from COVID-19	In process

Section C. RIDDOR reporting arrangements (COVID)

The Health and Safety Executive (HSE) have published new guidance on Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) for COVID-19. There are two categories that require reporting:

- Dangerous Occurrence: an unintended incident at work has led to someone's possible or actual exposure to coronavirus.
- Disease: a worker has been diagnosed as having COVID 19 and there is reasonable evidence that it was caused by exposure at work.

Within the guidance, the HSE gave one example of a work-related exposure to coronavirus - a health care professional who is diagnosed with COVID-19 after treating patients with COVID-19.

In response to the HSE guidance, the Risk and Safety Manager has circulated information to managers advising them of the HSE requirement and reporting process. When undertaking an investigation, managers are asked to consider and record details which would assist in gathering 'reasonable evidence' in relation to risk assessments, PPE, training and instruction etc.

The Datix incident system has been updated to include a tick box to establish if incident reports are linked to COVID 19. If a staff member is diagnosed with COVID 19, their direct line manager is asked to check for any recorded incidents that may have contributed to them contracting the disease. If this is confirmed, then the manager must contact the Risk and Safety team to establish whether the incident is RIDDOR reportable. The Risk and Safety Team will advise the HSE of any incidents which meet the RIDDOR criteria.

A number of NHS Trusts have asked for clarity on the HSE's guidance. In order to have consistent and appropriate RIDDOR reporting, NHS England/Improvement advise that Trusts must *'make a report under RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) when:*

- *an unintended incident at work has led to someone's possible or actual exposure to coronavirus. This must be reported as a dangerous occurrence.*
- *a worker has been diagnosed as having COVID 19 and there is reasonable evidence that it was caused by exposure at work. This must be reported as a case of disease.*
- *a worker dies as a result of occupational exposure to coronavirus.'*

Section D) Significant Risks (Datix) and Board Assurance Framework (BAF) report

Summary:

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

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

The second strongest theme is CAMHS:

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

There are no risks with a current score of 15 (extreme). There are 10 risks scoring 12 (very high

Three strategic risks on the Board Assurance framework are showing an improved position (having provided reasonable assurance across a number of sources).

1.0 Introduction

1.1 The risk register report provides the Board with an overview of the Trust's material risks currently scoring 15 or above after the application of controls and mitigation measures. IT describes and analyses all risk movement, the risk profile, themes and risk activity.

1.2 The Board's role in scrutinising risk is to maintain a focus on those risks scoring 15 or above (extreme risks) and to be aware of risks currently scoring 12 (high risks).

1.3 This paper provides a summary of the current BAF and an indication of the assurance level that has been determined for each BAF strategic risk. Themes identified from the risk register have been aligned with BAF strategic risks in order to advise the Board of potential weaknesses in the control of strategic risks, where further action may be warranted.

1.4 It provides a description of risk movement since the last register report was received by the Board (March 2020), including any new risks, risks with increased or decreased scores and newly closed risks. The report seeks to reassure the Board that there is a robust process in place in the Trust for managing risk.

2.0 Board Assurance Framework Summary

2.1 The purpose of the BAF is to enable the Board to assure itself that risks to the success of its strategic goals and corporate objectives are being managed effectively

or highlights that certain controls are ineffective or there are gaps that need to be addressed.

2.2 Definitions:

- Strategic risks are those that might prevent the Trust from meeting its strategic objectives (goals)
- A control is an activity that eliminates, prevents, or reduces the risk
- Sources of assurance are reliable sources of information informing the Committee or Board that the risk is being mitigated ie success is been realised (or not)

2.3 Directors maintain oversight of the strategic risks assigned to them and review these risks regularly. They also continually evaluate the controls in place that are managing the risk and any gaps that require further action.

2.4 The Audit, Quality and Business Committees, and the Board review the sources of assurance presented to them and provide the Board (through the BAF process) with positive or negative assurance.

2.5 The BAF summary **(page 12)** gives an indication of the current assurance level for each strategic risk, based on sources of assurance received and evaluated by committees and the Board.

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

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

- BAF risk 1.4 (engage patients and the public effectively,) has moved further into reasonable assurance as the 'PLACE' (patient led assessment of care environment) report and the Patient Engagement Strategy update both provided reasonable assurance
- BAF Risk 2.1 (deliver principal internal projects) has moved further into reasonable assurance as the Estates Strategy update, CAMHS T4 update and formation of the Business Logistics Team all provided Business Committee with reasonable assurance
- BAF Risk 3.1 (suitable and sufficient staff capacity and capability) has moved further into reasonable assurance as the Performance Brief (well led: staff recruitment) and Neighbourhood Teams triangulation report provided reasonable assurance

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

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

3.0 Risks by theme

3.1 For this report, the 56 risks currently on the risk register (the 'here and now' risks) have been themed where possible according to the nature of the hazard and the effect of the risk and then linked to the strategic risks on the Board Assurance Framework. This themed approach gives a more holistic view of the risks on the risk

register and will assist the Board in understanding the risk profile and in providing assurance on the management of risk.

3.2 Themes within the current risk register are as follows:

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

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

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

3.2.2 The second strongest theme is CAMHS:

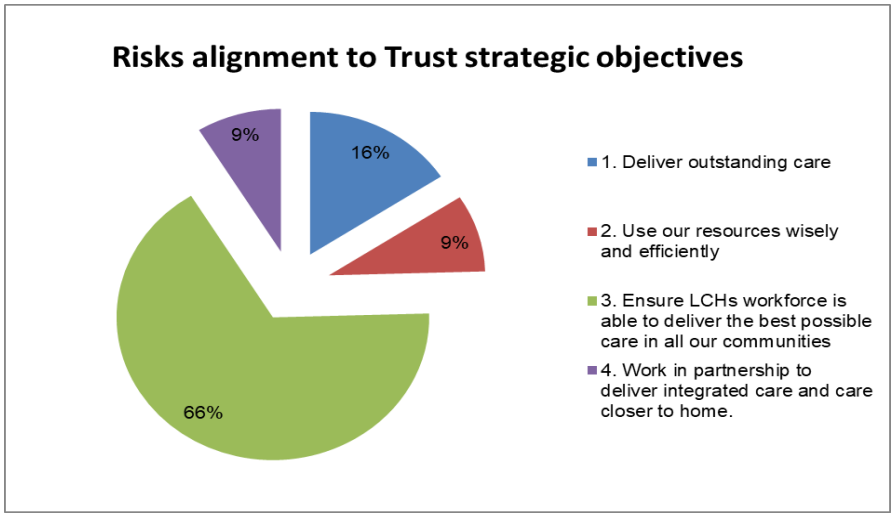
- environmental risks
- development of new build
- waiting lists

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

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

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

Risk alignment with strategic objectives



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

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

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

Theme / BAF Risk(s)
Risk register theme: Staff capacity BAF Risk 2.2 delivering contractual requirements BAF Risk 3.1 having suitable and sufficient staff capacity and capability BAF Risk 3.2 the scale of sickness absence
Risk register theme: CAMHS BAF Risk 1.3 maintaining and continuing to improve service quality BAF Risk 2.1 delivering principal internal projects BAF Risk 2.5 delivering the income and expenditure position agreed with NHSI

4.0 Risk register movement

4.1 There are no risks with a current score of 15 (extreme) or above on the Trust risk register as at 30 April 2020

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

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

6.0 Summary of risks scoring 12 (high)

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

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

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

7 New Risks

7.1 There have been no new risks scoring 12 or above added to the risk register

8.0 Risk profile - all risks

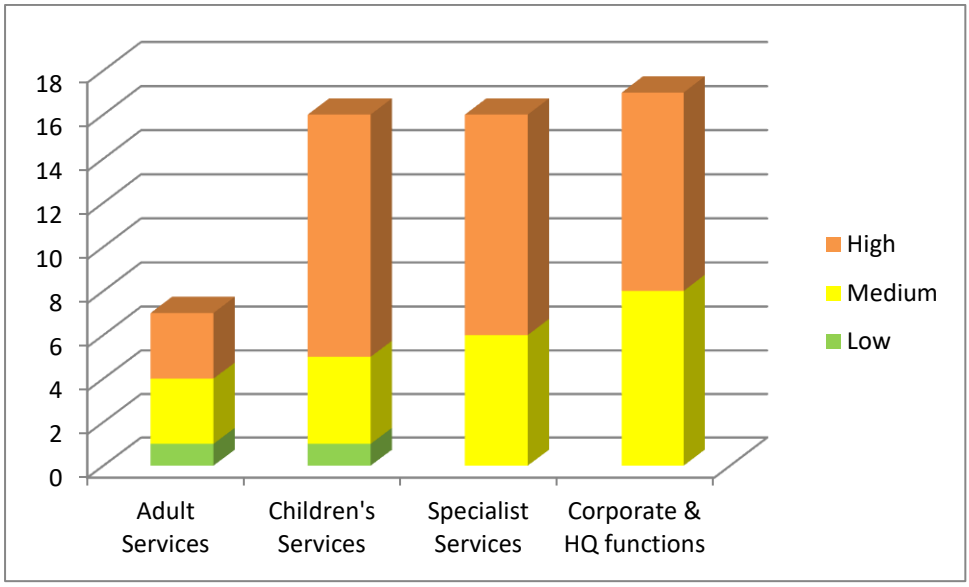
8.1 There are 15 open clinical risks on the Trust's risk register and 41 open non-clinical risks. The total number of risks on the risk register is currently 56. This table shows how all these risks are currently graded in terms of consequence and likelihood and provides an overall picture of risk:

Risk profile across the Trust.

	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Almost Certain	Total
5 - Catastrophic	0	0	0	0	0	0
4 - Major	0	1	4	0	0	5
3 - Moderate	1	13	18	6	0	38
2 - Minor	1	2	6	4	0	13
1 - Negligible	0	0	0	0	0	0
Total	2	16	28	10	0	56

9.0 Summary of all risks

9.1 The chart below shows the number of risks and level of risk by area of the business, logged on the Trust's risk management database (Datix) as at 30 April 2020. There are no extreme risks on the risk register.



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

10.0 Impact

10.1 *Quality*

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

10.1.2 There is a robust process for ensuring the risk register is effectively reviewed and kept up to date. An automated system reminds risk owners to update their risks where a review date has passed. The Risk and Safety Manager produces a monthly quality assurance report and if the risk remains outstanding, further reminders are sent personally by the Risk and Safety Manager. Any risks remaining out of date by more than two weeks are escalated to the relevant director for intervention. Currently, as many managers are extremely busy dealing with additional duties in reaction to the COVID-19 pandemic, and because a number of risks are not strictly relevant to the environment the Trust is currently working in, reminders are being sent but not pursued with the usual rigour.

Board Assurance Framework 2020/21 summary of movement

Details of strategic risks (description, ownership, scores)								Level of Assurance					
Risk		Risk ownership		Risk score				Current Level of Assurance (denoted by ◆).					
Strategic Goal	Risk	Responsible Director	Responsible Committee	Likelihood	Consequence	Risk Score	Risk score movement	No	Limited	Reasonable	Substantial	Assurance - additional Information	Assurance Movement
Provide high quality services	**RISK 1.1** If the Trust does not have effective systems and processes for assessing the quality of service delivery and compliance with regulatory standards then it may have services that are not safe or clinically effective.	SL	QC	3	4	12				◆		Mortality Report received reasonable assurance at March 2020 Quality Committee.	
	Risk 1.2 If there are insufficient clinical governance arrangements put in place as new care models develop and evolve, the impact will be on patient safety and quality of care provided.	RB	QC	3	3	9			◆				
	RISK 1.3 If the Trust does not maintain and continue to improve service quality, the impact will be diminished safety and effectiveness of patient care leading to an increased risk of patient harm	SL	QC	2	4	8				◆			
	RISK 1.4 If the Trust does not engage patients and the public effectively, the impact will be that services may not reflect the needs of the population they serve.	SL	QC	4	3	12				◆		PLACE report and Patient Engagement Strategy update both received reasonable assurance at Quality Committee in March 2020.	→
Provide sustainable services	**RISK 2.1** If the Trust does not deliver principal internal projects then it will fail to effectively transform services and the positive impact on quality and financial benefits may not be realised.	SP	BC	3	3	9				◆		Estates Strategy update (March 2020), CAMHS T4 update and formation of the Business Logistics Team (April 2020) provided Business Committee with reasonable assurance.	→
	RISK 2.2 If the Trust does not deliver contractual requirement, then commissioners may reduce the value of service contracts, with adverse consequences for financial sustainability.	SP	BC	2	3	6				◆			
	RISK 2.3 If the Trust does not improve productivity, efficiency and value for money and achieve key targets, supported by optimum use of performance information, then it may fail to retain a competitive market position.	BM	BC	3	3	9				◆			
	Risk 2.4 If the Trust does not maintain the security of its IT infrastructure and increase staffs' knowledge and awareness of cyber-security, then there is a risk of being increasingly vulnerable to cyber attacks causing disruption to services, patient safety risks, information breaches, financial loss and reputational damage.	BM	AC	3	4	12				◆			
	RISK 2.5 If the Trust does not deliver the income and expenditure position agreed with NHS Improvement then this will cause reputational damage and raise questions of organisational governance.	BM	BC	2	3	6				◆		Financial plan provided reasonable assurance to the March 2020 Business Committee	

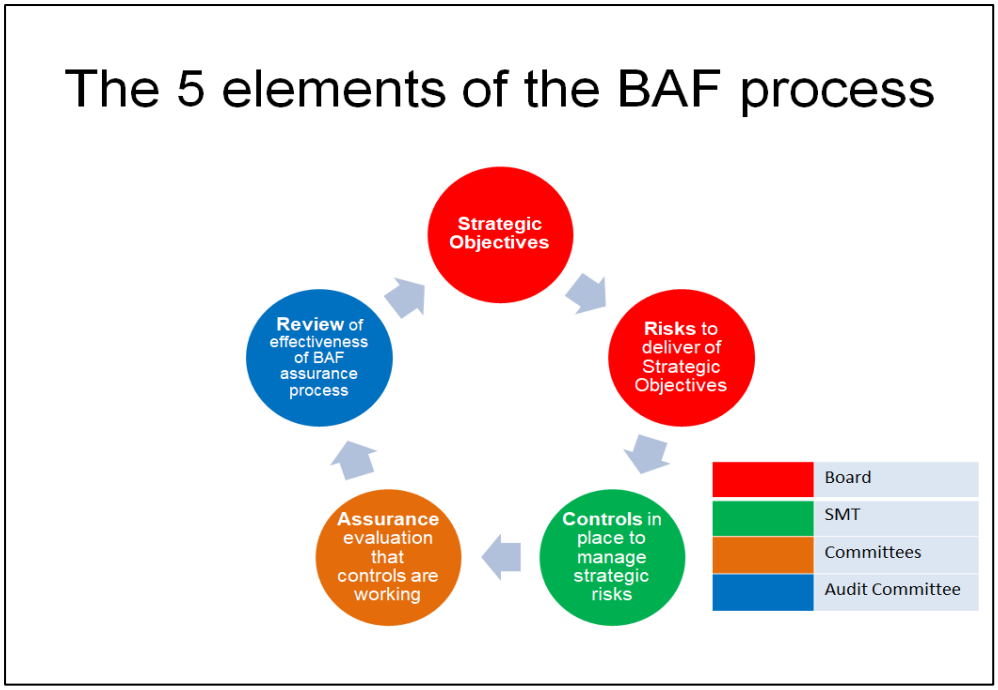
Recruit, develop and retain the staff we need now and for the future	**RISK 3.1** If the Trust does not have suitable and sufficient staff capacity and capability (recruitment, retention, skill mix, development) then it may not maintain quality and transform services.	AH	BC	4	4	16						Performance brief (well led: staff recruitment) provided reasonable assurance at March 2020 Business Committee. Neighbourhood teams triangulation report provided reasonable assurance at March 2020 Quality	→
	RISK 3.2 If the Trust fails to address the scale of sickness absence then the impact may be a reduction in quality of care and staff morale and a net cost to the Trust through increased agency expenditure.	JA/LS	BC	3	3	9							
	RISK 3.3 If the Trust does not fully engage with and involve staff then the impact may be low morale and difficulties retaining staff and failure to transform services.	TS	BC	3	3	9							
	RISK 3.4 If the Trust does not invest in developing managerial and leadership capability in operational services then this may impact on effective service delivery, staff retention and staff wellbeing.	JA/LS	BC	3	3	9							
	Risk 3.5 If the Trust does not further develop and embed a suitable health and safety management system then staff, patients and public safety maybe compromised, leading to work related injuries and/or ill health. The Trust may not be compliant with legislation and could experience regulatory interventions, litigation and adverse media attention.	BM	BC	4	3	12							
	Risk 3.6 If the Trust is unable to maintain business continuity in the face of significant disruption, there is a risk that essential services will not be able to operate, leading to patient harm, reputational damage, and financial loss	SP	BC	3	4	12							
Work in partnership to deliver integrated care and care closer to home	**RISK 4.1** If the Trust does not respond to the changes in commissioning, contracting and planning landscape (Health and Care Partnership (ICS) implementation) and scale and pace of change then it may fail to benefit from new opportunities eg new models of care integration, pathway redesign etc.	TS	TB	2	3	6							
	RISK 4.2 If the Trust does not maintain relationships with stakeholders, including commissioners, health organisations, City Council and third sector organisations, then it may not be successful in developing and implementing new models or care as outlined in the NHS Long Term Plan. The impact is on the Trust's reputation and on investment in the Trust	TS	TB	2	4	8							
	Risk 4.3 If the Trust does not ensure there are robust agreements and clear governance arrangements when working with complex partnership arrangements, then the impact for the Trust will be on quality of patient care, loss of income and damage to reputation and relationships	BM	BC	3	3	9							
	RISK 4.4 If there is insufficient capacity across the Trust to deliver the key workstreams of system change programmes, then organisational priorities may not be delivered.	TS	BC	3	3	9							

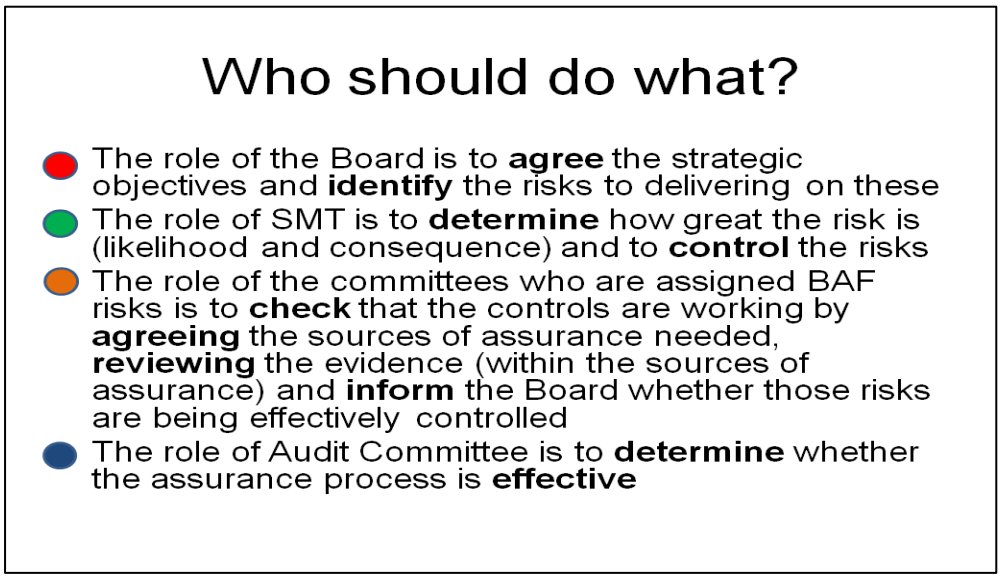
Section E) Draft revised Board Assurance Framework (BAF) review process

The Board, SMT and the governance committees ideally should each have a unique function when reviewing the BAF. Currently each 'group' is looking in detail at the BAF in similar ways, however the essential purpose of the BAF (to assure the Board on the achievement of its objectives) and whether the BAF process is being effective in doing this is only being partially considered.

The following diagrams describe a revised BAF process which allocates a unique role to each group – the Board, SMT, the governance committees and the Audit Committee.

The Board is asked to approve this revised process.





Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (19)

Meeting Trust Board 29 May 2020	**Category of paper** *(please tick)*	
Report title Reset and Recovery Programme	**For approval**	
Responsible director Executive Director of Operations	**For assurance**	
Previously considered by N/A	**For information**	✓

Purpose of the report

The purpose of this report is to provide an update on the re-establishing of services that were suspended or partially closed at the start of the COVID-19 pandemic. This programme of work will focus on the resetting of services and will incorporate learning from new ways of working and innovation adopted during the period of initial response

Main issues for consideration

This paper identifies the draft principles underpinning the Programme of Reset and Recovery and outlines the current work underway

The Board is recommended to to receive the report

Reset and Recovery Programme

1. Purpose of the report

1.1. The purpose of this report is to provide an update on the re-establishing of services that were suspended or partially closed at the start of the COVID-19 pandemic. This programme of work will focus on the resetting of services and will incorporate learning from new ways of working and innovation adopted during the period of initial response

2. Background

2.1 On 19 March 2020 NHS England and NHS Improvement issued instruction through national gold command arrangements on which services community providers were expected to continue, amend or stop. This instruction mirrored the internal categorisation that LCH already had in place. The intention behind this instruction was to enable the NHS to redeploy staff from non-critical services into frontline services impacted by COVID-19. Fortunately the additional workforce has not been required and the Trust will now begin to restart suspended services

3. Reset and Recovery Programme

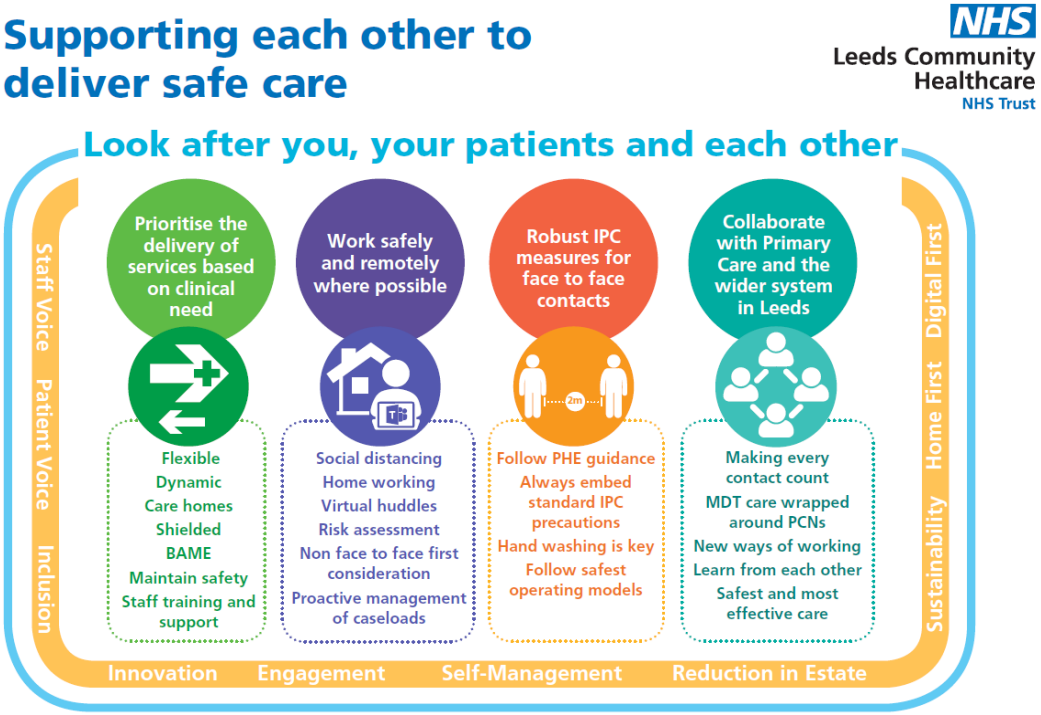
3.1 The aim of the Reset and Recovery Programme is to ensure all services are substantially operational again by September 2020 (based on current assumptions). Having learned from experiences during the COVID-19 pandemic the Programme aims to ensure that new technology, innovation and new ways of working are at the heart of each reset. It should be noted that not all elements of service will be operational within this timescale due to safe working constraints eg some face to face group work where it cannot be delivered digitally.

3.2 The draft principles of the programme (subject to further engagement) are:

- to ensure service models are co-produced with staff, patients/service users, commissioners and the public
- to ensure that reset services are designed to meet the needs of local populations, improve physical and mental health outcomes, promote wellbeing and reduce health inequalities
- to embed the approach of continuous quality improvement – **Making Stuff Better** – that will sustain after the initial reset
- to ensure the learning from services which continued during the crisis is fully implemented in those services that paused and optimise use of digital technology in services, reducing the need for direct patient contact
- to apply the 'home first' approach to the service delivery model; supporting discharge from acute and community beds when safe and effective to do so; ensuring urgent care is accessed when clinically indicated
- to promote the left shift by applying the principles of proactive case management and encouraging self-care/self-management

- to make every contact count by promoting integration, interdisciplinary working and mutual aid across all LCH and citywide services including volunteers
- to create effective and sustainable services that make best use of the Leeds £
- to support our sustainability ambition by reducing our carbon and waste output as a result of the new ways of working

3.3 A key deliverable of the Programme will be the creation of safe working environments. Drawing on this principle and the Community Services Standard Operating Procedure the Programme will be underpinned by this approach:



4. Capacity and Capability

4.1 Dan Barnett was appointed as Programme Lead – Reset and Recovery on 14 May 2020. The post is a secondment position for an initial period of 6 months.

4.2 During the COVID-19 emergency a Business and Logistics Team was created drawing personnel from the business team, the major change team and other aligned teams with project management experience. This team will support the Programme Lead. It is intended that the team will also be supported from colleagues from the corporate departments

4.3 An initial request for staff to volunteer as Reset Champions has generated significant interest throughout the organisation and these individuals will act as advocates for innovation and change in their own services

5 Patient and Public Engagement

5.1 As previously stated understanding patient and public voices is a cornerstone to the Programme

5.2 The interview panel for the Programme Lead included the Chief Executive from Healthwatch Leeds signalling the commitment to co-production from the start

5.3 In the early stages of each service's reset they will be asked to identify two samples of service users:

- A group of service users who used the service in the six months prior to COVID-19 to understand what they believe added (and did not add) value to their care and treatment; whether they would visit/accept the service in the current situation and what the service can do minimise fear
- A group of service users who were discharged at the point of COVID-19 to find out what has happened to them in the last few weeks, whether they needed to access services, what would have made the experience better

This will form the start of patient feedback when looking at resetting the service

6 Prioritisation

6.1 The Programme will cover all services and departments within the organisation. In order to manage the scale of the programme the operational services have been grouped into four:

- Restart and Reset: these services were either fully or substantially paused. Staff were redeployed to other areas of the Trust or service and they may not have benefited from the "forced" innovation required to manage in the initial response
- Review and Reset: these services continued as part of the initial response but we want to ensure innovation and new ways of working have been implemented comprehensively
- Review and Tweak: these services had already been through comprehensive transformation immediately prior to this period so will require a light touch review
- New Start: these services are newly, or likely to be, commissioned

Restart and Reset	**Review and Reset**
• Community Cancer Support • Podiatry, Dietetics, Specialist Weight Management • MSK and community pain • Community Dental • Audiology • Community Gynae • Long Term Conditions • Children's SLT • Leeds Sexual Health • School Immunisations	• Neighbourhood Teams (including nights, geriatricians, CIVAS, CUCS, Falls, Wounds, Pharmacy Techs, Self-Management, Frailty) • 0-19 PHINS • CAMHS (includes all elements of CAMHS) • ICAN and children with special needs • HIIT and TB • LIDS, SPUR, Bed Bureau, Therapy Supported Discharge • Stroke, Community Neuro, CNRC • Speech and swallowing, Adult SLT • Children's nursing (including Hannah House, Continuing Care, Children's community nursing, inclusion nursing) • Health & Justice (Police Custody and Liaison and Diversion, Wetherby YOI and Adel Beck) • Corporate Services

Review and Tweak	**New Start**
• LMWS	• Post covid-19 rehabilitation • Care Home Support (including NT support to care homes, end of life care home facilitators)

6.2 The team is currently looking at how to prioritise the restart for these services. The initial criteria (yet to be approved) include:

- Presenting patient/clinical need eg Community Cancer Support Service
- Commissioner prioritisation eg Health and Justice services
- Interdependence with other services eg access to diagnostics
- Reducing health inequalities eg Health Inclusion Team
- Retaining staff where necessary in critical services
- Ensuring staff from suspended services have useful and rewarding work to undertake
- Referral rate and waiting list position

6.3 A further piece of work needs to focus on priorities for corporate teams

7 Communication

7.1 Staff Engagement
Staff engagement is critical to the success of the programme. A Getting Ready Checklist (appendix I) has been developed to ensure staff are aware of their Reset Project and are fully involved. This begins with a full staff meeting via MS Teams signalling the commitment to staff co-production

7.2 Branding
The need to have clear branding for the Reset and Recovery Programme is acknowledged. Conversations have begun on possible branding with both the Leaders Network and 50 voices. Suggestions from the groups will be put to a vote through the intranet

7.3 Engagement Plan
The detail of how the Programme team will engage with the wide range of stakeholders will be clearly articulated in an engagement plan

8 Governance

8.1 The formal Programme Board will be SMT and the Programme Lead.

8.2 The formal governance structure is still to be agreed but is likely to include a Project Board (Programme Lead and Project Managers) and a series of Project Teams. Appropriate subject matter experts will be identified and engaged differentially as the Programme develops

8.3 The Programme will adopt light touch Programme Management principles to ensure the work is properly governed

8.3 As the Programme progresses a number of Advisory Groups/Forums will be developed as critical friends. These will include the Shadow Board and 50 Voices. Early work is underway with Healthwatch Leeds to develop the best mechanism for testing out Programme recommendations (in addition to local co-production)

9 Next Steps

9.1 The priorities for the next month include:

- Establishing the Programme team
- Developing the Programme Initiation Document (including the engagement plan)
- Setting up the Programme Board and associated governance
- Prioritising the projects
- Communications Plan

10 Recommendations for Board

The Board is asked to receive the report

Appendix I - Service Reset and Recovery Getting Ready Checklist

LCH is starting a programme of work to ensure all services are substantially operational again by September 2020 using innovation, engagement and flexibility to be future proofed against further challenges.

There are a range of reasons why we want to develop this work with you:

- to maintain effective innovations developed during the pandemic response
- to future proof services for future pandemics and challenges
- to address any unmet need e.g. cancer, long term conditions, mental health
- to continue ongoing work regards self-management, population health management, integration of services and developing the “localism” agenda
- to improve support for care homes
- to address any new rehabilitation or other health needs as a result of Covid-19
- to address any health inequalities

We need to take our time on this work as we are not returning to the same environment we were operating in before the pandemic. For example some services are redeploying staff to our essential services and we may need to maintain this for some time until threat of a further spike in covid-19 cases is reduced. Some elements of service delivery will not be able to be delivered in the same way due to estate availability, social distancing requirements or due to accessibility of patients. And we need to ensure there is enough PPE for all services, without putting our essential services at risk.

We recognise some services are keen to get going and we ask that you are patient and bear with us. However there is some preparatory work you can be getting started on now which we have summarised in a ‘getting ready checklist’. Not all prompts will be relevant to all services, but please use this as a guide.

Engagement and partnerships

- Have a conversation with the Patient Engagement Team, or other involvement mechanisms in your Business Unit, to start to develop a plan for how you might engage effectively and safely with service users and the public. This will form one of the first pieces of work in your reset project when you get started.
- Agree some dates for your staff consultation events as these will be one of the first pieces of work in your reset project. Circulate the staff engagement questions so that staff can be prepared for the staff consultation events.
- Map your stakeholders and interdependencies – what would you rely on to be open if you were to open? Make contact with your stakeholders to ascertain their reset plans
- Consider what local, regional and national drivers your project will need to align with, for example Long Term Plan, Leeds Health Plan

Making stuff better

- In a team meeting review your service's approach to 'making stuff better' during the pandemic response – what are the useful reflections and learning points?
- In a team meeting update your service's SWOT (Strengths, Weaknesses, Opportunities, Threats) in light of the current situation (see Appendix 2)

Waiting lists

- Review the current demand in your service to predict what's needed to get your service back on track
- Make contact with service users on the waiting list to start managing their expectations, to let them know when services might be changing and to check in about acceptability of service position to them
- Develop a trajectory for how you might tackle any backlog

Safe Environments

- Review your pathways in terms of what can be undertaken remotely and what needs to be face to face
- Review your delivery sites in light of the new context, recognising that there are likely to be constraints in available clinical and office space
- Assess what PPE might be required and how much you might need based on expected referrals
- Undertake the IPC risk assessment
-

Operational

- Ensure everyone's training is up to date
- Ensure all appraisals are up to date
- Ensure business continuity plans and SOPs are all up to date

NHS
Leeds Community Healthcare
NHS Trust

AGENDA ITEM 2020-21 (20)

Meeting: Trust Board 29 May 2020	**Category of paper**	
Report title: Corporate Governance Report	**For approval**	
Responsible director: Chief Executive **Report author:** Company Secretary	**For assurance**	√
Previously considered by Not applicable	**For information**	

Purpose of the report

In order to ensure that the Board is discharging its role effectively, it should regularly review the components of the governance framework and receive assurances that requirements are being met. This paper covers a number of corporate governance requirements for consideration.

Main issues for consideration

This paper covers a number of annual requirements, including:

- Board and Committees' effectiveness review (section 3)
- Audit Committee annual report 2019-20 (section 4)
- Committees' terms of reference review and Committee membership (section 5)
- Details of use of the Trust's corporate seal (section 6)

Recommendations

The Board is recommended to:

- Note the outcome of the annual review of Board and Committees' effectiveness
- Receive the Audit Committee's annual report 2019/20
- Approve changes to the terms of reference of Board sub-committees
- Ratify use of the corporate seal and to note content of the register of sealings

Corporate Governance Report: 24 May 2020

1 Introduction

1.1 This report provides a number of requirements for consideration on an annual or infrequent basis in relation to the effective corporate governance of the Trust.

2 Background

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

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

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

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

3 Annual review of Board and Committees' effectiveness

3.1 At all levels in the NHS, boards are encouraged to periodically review their own performance in order to build on strengths and to identify areas where there is room for further development in order to draw out the full benefits of the NHS unitary Board model.

3.2 The report at **Appendix A** provides a summary of the outcomes from an exercise to review the effectiveness of the Board and sub-committees

4 Committees' annual reports 2019/20

4.1 The terms of reference of the Trust's Audit Committee require that the committee has oversight of Board sub-committees annual effectiveness process and reviews the adequacy of the governance of the sub-committees. This assurance is given through the provision of an annual report from Board sub-committees to the Audit Committee.

4.2 In turn, the terms of reference for each committee require that the committee's chair submits an annual report to the Audit Committee which demonstrates how the committee has fulfilled its duties as delegated to it by the Trust's Board and as set out in the terms of reference and committee's work plan.

The reports provide an overview of the workings of the committees and demonstrate that the committees have complied with the respective terms of reference.

4.3 At the Audit Committee on 17 April 2020, the annual reports for 2019/20 for the following committees were received:

- Quality Committee
- Business Committee
- Charitable Funds Committee
- Nominations and Remuneration Committee

4.4 Each report had been reviewed by the committee's chair and executive lead and by the relevant committee. The reports provided an overview of the workings of the committees and demonstrate that the committees have complied with the respective terms of reference. Sections within each annual report described:

- Duties of the committee
- Membership and attendance
- Review of committee's activities
- Review of effectiveness
- Areas for future development

4.5 In order to complete this cycle of review, the Audit Committee's annual report for 2019/20 is attached at **Appendix B** for receipt by the Board and demonstrates that the committee has operated in lines with its terms of reference and has undertaken a review of its effectiveness.

5 Committees' terms of reference

5.1 The Trust's Board has appointed five sub-committees to carry out specific functions and provide assurance that the Trust is carrying out its duties effectively, efficiently and economically (as recorded in standing orders). Between February and April 2020, the Trust's sub-committees reviewed their terms of reference as part of their annual review of committee functioning and effectiveness.

5.1 The tables in **Appendix C** summarise the changes made in order to amend and update content (the changed text being shown in red). Once approved, an electronic version of the full amended document will be made available to Board members, managers and staff. Use will be made of the Trust's intranet and website to publish the documents.

5.3 In order to reflect the best distribution of Board membership across the committees so that they are able to fully discharge their respective responsibilities, committee membership for 2020/21 is shown in the table below. These are temporary arrangements whilst the Trust has an interim Chair and is currently operating with one less Non-Executive Director.

	Non-executive directors	Executive directors
Audit Committee	Jane Madeley (chair) Richard Gladman Prof Ian Lewis	
Quality Committee	Prof Ian Lewis (chair) Helen Thomson Brodie Clark (interim)	Chief Executive Executive Medical Director Executive Director of Nursing
Business Committee	Brodie Clark (chair) Helen Thomson Richard Gladman	Chief Executive Executive Director of Finance & Resources Executive Director of Operations
Charitable Funds Committee	Brodie Clark (chair) (operating with one less NED)	Executive Director of Finance & Resources Executive Director of Nursing
Nominations and Remuneration Committee	Brodie Clark (chair) Jane Madeley (operating with one less NED)	

5.4 The Quality Committee has a number of sub-groups, one of which, the Mental Health Act Governance Group, is chaired by a non-executive director; this function rests with Helen Thomson.

6 Use of the corporate seal

6.1 In line with the Trust's standing orders, the Chief Executive is required to maintain a register recording the use of the Trust's corporate seal. During 2019/20 the seal has been used on a small number of occasions. The details are contained within a copy of the register attached as **Appendix D.**

7 Recommendations

7.1 The Board is recommended to:

- Note the outcome of the annual review of Board and committees' effectiveness
- Receive the Audit Committee's annual report 2019/20
- Approve changes to the terms of reference of Board sub-committees
- Ratify use of the corporate seal and to note content of the register of sealings

Appendix A

Leeds Community Healthcare NHS Trust
Reviewing Board and Committees' effectiveness

1.0 Purpose of the report

1.1 The purpose of the report is to provide a summary of the comments received from the review, by Board members, of the effectiveness of the non-executive and executive contribution to the Board, the Board's sub-committees and the wider Trust.

1.2 The sections below provide anonymised information gathered from a Board effectiveness diagnostic exercise and the conclusions from a Board effectiveness workshop held on 3 January 2020.

2.0 Background

2.1 By way of context, the purpose of NHS Boards is to govern effectively and in doing so to build patient, public and stakeholder confidence that health and health care is in safe hands *(The Healthy NHS Board 2013).* In meeting this purpose the Board has three key roles, to:

- Formulate strategy
- Ensure accountability by holding the organisation to account for the delivery of strategy and through seeking assurance that systems of controls are robust and reliable
- Shape a strong culture for the Board and the organisation

2.2 The Trust Board reflects on an annual basis how non-executive and executive colleagues can further develop as a team to:

- Ensure strong and effective leadership at Board level and throughout the Board sub-committees
- Develop a culture of full and proper personal accountability
- Maintain a strategic perspective
- Ensure the Trust identifies the necessary operational changes to meet the quality and financial sustainability challenge
- Balance risk and opportunity
- Work in a partnership environment

2.3 Two questionnaires were completed by Board members; one related to Board effectiveness and the second was applicable to committees' effectiveness. The questionnaires comprised 20 statements grouped under the headings of *leadership and accountability* and *strategy development and operational delivery* (Board questionnaire) and *capacity, capability and ways of working* and *conduct of business and effectiveness of decision-making* (committees' questionnaire).

2.4 The questionnaires asked for ratings on a scale of 1 (strongly disagree) to 5 (strongly agree); plus narrative comment on opportunities for change.

Responses in the questionnaires remain anonymous and have only been used to distil themes to facilitate discussion.

3.0 Board self-assessment: summary of responses

3.1 The Board scored itself highly on the following areas:

- The Board was assessed as being high quality, with a complimentary mix of members who demonstrate the Trust's values and behaviours.
- The Board was regarded as 'well-led' with strong, visible leadership.
- Open and constructive debate, with robust challenge and scrutiny, leading to clear decisions and accountability for actions
- There is a good balance of strategic direction and operational issues
- Risks are considered to the delivery of objectives

3.2 The Board recognised that the quality of reports had improved, but still could be better.

3.3 The Board viewed the following areas as possible scope for improvement, as although these areas scored above average, they achieved the lowest scores:

- Communication of early warning signs
- Strategies alignment to internal capacity and capability, and to the wider external environment

3.4 The Board workshop event on 3 January 2020 provided an opportunity to review the information in the self-assessments.

4.0 Audit Committee self-assessment: summary of responses

- The Committee scored highly in all areas, it scored particularly well in core purpose, values and behaviours, leadership, encouraging participation and consensus, recording and completing actions, relationship between Committee and Board.
- The Information Governance Group is developing and escalating appropriate issues to Audit Committee.

5.0 Quality Committee self-assessment: summary of responses

- The Committee is clear on its core purpose and key objectives
- Committee members, collectively and individually, have the skills and knowledge to discharge the full range of the Committee's functions
- The Committee evaluates its own performance, considers the outcomes and learns from the evaluation
- Committee members, collectively and individually, demonstrate the Trust's values and behaviours in the conduct of the Committee's business
- The large number of attendees at Committee was a recurring theme across a number of areas within the self-assessment in terms of accountability and participation

- The size of the agenda and the volume of papers have continued to be an issue. It was recognised that some improvements have been made to minimise duplication of discussion however some repetition does still occur
- The quality of papers being presented – they do not lend themselves to effective scrutiny from a governance perspective. Some subgroup minutes lack clarity
- There has been late production/ late receipt of papers

As a result of the Committees reflections on its self-assessment, the work plan and membership/attendees have been reviewed. Draft amendments to the terms of reference will reflect a reduced list of attendees.

6.0 Business Committee self-assessment: summary of responses

- The Committee is functioning well; all but one score was above 4, with some scoring 5
- As with previous years, the lowest score was for 'adequate and appropriate information' and additional comments describe the variable quality of papers and that providing verbal updates rather than written papers provide no time for the Committee to consider information in advance
- In a similar vein to other governance groups, there is sometimes a reluctance for members to get involved in other members' specialist areas of the agenda
- Members recognise there have been areas of improvement and better ways of working
- There is an increasing level of off-line sponsored work progressed by committee members
- The Committee considered that, whilst it had no concerns about financial performance in the Trust, it would be good practice to consider finance in greater depth on a quarterly basis.

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7.0 Charitable Funds Committee self-assessment: summary of responses

- The Committee meets the requirements for effective governance and is functioning well
- There is very healthy discussion and the Trust's values and behaviours are displayed consistently
- Members play an effective part but this is limited by the current lack of clarity about the long term
- Recording and completing follow-up actions has improved
- The current lack of clarity about the Trust's potential involvement with Leeds Cares is acknowledged
- It is viewed as a less critical area of Trust activity
- Evaluation is only done informally

The Charitable Funds Committee will focus on the development of fundraising activities and establishing collaborative approaches with other local NHS

charities. The Committee will also look at what interest there is within the organisation in relation to fundraising

8.0 Nominations and Remuneration Committee self-assessment: summary of responses

- The Committee is functioning well
- There is effective leadership and a strong skill set amongst members
- The level of scrutiny and challenge is satisfactory
- Information provided is usually from HR and are of a high order

Audit Committee: Annual Report 2019/20

1.0 Purpose of the report

1.1 The purpose of the report is to provide a summary of the Audit Committee's activities during 2019/20.

1.2 The terms of reference for the Committee require that the Committee's Chair submits an annual report which demonstrates how the Committee has fulfilled its duties as delegated to it by the Trust's Board and as set out in the terms of reference and the Committee's work plan.

1.3 The sections below describe:

- Duties of the Committee
- Membership and attendance
- Review of Committee's activities
- Review of effectiveness
- Areas for future development

2.0 Background: Duties of the Committee

2.1 The Audit Committee is one of five committees established as sub-committees of the Trust's Board and operates under Board approved terms of reference.

2.2 The Committee is well established and has been conducting a portfolio of business on behalf of the Board since the establishment of the Trust.

2.3 The Committee provides an overarching governance role and ensures that the work of other committees provides effective and relevant assurance to the Board and the Audit Committee's own scope of work.

2.4 The duties of the Committee can be categorised as follows:

- **Governance, risk management and internal control:** reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.
- **Internal audit:** ensuring that there is an effective internal audit function that meets mandatory NHS internal audit standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board.
- **Counter fraud and security management:** ensuring satisfactory arrangements in place for countering fraud, managing security and shall review the annual plan and outcomes of work.

- **Data security and information governance:** ensuring the Trust has robust information governance processes and that it complies with National Data Security Standards.
- **External audit:** reviewing the work and findings of the appointed external auditor and considering the implications of and management's responses to their work.
- **Financial reporting and annual accounts review:** including: monitoring the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance; ensuring that systems for financial reporting to the Board are subject to review as to completeness and accuracy of the information provided to the Board; reviewing the annual statutory accounts before they are presented to the Board of Directors to determine their completeness, objectivity, integrity and accuracy and reviewing all accounting and reporting systems for reporting to the Board.
- **Standing orders, standing financial instructions and standards of business conduct**: reviewing the operation of and proposed changes to the standing orders, standing financial instructions and standards of business conduct, the constitution, codes of conduct and scheme of delegation.

2.5 The Information Governance (IG) Group is a subcommittee of the Audit Committee. The Group meets every two months and discharges a range of duties as delegated by the Audit Committee and recorded in a Committee approved set of terms of reference. The IG Group is responsible for ensuring that the Trust has effective policies and management arrangements covering all aspects of information governance in line with the Trust's Information Governance Management Framework Policy. Approved minutes from the Group are received by the Audit Committee.

3.0 Membership and attendance

3.1 The terms of reference for the Audit Committee set out the Committee's membership, which is as follows:

- Three non-executive directors, including one non-executive director with significant, recent and relevant financial experience and who serves as the chair of the committee
    - Jane Madeley (Chair)
    - Richard Gladman (Deputy Chair)
    - Professor Ian Lewis

3.2 In addition to the membership, the following participants are required to attend meetings:

- Executive Director of Finance and Resources
- Company Secretary
- Internal audit representative
- External audit representative
- Counter fraud specialist

3.3 The Chief Executive attends to discuss the process for assurance that supports the annual governance statement, and the annual report and accounts.

3.4 In addition, the Chief Executive, other executive directors and senior managers may attend for discussions when the Committee is discussing areas of risk or operational management that are their responsibility.

3.5 The Committee has met formally six times in the last 12 months and has been quorate on all occasions. In addition, there was one informal meeting. A table recording attendance is shown below.

Attendee	26 April	10 May (informal)	22 May	1 Aug	18 Oct	10 Jan	13 Mar	Total (7)
Jane Madeley	Y	Y	Y	Y	Y	Y	Y	7/7
Richard Gladman	Y	Y	Y	Y	Y	Y	Y	7/7
Ian Lewis	Y	Y	Y	N	Y	Y	Y	6/7
Executive Director of Finance and Resources	Y	Y	Y	Y	Y	Y	Y	7/7
Company Secretary	Y	Y	Y	Y	Y	Y	Y	7/7
Internal Audit representative	Y	N/A	Y	Y	Y	Y	Y	6/6
External Audit representative	Y	N/A	Y	Y	Y	Y	Y	6/6

3.6 In line with its terms of reference, the Committee has had regular private meetings with auditors prior to each formal meeting.

4.0 Review of Committee's activities

4.1 The Audit Committee has an approved annual work plan. Topics scheduled for consideration at each meeting reflect a mix of scheduled items drawn from the work plan and occasional further items that have arisen as a result of specific issues brought to the Committee's attention from internal or external sources.

4.2 *Governance, risk management and internal control*

4.2.1 The Committee reviewed the annual governance statement for 2019/20 in March 2020 prior to it being submitted for approval by the Board. In considering the statement, the Committee reviews assurances from a range of sources including the Interim Head of Internal Audit opinion which it expects to receive in April 2020.

4.2.2 Annual reports have been received from internal audit, counter fraud, security management and Board sub-committees.

4.2.3 The Committee reviewed the process for, and the nature of strategic risks contained within the board assurance framework (BAF) in July and December 2019. The effectiveness of the controls in place was questioned by the Committee particularly where the initial and current scores were rated the same score and a further review of the strategic risks, controls and mitigations was then conducted by the relevant directors. In March 2020 the Committee reviewed its role and that of other governance committees and the Board in the BAF process.

4.3 ***Internal audit***

4.3.1 The Audit Committee has delegated authority to ensure the Trust has an effective internal audit function. The Internal Auditors provide an essential part of the Trust's system of internal control. The Trust's internal audit service is currently provided by TIAA Ltd.

4.3.2 The Committee reviewed and agreed an annual internal audit plan for 2019/20, which proposed 21 audits. The Committee requested that some audits should be rescheduled into the first half of the year to ensure that the plan was delivered within the year. In completing the audit plan, the Committee reviewed a wide-ranging portfolio of reports, considered recommendations, adopted action plans and overseen progress. Topics have included a broad mix of financial, governance, operational and quality topics.

4.3.3 The outcome of internal audits was shared with the relevant Board committee, which provided the opportunity to consider the robustness of actions to address recommendations and the associated timescales.

4.3.4 The Committee closely monitored progress against the internal audit plan in an effort to avoid slippage and over running toward the end of the financial year. The Committee received a progress report against the audit plan in April 2020 and noted that all audits had been completed (three were in draft awaiting manager's actions/comments). For 2019/20 fourteen audits had achieved reasonable assurance, two were substantial and three were limited (these were statutory/mandatory training, software licencing and IR35).

4.3.5 In April 2020, the Head of Internal Audit reported that the interim Head of Internal Audit opinion was that reasonable assurance could be given that there were adequate and effective 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.

4.3.6 In addition to monitoring progress of the audits, the Committee also regularly monitored progress against internal audit management recommendations and associated actions. The Committee requested and received further explanation and background on the priority 1 and 2 recommendations from the audits which have been agreed to be delivered by a certain date but not completed on time. The Committee also reviewed the robustness of the proposed actions and provided feedback.

4.3.7 In March 2020, the Committee reviewed the draft proposed internal audit plan for 2020/21. In April 2020 the Committee recognised that it would be difficult to deliver the full audit programme, given the current disruption and uncertainty caused by the COVID-19 pandemic. The Committee requested that the audit programme should be reviewed to establish what is possible to achieve within 2020/21.

4.4 *Counter fraud and security management*

4.4.1 The Committee received the local counter fraud annual report and the security management annual report in July 2019. The Committee received a mid-year update on progress against the counter fraud plan for 2019/20, which noted local counter fraud activity, and introduced lessons learnt from fraud incidence from elsewhere. In April 2020 the Committee Chair and Executive Director of Finance and Resources reviewed and approved the counter fraud self-review tool, which was assessed as being accurate and was subsequently submitted to the NHS Counter Fraud Authority.

4.5 *External audit*

4.5.1 In August 2019, the External Audit Manager presented KPMG's annual audit letter for 2018/19. It stated that the auditors' had issued an unqualified opinion on the Trust's 2018/19 financial statements and concluded that there were no matters arising from KPMG's 2018/19 audit work.

4.5.2 Regular technical updates have been provided by KPMG to the Committee to highlight those issues that impact on the NHS and to which the Trust should be aware. These include for example, changes made to IR35.The Committee sought assurance that the Trust was aware and was managing such issues.

4.5.3 The ISA 260 external audit opinion was presented in June 2020, detailing the external auditors' work in relation to use of resources and the 2019/20 annual accounts.

4.6 *Financial reporting and annual accounts review*

4.6.1 The Committee reviewed the Trust's annual report and accounts in detail in June 2020 prior to recommending the annual report and accounts to the Board for approval.

4.6.2 The Committee reviewed the charitable funds annual report and accounts in August 2019 prior to approval by the Charitable Funds Committee.

4.6.3 The Committee also discharged a number of further aspects of financial reporting, including: schedules of debtors and creditors, losses and special payments and overpayments and underpayments.

4.7 *Standards of business conduct*

4.7.1 The Committee reviewed waivers to tendering procedures, the reference costs process, and the register of gifts and hospitality.

4.8 *Data security and Information Governance*

4.8.1 The Committee pursued evidence of compliance with data security requirements and received regular reports, which provided assurance that risks associated with data security were being adequately managed.

4.8.3 The Head of IG and Data Protection Officer regularly attended the Committee to provide an update on progress against the guidance issued for the General Data Protection Regulation (GDPR) compliance, which was in force from May 2018.

4.8.4 The Committee monitored progress with the data mapping exercises throughout the organisation. An information asset register was populated from the data mapping exercises.

4.8.5 The Committee monitored information governance/data security training compliance across the Trust and regularly received up to date information on the percentage of staff that had completed training.

4.8.6 Updates in relation to information governance and level of compliance with the Data Security & Protection Toolkit were considered by the Committee in October 2019. In March 2020 the Committee reviewed the final assessment of the Data Security & Protection Toolkit and was assured that the Trust was on track to achieve necessary compliance with the standards. Internal Audit gave a 'reasonable assurance' opinion of the evidence base provided and the Committee approved its submission by 31 March 2020.

5.0 Partnership Governance Standards

5.1 As part of the internal audit programme 2018-19, Internal Audit reviewed some of the Trust's partnerships and recommended that governance arrangements should be discussed and agreed before the commencement of partnership working. The Committee requested that a set of governance standards for partnership working should be developed, which were to be applied to existing and future arrangements with consideration being given to scale and complexity of each partnership arrangement. In October 2019 the Committee agreed that standards could be presented to the Board and these were approved in December 2019

6.0 Assessment of Committee's effectiveness

6.1 All members of the Committee were invited to complete a self-assessment questionnaire in November 2019, including rating elements of performance. Overall the assessment was that the Committee was functioning well.

6.2 The Committee scored highly in all areas, it scored particularly well in core purpose, values and behaviours, leadership, encouraging participation and consensus, recording and completing actions, relationship between Committee and Board.

6.3 In March 2020 the Committee members reflected on the self-assessment scores and comments and discussed the ways in which the Audit Committee linked in with other Board Subcommittees.

Appendix C

Leeds Community Healthcare NHS Trust
Changes to committees' terms of reference

The tables below summarise the changes made in order to amend and update content

Quality Committee
Change
Membership remains the same, but list of required attendees is now reduced. (There will be a wide participation in committee workshops). Three subgroups have been combined into one subgroup: Mortality Surveillance Group, Clinical Effectiveness Group and Patient Safety and Experience Group are now the Quality Assurance and Improvement Group.

Business Committee
Change
No changes requested

Audit Committee
Change
The Committee agreed that there should be clarity on its role in the Board Assurance Review process, to avoid duplication of effort with the other assurance committees. Subject to Board approval, the Audit Committee has agreed that it should: • Review the Board Assurance Framework's sources of assurance for appropriateness, independence, and frequency, and evaluate whether these can effectively evidence that the controls are working. • Receive an additional report on assurance activity and assess whether the assurance process is being effectively applied and if there are BAF risks that the Board is not sufficiently being assured about

Charitable Funds Committee
Change
The Committee agreed that the Patient Engagement, Experience & Participation Officer will attend meetings; therefore the terms of reference have been amended to reflect this. The Committee intends to further review its terms of reference in June 2020.

Nominations and Remuneration Committee
Change
Page 11 under ‘severance payments’ reworded to say that Treasury approval must be sought in those circumstances

Appendix D

Leeds Community Healthcare NHS Trust
Register of affixing of corporate seal 2019-20

OCCASION	PARTIES INVOLVED	DOCUMENT APPROVED & SEAL ATTESTED BY	DATE
Lease of Rothwell Health Centre	Leeds Community Healthcare Dr Nighat Sultan	Chief Executive Executive Director of Operations	15.07.2019
Lease of Meanwood Health Centre	Leeds Community Healthcare Dr Sanjeed Chida, Dr Robert Laurence Hayes, Dr Clare Jane Spencer, Dr Natalie Hodgson	Chief Executive Executive Director of Operations	15.07.2019
Stage 3 contract for new CAMHS unit development	Leeds Community Healthcare Interserve Construction Ltd	Chief Executive Executive Director of Operations	21.08.2019

NHS
Leeds Community Healthcare
NHS Trust

AGENDA ITEM 2020-21 (21)

Meeting: Trust Board 29 May 2020	**Category of paper** *(please tick)*	
Report title: Mortality Annual Report	**For approval**	
Responsible director: Dr Ruth Burnett, Executive Medical Director **Report author: Dr Ruth Burnett, Executive Medical Director**	**For assurance**	√
Previously considered by: Quality Committee 18 May 2020	**For information**	

Purpose of the report:

To provide Trust Board with assurance regarding the Mortality figures and process within LCH NHS Trust in 2019/20.

Main issues for consideration

Significant progress has been made in 2019/20 in regards to the validity of Trust Mortality data available centrally. PiP now contains a suite of mortality reports, encompassing data from both Datix® and EPaCCs (Electronic Palliative Care Coordination Systems). We are now also able to report on the number of Level 1 and Level 2 investigations completed, and deaths within 30 days of discharge from hospital. Control limits have been set for the neighbourhood teams (Childrens and Specialist have insufficient numbers for statistical validity), enabling better observation of change above statistical noise and earlier alerting to trends developing.

The Mortality Surveillance Group met regularly throughout 2019/20, with an agreed minimum dataset and format standardised for Business Unit reports to ensure sufficient information available for robust discussion. The Internal Audit report for this group was received in January 2020, which contained 5 important and 1 routine recommendations. These have been completed, although the Trust continues to monitor to ensure these recommendations are embedded.

Review of the Quality Committee subcommittee structure during 2019/20 has resulted in the previous work conducted by the Mortality Surveillance Group being incorporated into that for the newly formed Quality Assurance & Improvement Group (QAIG) from April 2020. An effectiveness review is planned for October 2020 to ensure that this new structure meets the standards and objectives required.

New Child Death Review Panels went live across the Leeds area from 1st October 2019. The Trust is an integral partner of these panels. For each possible scenario there is now a designated primary organisation to arrange the Child Death Review Meeting (CDRM) and notify CDOP. LCH would organise the review meetings for those child deaths that have a chronic condition, have an expected death at home and have the death certified by the GP.

At present there is no comparable Community Trust dataset available for the Trust to benchmark mortality data against. The Trust continues to explore this with NHS Benchmarking and other similar organisations. Work continues with LTHT to strengthen the review of deaths within 30days post discharge from hospital, and is planned to utilise the Medical Examiner system implemented in England during 2019. The Trust also continues to work on strengthening combined review of deaths in the community between Neighbourhood Teams and primary care. Embedding of Primary Care Networks (PCNs) within primary care during 19/20 has delayed this, but will ultimately provide a stronger network for this to take place within.

Recommendations

The Board is recommended to:

- Receive the assurance made regarding mortality reporting and review in the Trust
- Confirm that they wish to continue to receive specific quarterly Mortality Reports to maintain focussed oversight regarding the mortality within the Trust

Mortality Report

1.0 Purpose of this report

1.1 To provide the Board with assurance regarding the Mortality figures and process within LCH NHS Trust in 2019/20

2.0 Background

2.1 Leeds Community Healthcare NHS Trust has contact with a significant number of patients within the city, with very few in an inpatient environment. For many of the people who die under the care of the NHS this is an inevitable outcome particularly given we provide a significant amount of end of life care in peoples own homes, and many receive excellent care in the time leading up to their death.

2.2 The Francis inquiry report[1] into the care failings identified at Mid Staffordshire Hospital Trust, identified one of the significant measures that was not acted on appropriately was a mortality rate significantly higher than expected for the Trust. The NHSE National Guidance on Learning from Deaths, 2017[2] provides the underpinning for the framework that NHS Trusts now follow. Within this it emphasises that "Community NHS Trusts should carefully consider which categories of outpatient and/or community patient are within scope for review taking a proportionate approach".

2.3 Our responsibility as a Trust encompasses the following requirements:

- Ensure we have adequate governance arrangements and processes that include, facilitate and give due focus to the review, investigation and reporting of deaths.
- Ensure that we share and act upon any learning derived from these processes.
- Ensure adequate training and support is provided to staff to support this agenda
- Have a clear policy for engagement with bereaved families, or carers, including giving them the opportunity to raise questions or share concerns and ensure that a consistent level of timely, meaningful and compassionate support and engagement is delivered and assured at every stage of the process
- Have a clear Mortality and Learning from Deaths Policy that details how we respond to, and learn from, deaths who die under our management and care
- Collect and publish on a quarterly basis specified information on deaths, through a paper and an agenda item to a public Board meeting in each quarter

2.4 Leeds Community Healthcare NHS Trust Mortality and Learning from Deaths Policy, 2017 details our Trust response to both of these and clearly articulates our assurance process and governance surrounding mortality reviews and shared learning throughout the Trust and the wider system.

2.5 Deaths can broadly be categorised into unexpected and expected deaths, where an expected death results from an acute or gradual deterioration in a patient's health status, usually due to an advanced progressive incurable disease. The death is anticipated, expected and predicted.

2.6 Within Leeds Community Healthcare NHS Trust all deaths, whether expected or unexpected, whilst a patient is under the care of LCH services and on an active caseload are reported via Datix®. Exceptions to this are noted in the policy, the main one being if the death is already recorded in the Electronic Palliative Care Coordination Systems (EPaCCs).

2.7 All deaths are reviewed using the Level 1 assessment tool, whether unexpected or expected. If this identifies that a more in depth review is required the Level 2 mortality review tool must be completed and the case reviewed at the local Mortality Governance meeting.

2.8 Any deaths that fall under the Trust's Serious Incident policy (e.g. Death in Custody) will be investigated using the Serious Incident Investigation framework and policy.

2.9 Where the unexpected death is a child the death will be reported via the sudden unexpected death in infants and children (SUDIC) route and follow that process.

2.10 Leeds Community NHS Trust is committed to ensuring any learning from deaths is shared appropriately, as widely across the organisation as required and using a variety of methods.

2.11 We are committed to ensuring the Trust's Duty of Candour policy is followed, and that families are involved in both any investigation that takes place and any subsequent learning as appropriate, including from any lapses in care.

3.0 Current position

3.1 The Mortality Surveillance Group met five times bimonthly in 2019/20 and was quorate each time. The June 2019 meeting was cancelled at short notice due to unavailability of the data for discussion. The meeting dates were subsequently reviewed to ensure they fell at a time Business Units would have their data and time to review and comment ahead of the meeting.

3.2 The Terms of Reference were reviewed by the group in October 2018 and approved by Quality Committee in November 2018. An agreed minimum dataset has been standardised for Business Unit reports into the Mortality Surveillance Group to ensure that sufficient information is available for robust discussion.

3.3 The Internal Audit report for Mortality Surveillance Group was received in January 2020. This contained 5 important and 1 routine recommendations. These have all been completed, but we continue to monitor to ensure these are embedded.

3.4 Business Unit Mortality Governance meetings have taken place regularly in Adult and Specialist Business Units, but the Children's Business Unit has continued to experience challenges during 2019/20 that were not appropriately identified or escalated, despite similar challenges in 2018/19. Appropriate governance has been embedded and the Mortality Surveillance Group continue to monitor this to ensure these are embedded.

3.5 Significant progress has been made in regards to centrally available mortality data, that we are now assured is valid. The Trust now has a centrally available suite of Adult Business Unit Mortality Reports available via the Performance Information Portal (PiP) and these include the number that have had a Level 1 and Level 2 mortality review, unexpected and expected deaths, and whether they were recorded on EPaCCs.

3.6 Control limits have been set for the neighbourhood team mortality data, based on the length of detailed mortality data the Trust now holds. This allows for better observation of change above statistical noise, and provide earlier alerting to possible trends developing.

3.7 The Trust is compliant with the Learning Disabilities Review Programme (LeDeR) system for reporting any deaths in a patient with Learning Disabilities whilst under the Trust's care. During 2019/20 processes have been incorporated into Datix® to ensure any learning disability (LD) deaths are reported to the LeDeR program.

3.8 Adult Business Unit

3.8.1 **Mortality Data**

Deaths within Adult Business Unit, with 2018/19 data for comparison

	Totals 18/19	Number of deaths in 2019/20 quarter				Totals 19/20
Total Reported Adult deaths	YTD	Q1	Q2	Q3	Q4	YTD
EPaCCs deaths	1665	318	309	385	386	1012
Datix reported Unexpected deaths	335	32	38	63	59	133
Datix reported Expected deaths	83	302	268	359	327	1256
Total of deaths	**2073**	**787**	**684**	**755**	**722**	**2226**
Deaths awaiting review		520	38	21	10	
Total Level 1 reviews undertaken	1011	267	308	314	381	1270
Total Level 2 review also undertaken	187	41	46	60	59	206
Deaths of patients with Learning Disability	Not collected	0	1	0	0	2
Deaths of patients with Serious Mental Illness	Not collected	1	1	0	1	2
Death of patients in Community Care Bed		0	2	8	2 (expected)	12
Deaths managed as a Serious Incident	1	0	0	0	0	0

3.8.2 Enhanced data quality has enabled a suite of mortality reports regarding neighbourhood team data to be available centrally on PiP, including the number of Level 1 and Level 2 reviews undertaken.

3.8.3 With over twelve months of detailed data collection, it has been possible to delineate control totals for each neighbourhood team, reflective of demographic and “normal” mortality rates. This allows for better observation of change above statistical noise and earlier alerting to trends developing which can be monitored and investigated. Examples are included in Appendix 1.

3.8.4 Data has been consistently reviewed, with a similar percentage of deaths receiving a Level 2 review in 19/20, in comparison to 18/19. Alteration of the Level 1 review forms during 19/20 has enabled us to better identify patients with a severe and enduring mental illness (SMI) or learning disability (LD), ensuring that these patients receive a Level 2 mortality review.

3.8.5 The number of SMI and LD deaths continues to be smaller than expected from the national prevalence data, and we continue to explore ways in which we can utilise read codes added to the patient record in primary care to better identify these patients. It is to be recognised that the prevalence of LD is lower in the older population due to increased recognition and diagnosis in more recent years. Learning from work with LTHT has resulted in us adding an extra step into the mortality review process for deaths of patients with a LD, which are now independently reviewed by a member of the LCH LeDeR reviewer team.

3.8.6 EPaCCs data shows consistently that over 75% of end of life patients are dying in their preferred place of death, with over 80% dying in their first or second preferred place. City-wide work underway to embed use of the ReSPECT form is underway, seeking to assist with improved advanced care planning, clarity of diagnosis and communication between healthcare professionals from different teams.

3.8.7 Learning from mortality reviews in early 19/20 identified a delay in appreciating deterioration in severely frail patients when approaching end of life, and lack of certainty regarding reversibility of condition. The Deteriorating Patient Guidance was reviewed, and use of this and NEWS2 was fully implemented and embedded within ABU during the remainder of 19/20.

3.8.8 Other themes that the Trust continues to work on include communication between different teams involved in the care of the same patient (shared learning with SBU), work to improve effective case management and the introduction of condolence cards in addition to condolence visits, to share contact details for any contact with the Trust in the event a relative or carer wishes to discuss the patients care or death after the event.

3.8.9 The Trust continues to work with colleagues in secondary care to ensure that deaths within 30 days of discharge from hospital are reviewed in a coordinated manner, and from Quarter 4 have been able to identify these patients within our Level 1 reviews. Work is underway with Leeds Teaching Hospitals Trust (LTHT) to establish a coordinated review for these patients, looking to utilise the Medical Examiner system implemented during the second half of 19/20 to assist.

3.8.10 The Trust continues to work with colleagues in primary care to improve coordinated review of deaths in the community. Whilst the establishment of formal Primary Care Networks lead to some delay, these look to be beneficial in the longer term for closer linking of the neighbourhood team mortality data and PCN clinical meetings. Where possible NTs are present when deaths are discussed at some GP meetings.

3.8.11 From Quarter 3 of 19/20, the Trust agreed to undertake the mortality reviews for the Non Alliance Community Care Bed Bases, at the request of the CCG. These deaths had not previously been being formally reviewed, and now fall under the standard Trust process.

3.9 **Childrens Business Unit**

3.9.1 Mortality Data

Deaths within Children's Business Unit, with 2018/19 data for comparison

	Totals 2018/19	Total number of mortality reported incidents 2019/20				Totals 2019/20
Total Reported Children's deaths	YTD	Q1	Q2	Q3	Q4	YTD
	30	5	5	6	8	24
Unexpected deaths [SUDIC]	12	3	4	2	3	12
Expected Deaths [CDOP]	11	2	1	4	5	12

3.9.2 There are established robust processes within Children's services around unexpected deaths via the sudden unexpected death in children (SUDIC) process and Child death overview panel (CDOP).

3.9.3 New Child Death Review Panels went live across the Leeds area from 1st October 2019. The Trust is an integral partner of these panels. For each possible scenario there is now a designated primary organisation to arrange the Child Death Review Meeting (CDRM) and notify CDOP. LCH would organise the review meetings for those child deaths that have a chronic condition, have an expected death at home and have the death certified by the GP.

3.9.4 There were no CBU Mortality review meetings held between May and November 2019, and concerns were raised at the Mortality Surveillance Group regarding the robustness of learning from cases being identified and share for learning via this process. The Internal Audit report also identified insufficient documentation to support the meeting, and absence of representation from the SUDIC team at the November meeting in the January 2020 report.

3.9.5 The CBU mortality review meetings have been conducted regularly, with appropriate supportive documentation and quoracy since Quarter 3. The new meeting structure incorporates an opportunity for a more detailed discussion regarding a topic identified at the previous meeting, in addition to the review and learning of deaths from the most recent quarter. Assurance regarding the mortality review process within CBU continues to monitored to ensure it is embedded.

3.9.6 In Quarter 4 LCH (PHINS) and Children's Services received a recommendation from one SUDIC investigation to explore ways in which advice could be provided to parents at any appropriate age about neck

position in car seats, swing seats and other seating, particularly for premature babies and those under four weeks old. This has been completed with all parents now being given verbal and written information at antenatal contact and the birth visit. Education and awareness posters are being developed by the Children's Centres.

3.10 **Specialist Business Unit**

3.10.1 Mortality Data

Deaths within Specialist Business Unit, with 2018/19 data for comparison

	18/19 Totals	Total number of deaths in quarter				19/20 Totals
Total Reported Adult deaths	YTD	Q1	Q2	Q3	Q4	YTD
	30	11	7	13	9	40
Datix: expected deaths	13	6	5	6	4	21
Level 1 reviews undertaken		6	5	6	4	21
Level 2 reviews undertaken		2	1	2	2	7
Under review		0	0	0	0	0
Datix: unexpected deaths	17	5	2	5	5	17
Level 1 reviews undertaken		3	2	3	2	10
Level 2 reviews undertaken		2	2	4	2	10
Under review		0	0	0	3	3
Death with Serious Mental Illness	-	0	0	2	2	4
Death with Learning Disability	-	1	0	0	0	1

Source: Datix®

3.9.2 The Specialist Business Unit mortality review process has been aligned with that of the Adult Business Unit since Quarter 3 of 18/19, resulting in greater consistency and reduced duplication of deaths reported on Datix®. Where both Business Units have been involved with a patient a joint review of the death is undertaken. Mortality review meetings are also now held jointly.

3.9.4 SBU uses Datix® as its primary data source and it is noted that the majority of patients are also under ABU care.

3.9.5 Learning noted from mortality reviews has resulted in changes to the delineation of red flags on SLT referrals, alterations to the IAPT online screening portal to ensure clients are directed to ring if they have plans to commit suicide, and work with the community matrons to ensure that all referrals are triaged and the patient contacted by telephone if the initial visit is delayed for any reason.

4.0 Impact

4.1 **Quality**

4.1.1 There has been a significant improvement in the consistency of data reporting on both Datix® and EPaCCs, and of recording the number of Level 1 and Level 2 investigations completed.

4.1.2 It is now possible to centrally report the number of Level 1 and Level 2 reviews undertaken against the type of death reported, in addition to being able to identify deaths that occur within 30 days of discharge from hospital and those in patients with an identified SMI or LD.

4.1.3 Ongoing work is underway to ensure all staff are aware of the correct system and criteria for reporting a death onto Datix® or EPaCCS. Whilst much improved, there have still been a small number of identified cases where this has not been followed correctly, and ongoing work continues in this regard.

4.2 Resources

4.2.1 The number of deaths investigated by the Adult Business Unit, and the relatively stable 20-25% requiring Level 2 review requires a substantial amount of work by the senior clinical leadership team in the Business Unit.

4.2.2 In Q4 the Adult Business Unit, on behalf of Leeds Community Trust, began to report and review deaths reviewed within the non Alliance Community Care Beds. This follows a formal request from Leeds CCG for LCH to conduct this on their behalf following a death in a non LCH/LCC Community Care Beds during Q3.

4.2.3 The capacity within the team conducting the mortality reviews in the Adult Business Unit will need to be carefully monitored to ensure that they can continue to conduct the number of reviews required to a sufficient quality and consistency.

5 Next steps

5.1 Accuracy of reporting continues to improve, as does recording of the level 1 and 2 data, and we are gaining a more informed understanding of a normal range of data. The Trust continues to work hard to ensure benchmarking and normal range are understood, and to ensure accuracy of our dataset.

5.2 The variation in services provided by Community Trusts and the flexibility with which a Community Trust can “carefully consider which categories of outpatient and/or community patient are within scope for review taking a proportionate approach”[2] has to-date prevented benchmarking across Community NHS Trusts for mortality data. We continue to work with NHS Benchmarking and other community Trusts to ascertain a way to benchmark our data against comparable trusts for comparison.

5.3 Work continues with partners in the city to establish more inclusive reviews for patients whose care has cross organisational boundaries. As part of this in 20/21 the Trust aims to embed a combined process for reviewing deaths that occur within 30 days of discharge from hospital together with LTHT. This will utilise the Medical Examiner system, implemented in England during 2019.

5.4 Work continues with Business Intelligence colleagues and other partners to establish a robust and reliable method of central reporting that minimises the intensive input historically required for accurate records. Significant progress has been made on this during 19/20 and further progress is anticipated during 20/21.

5.5 Review of the Quality Committee subgroup structure during Quarters 3 and 4 has resulted in the previous work conducted by the Mortality Surveillance

Group being incorporated into that for the newly formed Quality Assurance & Improvement Group (QAIG). Effectiveness of this will be reviewed in October 2020 as previously agreed by Quality Committee.

5.6 The Mortality and Learning for Deaths Policy is due for review in 20/21, and work is underway to ensure this is completed in a timely manner.

6 Recommendations

6.1 The Board is recommended to:

- Receive the assurance provided regarding the Trust mortality process
- Confirm that they wish Quality Committee to receive specific quarterly Mortality Reports to maintain focussed oversight regarding the mortality within the Trust

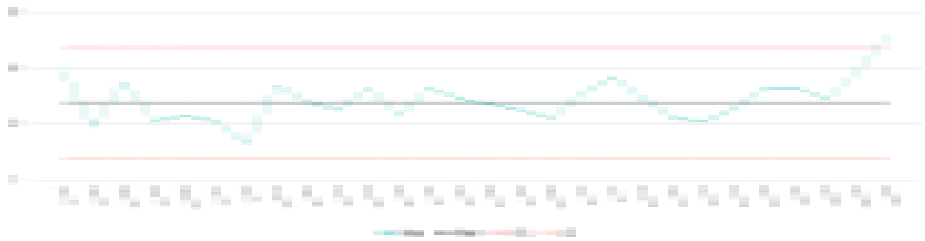
7 References

7.1 The Mid Staffordshire NHS Foundation Trust Inquiry: Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust, January 2005 to March 2009, volume 1, chaired by Robert Francis QC, published 24 February 2010.

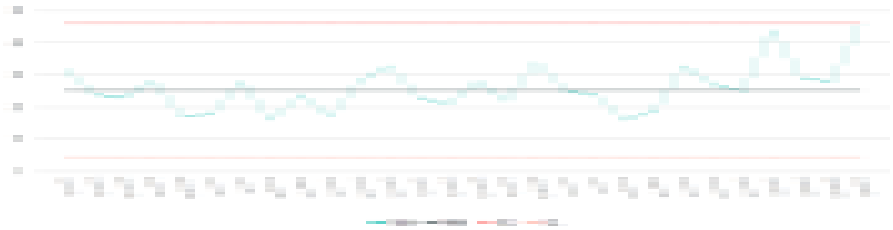
7.2 National Guidance on Learning from Deaths, National Quality Board, First edition march 2017

Appendix 1: Examples of neighbourhood team control limits and the data now monitored within the Adult Business Unit

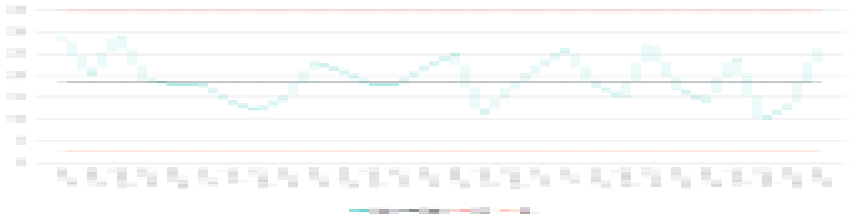
Middleton:



Seacroft:



Chapeltown:



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AGENDA ITEM 2020-21 (22i)

Meeting: Trust Board 29 May 2020	**Category of paper** *(please tick)*	
Report title Performance Brief and Domain Reports	**For approval**	
Responsible director: Executive Director of Finance and Resources **Report author:** Head of Business Intelligence	**For assurance**	✓
Previously considered by: Senior Management Team, 13 May 2020 Quality Committee, 18 May 2020 Business Committee, 20 May 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.

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

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

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

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

Main issues for Consideration

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

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

In April in the **Safe** domain changes have been made to how incident data is extracted from Datix. These changes have been undertaken to ensure incidents are reflected by the date they occurred and not the date reported. This will enable more robust triangulation of spikes in patient safety incident activity and more accurate alignment of data across reports. The data in the performance brief will now reflect incidents that have occurred in month found to have 'potential' lapses in care where they have been reported as Serious Incidents on STEIS. This decision is made at the 72 hour review meeting. Confirmation of this decision will then take place on conclusion of the investigation (60 day timeframe). This will result in a time lag for validation of confirmed serious incidents within the Trust and will be reflected within the reporting.

In the **Caring** domain there has been a significant reduction in the number of complaints received for April. Incoming contact from the public has also reduced. Reasons for this have been identified as directly related to Covid-19. There has been 1 Covid-19 related complaint, and 6 related concerns received in April. The Patient Experience Team continue to collate and update service provision information to be able to inform and signpost incoming call appropriately and to support services in

doing so.

In the **Responsive** domain performance against the 18-week referral to treatment target and 6-week diagnostic wait target are below standard in April. The underperformance is due to the partial closure of Paediatric Neuro Disability Services and closure of Children's Audiology Services as per the national guidance on community services prioritisation. Where aspects of the service have been paused risk assessments have occurred and children have received a service accordingly. Where it is agreed that children do not need to be seen parents are informed by telephone and the child is added/remains on the waiting list. This accounts for the increase in 18-week waiters.

The prioritisation guidance has had an impact on several indicators in the performance brief. Services have implemented innovative ways of seeing patients such as video-conferencing and updates to process have been made so these are recognised as the first contact a patient receives and therefore the end of the wait.

Work is now underway to re-establish the services that have been fully or partially suspended. The recovery of waiting list performance will be incorporated into the project plans.

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

In the Well Led domain sickness absence during April was 6.1%; approximately one third of this absence is linked to COVID-19 symptoms. Daily staff absence & availability data is informing command decisions during the pandemic period.

Turnover fell to its lowest level in several years at 11.8%, giving LCH high levels of overall workforce stability

Significant attention has been focused on supporting health & wellbeing, including focused support for potentially vulnerable staff such as pregnant workers and BAME colleagues

Statutory & Mandatory Training and Appraisals have both experienced falls in compliance rates, associated with the pandemic and organisational business continuity decisions to remove the compliance timeframes during the peak of COVID-19. The normal compliance timeframes have come back into place from mid-May, from when rates should begin to improve.

In the **Finance** domain; under the **new financial regime** for 2020/21, which has been extended from 4 to 7 months, the Trust can assume that its actual I&E surplus or deficit will be adjusted back to balance. At the end of April the Trust's actual I&E position is a £0.1m deficit so additional top-up income of £0.1m can be assumed.

Compared to the **financial plan approved by the Board** for "business as usual" under the pre-Covid-19 financial regime there is £0.3m overspending when £0.1m of April's additional Covid-19 costs are excluded. The £0.1m of additional expenditure in respect of Covid-19 in April includes £0.04m in extra overtime payments and £0.03m non-pay.

In a normal year it is unwise to simply extrapolate from month 1 to a forecast outturn and this year, operationally and financially, is not normal. The Finance team will work with managers to understand the pay and non-pay overspends reported in this section.

Recommendations
The Board is recommended to:

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

Performance Brief – April 2020

Leeds Community Healthcare NHS Trust

Purpose of the report

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

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

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

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

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

Committee Dates

Senior Management Team – 12th May 2020
Quality Committee – 18th May 2020
Business Committee – 20th May 2020
Trust Board – 29 May 2020

Recommendations

Committees and the Board are recommended to:

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

Main issues for Consideration

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

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

In April in the **Safe** domain changes have been made to how incident data is extracted from Datix. These changes have been undertaken to ensure incidents are reflected by the date they occurred and not the date reported. This will enable more robust triangulation of spikes in patient safety incident activity and more accurate alignment of data across reports. The data in the performance brief will now reflect incidents that have occurred in month found to have 'potential' lapses in care where they have been reported as Serious Incidents on STEIS. This decision is made at the 72 hour review meeting. Confirmation of this decision will then take place on conclusion of the investigation (60 day timeframe). This will result in a time lag for validation of confirmed serious incidents within the Trust and will be reflected within the reporting.

In the **Caring** domain there has been a significant reduction in the number of complaints received for April. Incoming contact from the public has also reduced. Reasons for this have been identified as directly related to Covid-19. There has been 1 Covid-19 related complaint, and 6 related concerns received in April. The Patient Experience Team continue to collate and update service provision information to be able to inform and signpost incoming call appropriately and to support services in doing so.

In the **Responsive** domain performance against the 18-week referral to treatment target and 6-week diagnostic wait target are below standard in April. The underperformance is due to the partial closure of Paediatric Neuro Disability Services and closure of Children's Audiology Services as per the national guidance on community services prioritisation. Where aspects of the service have been paused risk assessments have occurred and children have received a service accordingly. Where it is agreed that children do not need to be seen parents are informed by telephone and the child is added/remains on the waiting list. This accounts for the increase in 18-week waiters.

The prioritisation guidance has had an impact on several indicators in the performance brief. Services have implemented innovative ways of seeing patients such as video-conferencing and updates to process have been made so these are recognised as the first contact a patient receives and therefore the end of the wait.

Work is now underway to re-establish the services that have been fully or partially suspended. The recovery of waiting list performance will be incorporated into the project plans.

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

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Turnover fell to its lowest level in several years at 11.8%, giving LCH high levels of overall workforce stability

Significant attention has been focused on supporting health & wellbeing, including focused support for potentially vulnerable staff such as pregnant workers and BAME colleagues

Statutory & Mandatory Training and Appraisals have both experienced falls in compliance rates, associated with the pandemic and organisational business continuity decisions to remove the compliance timeframes during the peak of COVID-19. The normal compliance timeframes have come back into place from mid-May, from when rates should begin to improve.

In the **Finance** domain; under the **new financial regime** for 2020/21, which has been extended from 4 to 7 months, the Trust can assume that its actual I&E surplus or deficit will be adjusted back to balance. At the end of April the Trust's actual I&E position is a £0.1m deficit so additional top-up income of £0.1m can be assumed.

Compared to the **financial plan approved by the Board** for "business as usual" under the pre-Covid-19 financial regime there is £0.3m overspending when £0.1m of April's additional Covid-19 costs are excluded. The £0.1m of additional expenditure in respect of Covid-19 in April includes £0.04m in extra overtime payments and £0.03m non-pay.

In a normal year it is unwise to simply extrapolate from month 1 to a forecast outturn and this year, operationally and financially, is not normal. The Finance team will work with managers to understand the pay and non-pay overspends reported in this section.

COVID-19 – April 2020

Additional section reporting on current Trust-wide situation in relation to COVID-19 and our response

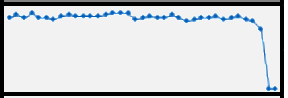
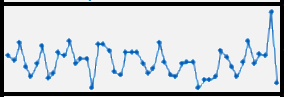
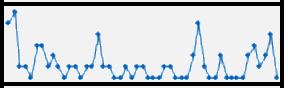
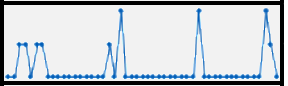
Leeds Community Healthcare NHS Trust

The most recent situation reports available will be tabled at the meeting.

Safe – April 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	Forecast	Financial Year	Apr	Time Series
Overall Safe Staffing Fill Rate - Inpatients	SL	>=97%	-	●	2020/21	-	
					2019/20	92.3%	
Patient Safety Incidents Reported in Month Reported as Harmful	SL	1.05 to 1.8	2.11	●	2020/21	2.11	
					2019/20	1.10	
Serious Incident Rate	SL	0 to 0.11	0.01	●	2020/21	0.01	
					2019/20	0.02	
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	TBC	0	●	2020/21	0	
					2019/20	0	
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	0	●	2020/21	0	
					2019/20	0	
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	TBC	1	●	2020/21	1	
					2019/20	-	

Points to note

In April changes have been made to how incident data is extracted from Datix. These changes have been undertaken to ensure incidents are reflected by the date they occurred and not the date reported. This will enable more robust triangulation of spikes in patient safety incident activity and more accurate alignment of data across reports.

The data in the Performance Brief will now reflect incidents that have occurred in month found to have 'potential' lapses in care where they have been reported as Serious Incidents on STEIS. This decision is made at the 72 hour review meeting. Confirmation of this decision will then take place on conclusion of the investigation (60 day timeframe). This will result in a time lag for validation of confirmed serious incidents within the Trust and will be reflected within the reporting.

The number of patient safety incidents reported as harmful this month is showing as being outside normal variation. The average number of incidents reported from April 19 to April 20 is 182.6, range 137 to 241 seen in January. This month's number is just above average at 185. If we put this into the context of a reduction in the number of contacts (a reduction of approximately 36,000 this month) this gives the incident per 1,000 contact figure of 2.11 which does take us outside of the upper centile.

When we take into consideration that the services in which we generally see higher numbers of incidents reported are still working 'business as usual' then we would not expect incident numbers to decrease. But by putting these alongside the decrease in contacts across LCH as a whole means would however push the incident per 1000 contact figure high. Reported incidents will be explored further to see if there are any hotspots or themes to note and take action on. Monitoring of the situation will continue and we expect to see this to come down into normal range when patient contacts increase as services start to resume.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
LCH Incidents Causing Harm	137	161	158	199	175	168	175	201	177	241	225	172	185
Total Contacts	124,640	133,163	128,137	136,533	121,725	128,353	137,051	132,667	125,802	140,432	129,583	124,197	87,816
Incidents per 1k contacts	1.10	1.21	1.23	1.46	1.44	1.31	1.28	1.52	1.41	1.72	1.74	1.38	2.11

On review of the SI trend activity over the past 5 months there has been a noted trend of SIs which required further exploration. The ABU are completing a focussed review of all these incidents, the learning from which will be explored at a Pressure Ulcer Clinical Summit scheduled for 11th May 2020.

Update from March's Serious Incidents

The Trust declared 18 serious incidents (SI's) in March 2020. During investigations it has been identified that three incidents did not meet serious incident criteria and although are concluding investigations internally, have been de-logged from STEIS. This leaves 15 Serious Incidents reported in March (9 x Pressure Ulcers, 3 x Falls, 1 x self-harm, 1 x medication error, & 1 x suicide; this was a joint investigation with Leeds and York Partnership NHS Trust (LYPYT) and involved the Leeds Mental Wellbeing Service (LMWS).
Of these fifteen, four have been concluded. Three investigations have confirmed that there were LCH lapses in care. Action plans have been agreed. The fourth was an unstageable Pressure Ulcer which found LCH staff had completed all care and care plans appropriately and found no lapses in care occurred following full investigation. The remaining 11 are still under investigation.

All Incidents Occurring in April 2020

There were 617 incidents which occurred in the month, of these 405 (66%) were recorded as LCH patient safety incidents. The breakdown of LCH patient safety incidents by harm is depicted in the table below excluding deaths for 2020.

Month	Total Incidents (All Incidents in Month)	LCH Patient Safety Incidents by Category			Total
		Low and No Harm	Moderate Harm	Major Harm	
January	730	298 (86%)	41 (12%	10 (3%)	347
February	686	346 (90%)	33 (8%)	7 (2%)	386
March	673	305 (90%)	26 (8%)	8 (2%)	339
*April	617	351 (91%)	31 (8%)	2 (0.5%)	384

*April figures will change as incidents occurring in April continue to be reported in May

We have seen a reduction of all incidents occurring in April, mainly seen in staff and estate incidents which correlate to the reduction in activity within clinical settings.

Patient safety incidents remains consistent across the months which correlates with the usual reporting pattern for services continuing as 'business as usual'. We have seen an increase in incidents occurring within care homes in April (75), mainly skin damage, low harm category. This is an increase from 56 in March. However, there were 89 incidents occurring in care homes in January prior to the covid-19 outbreak, so at present we cannot link this increase to covid-19. We will continue to track and monitor low harm incidents for themes as they start to emerge.

Moderate harm incidents:

All moderate and above patient safety incidents occurring in LCH care undergo a 72 hour review for early identification of immediate actions, learning and are discussed in the formal serious incident decision meeting (SIDM) to decide if there was any potential lapses in care requiring investigation. All 72 hour review reports are added to the next available SIDM as soon as received by the Patient Safety Team. Outstanding 72 hour review reports are monitored and escalated weekly to the relevant Business Unit.

There are no moderate and above incidents occurring in April related to Covid-19.

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35 moderate and above incidents were discussed at the SIDM within April 2020. Of the 35 incidents reviewed at SIDM in April, 3 incidents occurred in Feb, 18 in March and 14 in April. Incidents heard in the SIDM do fluctuate month on month, there were 51 cases discussed in March and 28 in February.

Currently there are 12 incidents booked into review meetings in May. Of these, one incident occurred in March recorded initially as a Cat 2 but later identified to be a Category 3. The remaining 11 incidents occurred in April. 8 of these are awaiting 72 hour reports from services and the patient safety team are working with services and monitoring monthly the timely completion of 72 hour reports.

The outcome of those incidents discussed in SIDM within April is depicted 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)
35	29 (83%)	1 (2.8%)	*5 (14.2%)

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

All cases that were identified as potential lapses in care have been StEIS reported and are currently under investigation. These include 4 Pressure ulcers (1 x Category 4 and 3 x Unstageable), 1 fall with harm.

Major harm incidents:

In April we have seen a reduction in major harm incidents occurring as depicted in the table above. The two incidents in April are:

- One incident related to a foot wound which was identified to have no lapses in care from initial investigation.
- One incident related to a fracture sustained from a fall. This is due to be reviewed in May 2020

Incident trends:

The two highest reported patient safety incidents in April were skin damage and abusive, violent or self-harming behaviour.

Skin damage (Pressure Ulcer, MASD, DTI)

These were exclusively reported by the Adult Business Unit (ABU). Validation of pressure ulcer categories is still being required, especially in relation to Pressure Ulcers and work is ongoing to improve wound categorisation. Further discussion is to take place at the Pressure Ulcer summit.

Abusive, violent, disruptive or self-harming behaviour

The Children's Business Unit (CBU) recorded 86 self-harm incidents in April all as low harm. These were all reported by Little Woodhouse Hall. The high number of incidents is not due to any single young person and reflects the increasing complexity of the caseload. All young people at Little Woodhouse Hall have care plans to manage self-harm, and all young people have weekly risk assessments by the multi-disciplinary team to prevent escalation to significant harm.

Actions and themes from closed RCA in April 2020

Themes emerging from internal concise and comprehensive serious incident investigation reports completed April 2020 identified assessment delays, failure to identify risks and documentation standards / missing information, and communication breakdown within the team.

Measures to address these recurring themes are a focus of the work plan for the Pressure Ulcer Steering Group. Further work is scheduled with a deep dive being undertaken to review how the wound prevention and management service work to support teams and clinicians to improve on these recurring themes. This will also be the focus of the pressure ulcer prevention summit.

Duty of Candour Compliance

Of the six incidents where harm has occurred with potential lapses in care in April, four received initial apology letters sent within the 10 working day timeframe. One patient sadly passed away and the wife request not to be contacted. One breached due to further information being required from the service and family, the patient safety team chased the service prior to the deadline, however did not follow the internal escalation process. A more robust monitoring approach has been implemented by the Incident and Assurance Manager to ensure full compliance going forward.

Caring – April 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	Forecast	Financial Year	Apr	Time Series
Percentage of Respondents Recommending Care - Inpatient and Community (FFT)	SL	>=95%		●	2020/21		
					2019/20	96.8%	
Percentage of Respondents Recommending Inpatient Care (FFT)	SL	>=95%		●	2020/21		
					2019/20	81.8%	
Percentage of Respondents Recommending Community Care (FFT)	SL	>=95%		●	2020/21		
					2019/20	96.9%	
Total Number of Formal Complaints Received	SL	No Target	4		2020/21	4	
					2019/20	16	
Total Number of Formal Complaints Received Related to COVID-19	SL	No Target	1		2020/21	1	
					2019/20	-	
Number of Formal Complaints Upheld	SL	No Target	8		2020/21	8	
					2019/20	5	
Number of Formal Complaints Responded to within timeframe	SL	No Target	9		2020/21	9	
					2019/20	11	

Friends and Family Test (FFT)

NHS England has announced that the Friends and Family Test (FFT) is on hold as a non-priority work stream during the COVID-19 pandemic. All FFT data collection and submission has been stopped between 19 March 20 until 31 July 20.

However, 90 comments were received in April from Friends and Family Test feedback. Positive comments received include feedback praising friendly, helpful and supportive staff who are experienced, dedicated and knowledgeable. A number of comments received in April related to information given

to patients and families; this feedback suggests that information is well-presented, useful and people are grateful that staff are always on hand to answer questions as this goes a long way to appeasing any worries and concerns.

Although there were no negative responses this month, there were a few comments around waiting times for appointments and the number of appointments available to patients and one comment indicated that the patient felt they have not had enough input or support. As FFT responses are anonymous and can be from any timeframe or contact, the feedback is provided to services to review and reflect upon. If consistent negative comments are received the Patient Experience Team will support services to develop an improvement plan.

There has been no feedback received through the FFT related to Covid-19.

The Patient Experience Team are working closely with our third sector partners to ensure that service information is communicated appropriately and is accessible to all, and to gather feedback and insights from vulnerable communities and their experiences during Covid-19. This work will focus on groups at highest risk of health inequalities and will continue through to the reset of services; to ensure that this is coproduced where possible and promotes learning from patient and public experience for positive change.

Complaints, Concerns and Claims

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

Feedback	April 2020 Received
Complaints	4
Concerns	24
Clinical Claims	1
Non-clinical Claims	0

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

- 100% (4) complaints received in April were acknowledged within 3 working days.
- 100% (9) complaints were responded to within 180 days
- There were 11 complaints on the caseload for April.
- There has been 1 clinical claim received and 3 complaints are ongoing or on hold with the PHSO.

There has been a significant reduction in the number of complaints received for April. Incoming contact from the public has also reduced. Reasons for this have been identified as directly related to Covid-19; that people are not actively contacting health services in the current circumstances and do not want to burden public services. This is consistent with other Trusts in the City and nationally. It is anticipated that numbers will significantly increase as

part of the recovery phase. Information regarding the PET has been shared across City-wide networks and with Advocacy to ensure people are aware that the service continues business as usual and to publicise how people can get in touch.

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

Covid-19

One complaint involved an element of the complaint relating to Covid-19 whereby the complainant believed a service was refusing to continue treatment due to a period of self-isolation. Following initial investigations it was found that this was not the case.

One complaint was incorrectly received that on further inspection was for LTHT and was subsequently passed on- this was related to visiting a non Covid-19 patient.

There were 6 Covid-19 related concerns received in April: 3 of these were for MSK and related to patient exercise sheets given in lieu of cancelled appointments; where people had received the sheets via email but would like to request via post, had been sent via post but not received, and to find out more about the exercises. For all of these concerns the exercise sheets were resent via the patient's preferred method and telephone advice provided by the service.

We have received one related concern for CUCS where the patient had not received their appointment cancellation and was worried for the nurse as they had not arrived. Apologies were made to the patient for them not receiving their cancellation and they were assured of the staff member's safety.

Two concerns were received for Kippax and Wetherby Neighbourhood Team and were related to a perceived lack of PPE when staff visited. These concerns were investigated by the Executive Director of Nursing and AHP's and written responses provided. It was reiterated that LCH is following national guidance in relation to PPE and that staff are reminded to follow hand hygiene guidance. There were actions identified in one of the concerns that were picked up with the ABU Lead and the team; this included a review of procedures in appointments.

The Patient Experience Team continues to collate and update service provision information to be able to inform and signpost incoming call appropriately and to support services in doing so.

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

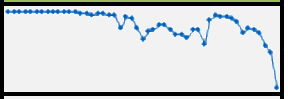
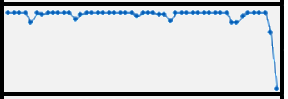
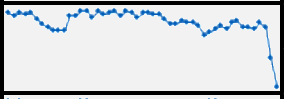
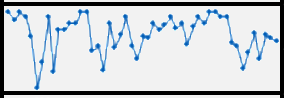
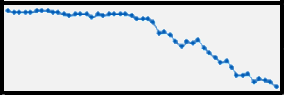
Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	April	Time Series
CAMHS T4 - Percentage of inpatients admitted who have had a Care and Treatment Review undertaken within 18 weeks of admission.	SP	100%	100%	●	2020/21	100%	
CAMHS T4 - Percentage of inpatients who have had a Care and Treatment Review undertaken every 3 months.	SP	>=95%	100%	●	2020/21	100%	
CAMHS T4 - Percentage of inpatients who have been screened for alcohol and tobacco usage and offered advice/interventions as appropriate	SP	100%	100%	●	2020/21	100%	

New requirements for CAMHS Tier 4 services have been laid out in the national contract. These are detailed above and ensure that the appropriate review and interventions are delivered to patients. The CAMHS Tier 4 service is currently achieving all of these goals.

Responsive – April 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	Forecast	Financial Year	Apr	Time Series
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	89.6%	●	2020/21	89.6%	
					2019/20	98.7%	
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	0	●	2020/21	0	
					2019/20	0	
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	55.3%	●	2020/21	55.3%	
					2019/20	100.0%	
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	93.2%	●	2020/21	93.2%	
					2019/20	97.5%	
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	99.1%	●	2020/21	99.1%	
					2019/20	100.0%	
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	31.5%	●	2020/21	31.5%	
					2019/20	61.8%	

Performance against the 18-week referral to treatment target was 89.5% in April. This falls below the standard of 92%. The underperformance relates to Paediatric Neuro Disability Services where there are 61 children waiting over 18 weeks. This service was classed as one that could be partially closed in the national guidance on community services prioritisation. Many aspects of the service continue including management of unstable – feed tolerance, chest health, and epilepsy. Where children have been referred for other conditions a risk assessment has occurred and children have received a service accordingly. Where it is agreed that children do not need to be seen parents are informed by telephone and the child is added/remains on the waiting list. This accounts for the increase in 18-week waiters.

The prioritisation guidance has had an impact on several indicators in the performance brief. Services have implemented innovative ways of seeing patients such as video-conferencing and updates to process have been made so these are recognised as the first contact a patient receives and therefore the end of the wait.

The prioritisation guidance also 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 April.

Work is now underway to re-establish the services that have been fully or partially suspended. The recovery of waiting list performance will be incorporated into the project plans.

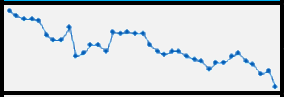
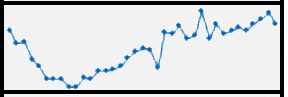
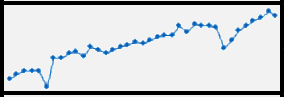
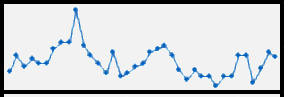
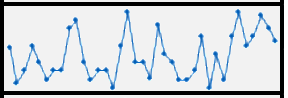
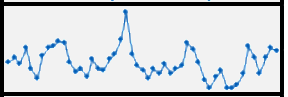
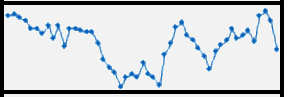
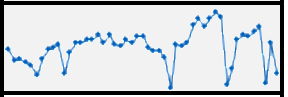
IAPT

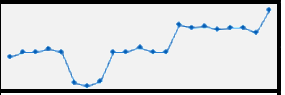
There has been significant improvement in the time waiting for first appointment from 12-13 weeks in Q3 to 3 weeks in April 2020. It is expected that the target to ensure access within 6 weeks will be sustainably achieved by end of May 2020. For reporting purposes the access to treatment indictor is 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 which as detailed above is now 3 weeks.

Well-Led – April 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	Forecast	Financial Year	Apr	Time Series
Staff Turnover	LS/JA	<=14.5%	-	●	2020/21	11.8%	
					2019/20	13.3%	
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	-	●	2020/21	18.6%	
					2019/20	16.8%	
Stability Index	LS/JA	>=85%	-	●	2020/21	88.4%	
					2019/20	87.0%	
Short term sickness absence rate (%)	LS/JA	<=2.2%	-	●	2020/21	2.1%	
					2019/20	1.4%	
Long term sickness absence rate (%)	LS/JA	<=3.6%	-	●	2020/21	3.8%	
					2019/20	3.4%	
Total sickness absence rate (Monthly) (%)	LS/JA	<=5.8%	-	●	2020/21	6.1%	
					2019/20	4.8%	
AfC Staff Appraisal Rate	LS/JA	>=95%	-	●	2020/21	84.0%	
					2019/20	81.1%	
6 universal Statutory and Mandatory training requirements	LS/JA	>=95%	-	●	2020/21	86.7%	
					2019/20	93.5%	
Medical staff appraisal rate (%)	RB	100%	-	●	2020/21		
					2019/20	100.0%	

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Apr	Time Series
Percentage of Staff that would recommend LCH as a place of work (Staff FFT)	LS/JA	>=52.0%	-		2020/21		
					2019/20	71.1%	
Percentage of staff who are satisfied with the support they received from their immediate line manager	LS/JA	>=52.0%	-		2020/21		
					2019/20	73.3%	
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target	0		2020/21	0	
					2019/20	-	
WRES indicator 1 - Percentage of BME staff in the overall workforce	LS/JA	No Target	-		2020/21	10.5%	
					2019/20	9.6%	
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	LS/JA	No Target	-		2020/21	4.0%	
					2019/20	3.2%	
Total agency cap (£k)	BM	358	294		2020/21	294	
					2019/20	392	
Percentage Spend on Temporary Staff	BM	No Target	6.2%		2020/21	6.1%	
					2019/20	6.1%	

Retention

The overall trend continues to be positive with turnover reducing further to 11.8% which is below the 2020/21outturn target of 14.5%. The stability rate is 88.4% which is positive and above the target of 85%.

It was anticipated that turnover would further reduce as a result of the Covid-19 pandemic as nationally, recruitment activity has slowed down and secondments have been used in some cases to help manage the situation.

Staff leaving within the first 12 months of employment continues to report at a higher rate of 18.6% but is below the target of 20%. Work to understand this has been paused as a result of Covid-19 priorities. This work will be restarted as soon as is practicably possible and retention initiatives developed which are based on the latest findings.

Work to improve our recruitment, health and wellbeing offer, approach to talent management, workforce planning, leadership and management development and staff engagement should further support an increase in stability levels and turnover rates during 2020/21.

Background detail associated with retention is at Appendix 2.

Supporting Staff Wellbeing

Sickness absence levels have risen during the COVID-19 period, with COVID-19 related sickness absence identified as a subset of overall sickness absence. Elevated sickness absence levels may be expected throughout this pandemic period.

In March 2020 the overall sickness absence rose to 6.2%. In April 2020 it was 6.1% Up to 2.5% of the workforce has been absent due to COVID symptoms during this period, with the latest daily COVID-related absence (10 May 2020) standing at 1%.

New reporting processes, brought in at the start of the pandemic, are enabling real time absence figures to inform organisational decision making about service capacity and staff deployment. The daily reporting, and the introduction of new support, wellbeing, testing and risk assessment processes, assist LCH in ensuring that staff who are ill, vulnerable and / or self-isolating / shielding can be identified and appropriately supported.

Throughout March and April there has been a strong focus on providing support for staff well-being, with a specific focus on psychological well-being during the COVID period. The design has embraced all three phases of critical situations: Preparatory, Active and Recovery, and has been undertaken with input from Clinical Psychology colleagues.

The approach has embraced:

- Staff Listening, Support and Signposting Line (though still low take up in line with Listening services nationally)
- Targeted support for specific staff communities, incorporating colleagues who are
    - Redeployed
    - Working from Home
    - From BAME communities
    - Disabled
    - Carers
- Supporting leaders to support their teams – targeted discussions and open session for all leaders (100+ participants)
- Assimilation and sharing of resources (apps, webinars, guidance) to support staff

Appraisal

The Appraisal position for April shows a reduction of 6% from the pre-COVID position in February 2020, in line with the decision to relax the requirements as part of the COVID-19 response. This decision has more recently been reviewed in line with LCH business continuity arrangements and the normal requirements around annual appraisals resumed with effect from 11 May.

AfC Staff Appraisal Rate (12 Month Rolling - %)

Target: 95% compliance	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
833 Overall	85.4%	87.2%	85.6%	86.2%	87.0%	85.2%	89.2%	90.0%	88.3%	**84.0%**
833 Adult Business unit	88.7%	88.9%	83.5%	83.1%	83.9%	81.4%	86.3%	88.7%	87.4%	**82.0%**
833 Children's Business Unit	85.3%	89.5%	91.3%	90.9%	88.2%	87.3%	92.0%	92.4%	89.9%	**87.2%**
833 Corporate Directorate	86.1%	85.1%	80.4%	85.1%	84.6%	80.5%	86.5%	89.9%	91.1%	**85.4%**
833 Operations	89.1%	93.5%	93.6%	95.1%	91.7%	91.2%	94.4%	93.4%	91.3%	**85.5%**
833 Specialist Business Unit	79.6%	80.3%	80.6%	82.6%	88.6%	87.4%	88.7%	88.4%	86.7%	**83.8%**

Statutory and Mandatory Training

The normal requirements around Statutory & Mandatory training were also relaxed in March, resulting in a drop in compliance of around 6% to 86.7%, compared to pre-COVID levels.

The position for March & April are shown excluding compliance levels for Equality, Diversity & Human Rights training since changes were introduced to the requirements for this in February 2020, as part of the Statutory & Mandatory Training Compliance project. The position on this aspect of training is shown separately and has demonstrated an 8.7 % improvement during April.

During April, the emphasis has been on training new and re-deployed staff in preparedness for COVID-19 deployment. A training programme has been established to upskill different staff groups in clinical and statutory and mandatory skills relevant for their re-deployed roles. As part of this, an induction programme has been developed to provide new starters, returnees and students with an effective on-boarding process.
Numbers of staff who have completed the training are as follows (figures as of 7th May):

- 15 new starters
- 18 students
- 259 redeployed staff
- **Total: 292**

Statutory & Mandatory Training Compliance Rate

Target – 95% compliance									Excluding E&D	
	Jul-19	**Aug-19**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Mar-20**	**Apr-20**
833 Overall	85.3%	87.4%	90.9%	91.5%	91.4%	92.0%	92.5%	85.6%	90.6%	**86.7%**
833 Adult Business unit	84.1%	85.9%	90.9%	91.0%	90.8%	91.1%	91.4%	84.1%	89.0%	**84.9%**
833 Children's Business Unit	88.8%	90.1%	91.1%	92.6%	91.9%	92.8%	93.4%	85.9%	92.2%	**89.4%**
833 Corporate Directorate	84.9%	87.1%	90.6%	90.8%	90.6%	91.2%	91.5%	85.3%	90.7%	**79.3%**
833 Operations	86.8%	90.5%	91.0%	93.3%	93.1%	94.6%	93.8%	87.0%	92.9%	**88.2%**
833 Specialist Business Unit	82.6%	85.7%	91.0%	91.3%	91.5%	91.9%	92.9%	86.9%	90.6%	**88.4%**

									New E&D only	
Equality, Diversity and Human Rights - 3 Years									68.0%	**78.7%**

Finance – April 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	Forecast	Financial Year	Apr
Net surplus (-)/Deficit (+) (£m) - YTD	BM	-0.1	0.1		2020/21	0.1
Capital expenditure in comparison to plan (£k)	BM	90	42		2020/21	42
CIP delivery (£k)	BM	0.2	0		2020/21	0
COVID specific costs identified and submitted (£k)	BM	No Target	92		2020/21	92

Income

The Trust is receiving nationally calculated block payments from NHS Leeds CCG and NHS England commissioners. These do not reflect current contractual expectations but are based on historic values. In addition to the block payments for services there is a top-up payment to reflect the "expected" difference in income received and expenditure incurred. This "expected" difference should be broadly equivalent to inflation on the historic value used to calculate the block payments. This monthly top-up from NHS England is £0.86m. This top-up is adjusted retrospectively for prior month surplus/deficit to arrive at an I&E balanced position.

The block and top-up payments for April and May have been made during April to ensure NHS organisations have sufficient cash to meet their out-goings. The May payments are not included in the April I&E position but are included in our cash balance.

Pay and Non-pay Expenditure & Vacancies

Pay expenditure is £110k over budget after adjusting for £40k of extra overtime attributable to Covid-19. The main areas of overspend are:

Operational Support	£39k	Operational Management	£17k
Corporate	£22k	Adults Business Unit (BU)	£20k

There were a 60 WTE vacancies in April, 28 in the Adult BU, 12 in Children's, 3 in Specialist, 4 in Corporate and 14 in Operational Support. Agency staffing expenditure was £294k.

The interrelationship between an overspending on pay, 60 vacancies, agency costs and activity levels in April will be explored. Very broadly speaking the savings from 60 vacancies equate to the agency spend but the balance between agency spend and vacancy levels across the business units / corporate teams is not consistent. Potential explanations to be explored include the potential double booking of bank and agency due to self-isolation of staff and honouring of shifts booked (in line with national guidance) and the initially high levels of sickness / self-isolation in April needing to be covered with temporary staff. It is also likely that not all additional costs relating to Covid-19 have been captured for the purposes of exclusion from the "business as usual" financial position.

Non-pay is £122k overspent at the end of the first month of the year, after adjusting for £29k Covid-19 costs. The overspend includes £99k on premises expenses which are typically variable month on month. A further £74k overspending is in the "other" category where the CIP savings requirements are reported. A net £51k underspend in other areas completes the picture.

Delivery of Cost Improvement Plans

In comparison against the Board approved plan for the year CIP delivery is 41% or £96k behind plan; £83k of this is in respect of the £1m un-identified CIP requirement. The balance relates to the procurement CIP which will be delivered as anticipated opportunities present through the year. During the emergency financial regime the requirement for efficiency savings has been removed.

Income and Expenditure conclusion

The Trust must remain conscious that under the pre-Covid-19 financial regime there is an underlying £1m recurrent shortfall in income compared to current and planned expenditure levels. Whatever the post-Covid-19 financial regime ultimately is, the Trust must assume that this gap will need to be addressed and future plans must be made in this context.

Capital Expenditure

The Trust has an initial planned capital resource limit of £3.0m for the year; however trusts are being asked to review their capital expenditure downwards for 2019/20, perhaps by 15% which the Trust has indicated is deliverable. £0.1m of estates capital expenditure was planned for April but there has been minimal expenditure in month.

Cash

The Trust ended 2019/20 with circa £33m in the bank; the upfront payments made in April have increased the balance to £47.7m at the end of April.

Better Payment Practice Code

The Trust's cumulative Better Payment Practice Code performance has exceeded the 95% target for paying invoices for all measures in April.
The NHS has been asked to make prompt payment of invoices to support suppliers during the COVID-19 period; payments should be made within 7 days wherever possible. The Trust has implemented a number of measures to meet this request including a weekly senior review of all outstanding invoices, review of and amendments to tolerance levels for purchase orders and notifications to managers state that the approval on non-purchase order invoices is an "Urgent Action". The Trust aims to measure and report on its 7 day payment performance.

Appendix 1 – April 2020

Service Specific Measures with Contractual Financial Sanctions

Leeds Community Healthcare NHS Trust

Measures with Financial Sanctions	Responsible Director	Threshold - YTD	YTD	Forecast	Financial Year	Apr	Potential Financial Impact
LMWS – Access Target; National Measure (excluding PCMH)	SP	22%			2020/21		
LMWS – Access Target; Local Measure (including PCMH)	SP	22%			2020/21		
T3WM - Percentage of patients currently waiting under 18 weeks	SP	>=92%			2020/21		
LCPS - Number of Serious Incidents and Never Events not reported by email within 2 working days	SP	0			2020/21		
LCPS - Number of Serious Incidents and Never Events where final investigation wasn't completed within 60 working days	SP	0			2020/21		
LCPS - Annual audit report of referrer satisfaction with the service to be received by the CCG within 1 month of the date it is due	SP	0			2020/21		
LCPS - Any patient listed for a category 2 procedure listed in the NHSE EBI guidance should has within the record agreed documentation that the patient meets the required inclusion criteria	SP	0			2020/21		
0-19 - % of infants who had a face to face newborn visit within 14 days of birth.	SP	>=87%			2020/21		
0-19 - % of 6-8 week reviews completed within 12 weeks of birth.	SP	>=83%			2020/21		
0-19 - % of 12 month reviews completed within 12 months.	SP	>=80%			2020/21		

Measures with Financial Sanctions	Responsible Director	Threshold - YTD	YTD	Forecast	Financial Year	Apr	Potential Financial Impact
0-19 - Number of PBB Programmes commenced	SP	>=83			2020/21		0.25% of contract value (annual)
0-19 - Number of HENRY Programmes commenced	SP	>=80			2020/21		0.25% of contract value (annual)
0-19 - Percentage of actual staff in post against funded establishment	SP	>=95%			2020/21		
0-19 - % of 0-19 staff (excluding SPA) co-located in Children's Centres	SP	43%			2020/21		Agreement that sanction waived for 2019/20
0-19 - Roll Out of Chat Health to secondary schools	SP	>=95%			2020/21		
LSH - HIV testing uptake on first appointment in MSM with unknown status	SP	>=25%			2020/21		
LSH - Number of people accessing EHC and leaving with a form of contraception.	SP	>=70%			2020/21		
LSH - Service should diagnose 85% towards the chlamydia diagnosis rate in 15-24 year olds	SP	>=85%			2020/21		
LSH - Percentage of clients requesting an appointment to be seen within 48 hours of contacting the service unless they choose to opt out.	SP	>=58.4%			2020/21		20% of incentive budget; £9,752.19 per month. Commissioners aware that underperformance on this target is related to 8% increase in footfall and LCH will not therefore incur a penalty
PolCust - % of calls attended within 60 minutes	SP	>=95%	93.6%	●	2020/21	93.6%	0.50% deduction from monthly invoice
PolCust - Provision of a full rota	SP	>=90%			2020/21		£350 deduction per missed shift

Appendix 2 – April 2020

Retention Background Data

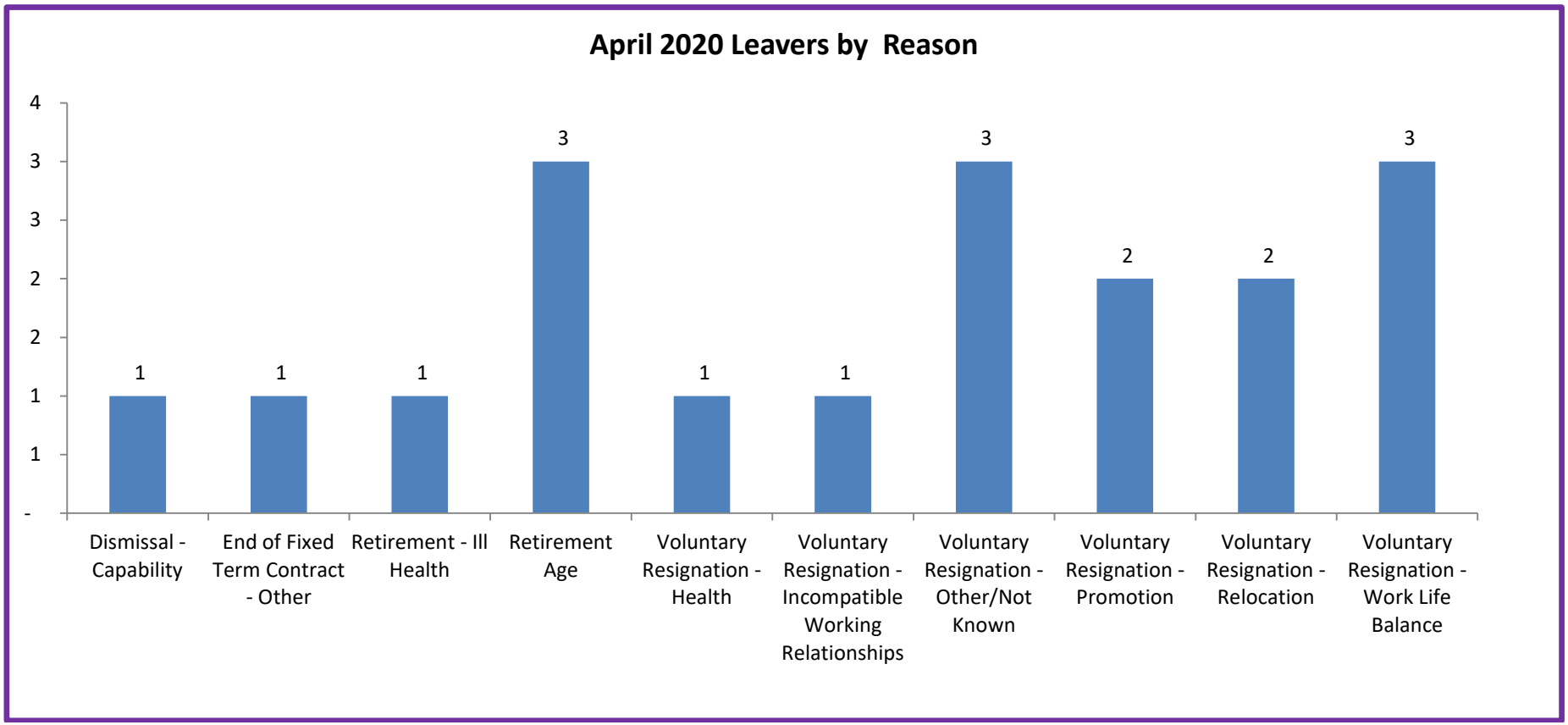
Leeds Community Healthcare NHS Trust

In April 2020 there were 18 leavers across the Trust.

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

Business Unit	April 20 Leavers
Adult Business unit	9
Children's Business Unit	8
Corporate	0
Specialist Business Unit	1
Executive Directors	0
Operations	0
Grand Total	**18**

Staff Group	April 20 Leavers
Additional Clinical Services	1
Additional Prof Scientific & Technical	2
Administrative and Clerical	7
Allied Health Professionals	1
Nursing and Midwifery Registered	7
Medical and Dental	0
Estates	0
Grand Total	**18**


April 2020 Leavers by Reason
4
3
3
2
2
1
1
-
1
1
1
3
1
1
3
2
2
3
Dismissal - Capability
End of Fixed Term Contract - Other
Retirement - Ill Health
Retirement Age
Voluntary Resignation - Health
Voluntary Resignation - Incompatible Working Relationships
Voluntary Resignation - Other/Not Known
Voluntary Resignation - Promotion
Voluntary Resignation - Relocation
Voluntary Resignation - Work Life Balance

Appendix 3 – April 2020

Detailed Financial Data Tables

Leeds Community Healthcare NHS Trust

Table 1 Income & Expenditure Summary	April Plan WTE	April Actual Contract WTE	YTD Plan £m	YTD Actual £m	Variance £m
Income					
Contract Income			(13.1)	(13.5)	(0.4)
Other Income			(1.1)	(0.8)	0.2
Total Income			***(14.2)***	***(14.4)***	***(0.2)***
Expenditure					
Pay	2,818.5	2,758.9	9.9	10.0	0.1
Non pay			3.9	4.0	0.2
Reserves & Non Recurrent			0.1	0.1	0.1
Total Expenditure	***2,818.5***	***2,758.9***	***13.8***	***14.2***	***0.4***
EBITDA	**2,818.5**	**2,758.9**	**(0.3)**	**(0.1)**	**0.2**
Depreciation			0.2	0.2	(0.0)
Public Dividend Capital			0.1	0.1	(0.0)
Profit/Loss on Asset Disp			0.0	0.0	0.0
Impairment			0.0	0.0	0.0
Interest Payable			0.0	0.0	0.0
Interest Received			(0.0)	(0.0)	0.0
Retained Net Surplus	**2,818.5**	**2,758.9**	**(0.1)**	**0.1**	**0.2**
	Variance =	**(59.6)**			

Roundings in this table may mean the £m numbers above do not tally with the £k numbers in the commentary.

Table 2 Month on Month Pay Costs by Category	April £k	YTD Actuals £k
Directly employed staff	9,231	9,231
Seconded staff costs	266	266
Bank staff	252	252
Agency staff	294	294
Total Pay Costs	**10,043**	**10,043**

Table 3 Year to Date Non Pay Costs by Category	YTD Plan £k	YTD Actual £k	YTD Variance £k
Drugs	67	75	8
Clinical Supplies & Services	1,528	1,502	(25)
General Supplies & Services	423	443	19
Establishment Expenses	479	455	(24)
Premises	1,148	1,247	99
Other non pay	249	323	74
Total Non Pay Costs	**3,894**	**4,044**	**151**

Table 4 Savings Scheme	2020/21 YTD Plan £k	2020/21 YTD Actual £k	2020/21 YTD Variance £k	2020/21 Annual Plan £k
Estates savings	7	7	0	80
Non Pay Inflation	33	33	0	400
Procurement savings	13	0	13	150
Continence products	4	4	0	50
Travel & lease cars	25	25	0	300
Stationery	2	2	0	20
Contribution from new investments	42	42	0	500
IT Kit	21	21	0	250
Un-identified CIP agreed by SMT	83	0	83	1,000
Total Efficiency Savings Delivery	**229**	**133**	**96**	**2,750**

Capital

Table 5 Scheme	YTD Plan £m	YTD Actual £m	YTD Variance £m	Annual Plan £m
Estate maintenance	0.1	0.0	(0.0)	1.6
Equipment/IT	0.0	0.0	0.0	0.9
Electronic Patient Records	0.0	0.0	(0.0)	0.5
Disposals	0.0	0.0	0.0	0.0
Totals	**0.1**	**0.0**	**(0.0)**	**3.0**

Table 6 Statement of Financial Position	Plan 30/04/20 £m	Actual 30/04/20 £m	Variance 30/04/20 £m	*Opening 01/04/20 £m*
Property, Plant and Equipment	29.0	30.7	1.7	*30.8*
Intangible Assets	0.2	0.2	(0.0)	*0.2*
Total Non Current Assets	**29.3**	**30.9**	**1.7**	***31.1***
Current Assets				
Trade and Other Receivables	8.7	7.5	(1.3)	*9.8*
Cash and Cash Equivalents	28.2	47.7	19.5	*33.1*
Total Current Assets	**37.0**	**55.2**	**18.2**	*42.9*
TOTAL ASSETS	**66.2**	**86.1**	**19.9**	***73.9***
Current Liabilities				
Trade and Other Payables	(10.2)	(27.8)	(17.6)	*(15.5)*
Provisions	(0.4)	(0.8)	(0.4)	*(0.8)*
Total Current Liabilities	**(10.6)**	**(28.6)**	**(18.0)**	***(16.2)***
Net Current Assets/(Liabilities)	**26.4**	**26.6**	**0.2**	***26.6***
TOTAL ASSETS LESS CURRENT LIABILITIES	**55.6**	**57.5**	**1.9**	***57.7***
Non Current Provisions	0.0	0.0	0.0	*0.0*
Total Non Current Liabilities	**0.0**	**0.0**	**0.0**	***0.0***
TOTAL ASSETS LESS LIABILITIES	**55.6**	**57.5**	**1.9**	**57.7**
TAXPAYERS EQUITY				
Public Dividend Capital	0.4	0.4	0.0	*0.4*
Retained Earnings Reserve	24.6	24.4	(0.3)	*24.5*
General Fund	18.5	18.5	0.0	*18.5*
Revaluation Reserve	12.0	14.2	2.2	*14.2*
TOTAL EQUITY	**55.6**	**57.5**	**1.9**	**57.7**

Table 7 Measure	Performance This Month	Target	RAG
NHS Invoices			
By Number	100%	95%	G
By Value	100%	95%	G
Non NHS Invoices			
By Number	96%	95%	G
By Value	97%	95%	G

NHS
Leeds Community Healthcare
NHS Trust

AGENDA ITEM 2020-21 (23a)

Report to: Trust Board 29 May 2020
Report title: Quality Committee 18 May 2020: Committee's Chair assurance report
Responsible Director: Chair of Quality Committee **Report author:** Assistant Director of Nursing
Previously considered by: Not applicable

Purpose of the report

This paper identifies the key issues for the Board from the Quality Committee meeting held on 18 May 2020 and indicates the level of assurance based on the evidence received by the Committee where applicable. Given the national context of Covid-19 at the point of the meeting the May meeting took place via MS Teams.

COVID-19 update incorporating business continuity – reasonable assurance

The Executive Director of Nursing and Allied Health professionals (AHP) provided an update on the current position.

- A verbal update was provided on the improving position with WYOI which had been raised at last month's committee.
- Greater discussion took place regarding testing, of both staff and patients, confirming that Care Home staff and resident testing was now being led by Public Health England (PHE) with minimal support required from LCH Infection Prevention Control (IPC) team.
- The increasing numbers of patients at end of life, in both own homes and care homes, was noted and whilst referrals are reduced, workload for the Neighbourhood Teams specifically remains at a consistent level as a result of providing this increased end of life / palliative care. Measurement and monitoring of patient acuity had commenced in a pilot phase across 2 Neighbourhood Teams (NT) prior to Covid-19 and this is continuing. The roll-out of this piloted tool is expected to take place following Covid-19 recovery.
- Care Home support was discussed and will continue beyond Covid-19 as this work is in line with Enhanced Care in Care Homes within the Ageing Well programme. A discussion took place around the future workforce requirement to ensure this work can be sustained, and an understanding and progression of these requirements was provided by the Executive Director of Nursing and AHPs.

The Chief Executive provided an update in relation to the assurance work being undertaken around patient safety in the services that have been stepped down. Further discussion was raised in relation to quality assurance regarding the services continuing to be delivered. Verbal assurance was provided around the robust training programme for re-deployed staff inclusive of an induction and ability to shadow colleagues within the team. The Executive Director of Nursing also provided feedback from a group of re-deployed staff she has met who reported they felt safe and adequately inducted. It was agreed that further detail in relation to this would be beneficial at the June 2020 workshop, inclusive of quantitative data, where available, for example, training feedback.

Patient feedback around the quality of the services being delivered within the Covid-19 pandemic was raised. It was acknowledged that the work of the clinical outcomes team, and the subsequent paper reflecting this, are fundamental in measuring and reviewing the quality of care delivered in new ways of working related to Covid-19 changes. The Executive Director of Nursing also provided a verbal update on discussions with Healthwatch to gather greater insight of patient's perspective on the step down of services and new ways of working. It was agreed that discharges in to community Neighbourhood Teams and Covid-19 related incident data would be included within future update reports. Also to ensure the staff voice was brought to future Quality Committees in addition to Board.

Performance Brief – reasonable assurance, with limited assurance specifically related to Pressure Ulcers

The Executive Director of Nursing and AHPs provided verbal feedback on the Pressure Ulcer Prevention summit that took place last week. A clear action plan is in place to address the areas for improvement identified as serious incident training; pressure ulcer prevention training and review of the clinical framework for pressure ulcer prevention. Immediate actions are in place in relation to enhancing pressure prevention training with Wound Prevention and Management Team members aligned and working within NTs. Progress against all areas will be reviewed again in 2 weeks' time and this will consider measurements of success, as raised by a Non-Executive Director. Further detailed feedback will be provided to the July 2020 Committee.

A verbal discussion took place around benchmarking of LCH pressure ulcer data and whilst trends do seem to anecdotally reflect other organisations it is a challenge to measure like for like data across organisations due to reporting differences. It was requested that statistical process control (SPC) charts are provided in future reports to provide the context of trends, especially in the current Covid-19 situation.

The volume of no/low harm incidents in Little Woodhouse Hall were raised by a Non-Executive Director and assurance was provided that this reflects a positive reporting culture and are all viewed by the Executive Director of Nursing and AHPs and scrutinised weekly at Senior Management Team (SMT). Further exploration and relevance of this will be provided in the June 2020 workshop.

Clinical Governance report – reasonable assurance

An acknowledgement was made of the earlier detailed discussion in relation to Pressure Ulcers.

The Executive Director of Nursing and AHPs described the imminent re-establishment of a Quality Challenge+ process to ensure as a minimum preparatory intelligence of services could inform where walks need to take place. This is being discussed further at the Clinical Leads meeting this week.

The low referral rates to Mind Mate SPA were raised by a Non-Executive Director in relation to what this means for recovery. The subsequent discussion acknowledged this was a national issue and concern and was being addressed within the re-set and recovery work. It was agreed that an interim report of the pro-active work and engagement would be provided at the next Committee, followed by greater detail in July 2020.

Mortality report – reasonable assurance

The Deputy Medical Director provided an overview of the report, summarising the robust review processes for deaths and benefit of SPC mortality trends. Improvements were noted in relation to the CBU engagement around mortality processes within Quarter 4 and an ongoing review of this process is anticipated to support further improvements. It was noted that the mortality review process was moving in to the newly formed Quality Assurance and Improvement Group (QAIG). Positive feedback from Committee members was received around the mortality breakdown by NT. Likewise, the timely review of April mortality data was felt to be helpful. The significant increase in mortality across all NT's within the April report appears to be directly attributable to Covid-19. Mortality review processes may identify other themes and it was requested the data and emerging themes are continued to be reported in to Quality Committee.

Clinical Outcome Measures Programme update - Reasonable assurance

The Deputy Medical Director provided a brief overview of the report and the re-prioritisation of the team in reviewing outcomes associated with Covid-19 new ways of working. The Committee members found this update really helpful and evidence of positive progression. The Committee recognised that there is still a need to develop a clear suite of outcome measures for the Trust, even more so when some services were stepped down or attenuated to assess any impact on service quality.

Patient Group Direction

One PGD was submitted to the May Committee. Committee members had no required amendments and ratified the PGD.

Quality Committee work plan

Discussion took place as to the future of Committee in order to include workshop discussions. It was agreed the Executive Director of Nursing and AHPs would draft a workshop programme for agreement for the June Committee.

NHS
Leeds Community Healthcare
NHS Trust

AGENDA ITEM 2020-21 (23b)

Report to: Trust Board 29 May 2020
Report title: Business Committee 20 May 2020: Committee Chair's assurance report
Responsible Director: Chair of Business Committee **Report author:** Chair of Business Committee
Previously considered by: Not applicable

Purpose of the report
This paper identifies the key issues for the Board from the Business Committee held on 20 May 2020.

Reset and Recovery Programme
The Committee received reports from the Executive Director of Operations and the Director of Workforce outlining the programme of work that had commenced towards Reset and Recovery. The Committee was advised that the work being undertaken within the different directorates would be coordinated and connected to an overarching programme. The Committee was also advised that commissioners and partners across the City were very much working together with the Trust and the critical need to sequence the Trust's part in a wider citywide programme was underway. The Committee recognised that there was some urgency required to restart some services whilst also considering how improvements to services could be made. The Committee felt the information provided gave a positive picture of early progress and recommended that there was a Board workshop convened in early July 2020 to provide an opportunity for the Board to review progress against the programme.

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

Performance Brief
The Committee reviewed the Responsive, Well Led and Financial domains. Sickness levels were at 6.1%, which is a similar figure to previous years. Appraisals and mandatory training compliance will be a focus for managers and staff prior to restarting services.

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

Financial Performance
The Committee received a report from the Executive Director of Finance and Resources. It was explained that under the new financial regime for 2020/21, which has been extended from 4 to 7 months, the Trust can assume that its actual I&E surplus or deficit will be adjusted back to balance. Compared to the financial plan approved by the Board for "business as usual" there is £0.3m overspending. The Committee was advised that whilst it would be unwise to extrapolate from month 1 information in the current operating environment, there were issues that needed to be looked into to better understand the position. There would be an early update with a more complete understanding of the issues

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

Operational Plan 2020/21
The Committee received an update on the operational plan and was advised that currently some priorities had been paused, but others progressed. The Committee was advised that SMT would review the priorities and consider what could reasonably be achieved this year. The Committee agreed to receive a Plan revision in September 2020.

Risk Register
The Committee reviewed the non-clinical risks on the risk register. The Committee was advised that a separate COVID risk log had being devised which is being reported directly to Trust Board.

Internal Audit – Community Dental Service
The Committee received a summary of review of waiting times in the Community Dental Service which had received a reasonable assurance opinion. The Committee noted that the audit had not had sufficient depth to fully understand and assess the position and had relied on an assessment of the management actions in place to improve the position. The Committee was advised that the Head of Internal Audit had been made aware of management's view.

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (24ai)

Leeds Community Healthcare NHS Trust
NEDs COVID Update Briefing Meeting
7 May 2020

Present: Thea Stein(TS), 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.	**Supporting Black and Minority Ethnic (BAME) Communities** • An open letter has been sent to all BAME colleagues within the Trust to acknowledge the concerns around the emerging evidence showing how COVID-19 is disproportionately affecting people from BAME communities and provide reassurance of what the Trust is doing to address this. The letter provided assurance that BAME colleagues will have the opportunity to have their voices heard, know their concerns will be listened to and acted upon where possible. • The BAME Staff Network meets virtually to provide a safe space for discussions every week with one of the Directors of Workforce in attendance. So far the meetings have been very positive and well attended. • A range of resources have been published to support ongoing arrangements (circulated for information): ➢ The Trust has produced its own a risk assessment template to be completed by managers for colleagues who are vulnerable to COVID-19 (no national risk assessment is available as yet). The risk assessment goes through different risk categories to form a risk mitigation plan for individuals. The assessment contains separate links for different groups of vulnerable staff. In addition to BAME staff, it can be used for those in the extremely vulnerable category and pregnant workers. ➢ A comprehensive framework designed to help managers feel supported to have thorough, sensitive and comprehensive conversations so that those from different backgrounds can be treated with greater civility, respect, and compassion. Virtual guidance sessions to help managers use the framework effectively will be held w/c 11 May 2020. ➢ BAME staff have been asked to volunteer as associate Freedom to Speak up Guardians (FTSUG) – nine individuals have already undertaken the first stage of training provided by the Trust's FTSUG and the Chair of the BAME Staff Network. **Questions/observations** NEDs agreed that the work the Trust had done and the range of resources which had been put in place so quickly was an excellent and very positive start. TS said that every fourth session of the BAME staff network would be open to all staff across the Trust and she suggested that NEDs might wish to take the opportunity to join the session as a listening member.	

	In response to a question from (IL), TS said that she was not aware of any member of staff was receiving treatment for Covid-19 as an inpatient. BC said that he was particularly pleased to see that a risk assessment had been developed quickly and that it had been widened to encompass all vulnerable staff.	
2.	**Supporting our Leaders – Leaders network and leadership training** • Leaders network continued to meet weekly (virtually) – 85 individuals were involved in the latest call. One discussion had focussed on what more could be done to ease the pressure on staff that have children who are not able to be in school or nursery all the time. Participants were able to share practical examples of flexible working options to suit childcare responsibilities. The Directors of Workforce would be taking this work forward with the aim of sharing examples of good practice. • A virtual seminar had been held for leaders, managers and supervisors at all levels across the Trust to come together to discuss how to lead teams during these unprecedented times. The session was facilitated by the Organisational Development Team and a Consultant Clinical Psychologist. Good practice was shared and current evidence around the support needed by teams and individuals in changing and challenging circumstances. It also provided an opportunity to listen to how it feels for leaders and what more support they might need. IL asked how NEDs could increase their visibility across the Trust when opportunities for face to face contact was limited by the pandemic. TS and BC agreed to discuss how it might be possible for NEDs to make contacts in terms of both physical (subject to the social distancing rules) and virtual meetings with different teams across the Trust. JM asked about referrals to CAMHS and whether any outreach work had been done to assess how former patients were coping during 'lockdown'. TS said that referrals were down by approximately 50% (including emergency and urgent) – this was in line with national figures. The CAMHS Team was using digital technology for video consultations with patients and staff had taken the opportunity to review caseloads, waiting lists and deal with the backlog. She said that she was not aware that the service was proactively reaching out to check whether former patients required any support but agreed to check and report back by e-mail following the meeting.	TS/BC TS
3.	**Care homes** • A presentation produced by NHS England *'Responding to Covid-19 in Care Homes Principles to Deliver an Enhanced Universal Support Offer to Care Homes in the North East and Yorkshire Region'* had been circulated for information. • The Trust continued to provide support in care homes as part of the neighbourhood team offer. • All organisations across the City were offering training and advice to care homes in relation to Infection Prevention Control (IPC) and outbreak management and staff from LCH were involved as IPC 'super trainers'. • Organisations in the city had sought legal advice on professional indemnity for staff who might be placed in care homes and working under the direction of care home managers. TS reported that this was a complex area and colleagues were still working through the advice they had received. **Questions/observations** In response to a question from IL, TS confirmed that the delivery of the principles enhanced care in care homes set out buy NHS England was being led by the Director of Nursing in the CCG. She said that she expected there to be significant resource implications in terms of providing IPC training, nursing and therapy staff to work in care homes but provided assurance that funding would be made available to support this.	

	IL asked about the impact of the enhanced offer to care homes on staff capacity and the rehabilitation modelling work. TS provided assurance that there was sufficient capacity to cope with current pressures. Partners in the city were working collaboratively with the CCG to undertake modelling work to try and gauge the extra capacity that would be required but his was an area of uncertainty. BC observed that the information published by NHS England about the enhanced support to care homes placed clear requirements on NHS providers and he sought assurance that the Trust was currently fulfilling its obligations. TS confirmed that the Trust was undertaking all the work it was currently being asked to do to support care homes. To provide further assurance she agreed to ask the Trust's Executive Director of Nursing and Allied Health Professionals would provide a short briefing note which set out the work already underway and new work planned to support care homes – this would include information about professional indemnity for staff in the Trust who would work under the direction of the care home management.	TS
4.	**Reset and Recovery** • Work was continuing on re-setting and recovering services. • Interviews for a Programme Head to manage the programme of work were scheduled for 14 May 2020. The successful candidate would report to the Executive Director of Operations and Senior Management Team (SMT) would be designated as the re-set and Recovery Board and more detailed governance arrangements in order to provide assurance to the Board would be considered in due course. • The Trust was also actively involved in developing a (city wide), framework for next steps to get services operating. • In anticipation of more people attending in the work place the Trust had produced a poster to support social distancing measures. TS said that a significant number of logistical issues would need to be addressed to ensure the safety of patients attending clinics and staff working across the Trust's estate including measures to try and alleviate the level of anxiety around moving out of 'lockdown'. **Questions/observations** In response to a question from IL, TS said that no guidance had been issues by Public Health England about the requirement to wear face coverings in the work place but there would be no restrictions if staff wished to do so.	
5.	**Charity donation** • The Trust had received an initial donation of £56,000 from NHS Charities Together which was for supporting patients and staff affected by Covid-19- the donation comes with various caveats attached about how it can be used. • Staff would be consulted about options for using the money – through the 50 voices group and Leaders Network. A process/framework for decision making around how the money would be spent would be developed to be considered firstly by SMT and then by the Charitable Funds Committee. **Questions/observations** None raised	
6.	**Staff Testing and PPE** • **Staff testing** ➢ Work was underway to boost testing capacity across West Yorkshire and Harrogate, the Trust continued to refer staff each day and efforts were being made to try and improve the process. ➢ The central service was still not making the data available and the Trust was unaware how many people had turned up to appointments or the overall	

	outcomes. • **PPE** ➢ There were no significant concerns to report about the supply or use of PPE. **Questions/observations** None raised.	
7.	**Any other business** TS reported that the Trust's Internal Auditors, TIAA Limited would be asked to undertaken a piece of work about the decisions that the Trust had taken during Covid-19 to provide assurance to the Board. Members were broadly supportive of this as an effective way of providing additional assurance to the Board. Additional information Members noted the following requests for additional information to be answered when possible: **Staff Testing** Data on: • the number of staff tested • outcomes **Care homes** • Modelling/assessment of the number of LCH who will need to work in care homes **Rehabilitation** Data/modelling on the number of patients requiring rehabilitation in the community **These would be reviewed at the beginning of the next meeting on Thursday 14 May 2020.**	

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (24aii)

Leeds Community Healthcare NHS Trust
NEDs COVID Update Briefing Meeting
14 May 2020

Present: Thea Stein(TS), 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.	**Update on matters arising from 7 May 2020 - TS** **Testing** • The central service is still not making the data available and the Trust was unaware how many people had attended appointments or the overall outcomes. • There have been some issues with staff being able to self-refer to the national Covid-19 testing service due to capacity. The Trust has now been given access to the Employer Referral Portal (ERP), which means that staff referred via this route would be treated as a priority. The recommendation now is that staff stop using the self-referral function and instead are referred centrally through the Trust. • Very few staff have notified positive tests. **Questions/observations** None raised **Rehabilitation modelling** • Newton Europe have started some national work to model the rehabilitation needs for patients recovering from Covid-19 in the community but currently there are not enough patients in the community to provide any meaningful information. • A city wide group has been established to start local modelling – this work is being led by the Trust's Assistant Director of AHPs and Patient Experience and would be funded by the CCG. **Questions/observations** BC asked how the Board would be sighted on the rationale and progress of the modelling. TS said that once there was a clearer picture she expected reports to be made initially to the Quality Committee and then to the Board. In response to a question from JM, TS said that the city wide modelling would be based on the capacity to meet the needs of patients recovering from Covid-19, the possible impact of a second wave of infections and expected winter flu pressures. **NEDs visits** • Some suggestions for virtual visits were being considered and would be shared soon. • 'Breaking ground' for the new CAMHS unit was scheduled for Thursday 21 May	

	2020 – the Trust would be represented at this event with appropriate social distancing in place – TS and BC agreed to discuss appropriate representation from the Board. **Questions/observations** None raised.	
2.	**Care homes** TS referred to the detailed briefing paper provided by the Trust's Executive Director of Nursing and AHPs which had been circulated in advance of the meeting. She highlighted the following key points: **Operational issues** • A city wide silver command group chaired by Cath Roff had been established and a bronze control group to consider operational issues. The Executive Director of Nursing and AHPs represented the Trust at Silver group and Lead Nurse for Infection Protection Control (IPC) at the Bronze control group. • Currently 25 care homes across Leeds were dealing with active outbreak situations and multiple residents who are Covid-19 positive. The Neighbourhood Teams and the IPC team are supporting all of these homes with care provision from registered nurses and support workers as required. This support was currently staff attending residents on the caseload but also supporting with more general care for example, assisting residents with eating and drinking as required. • This number had reduced considerably in the last week from a high of 42 homes with active outbreaks ten days ago. There are 154 care homes in Leeds that the Trust are asked to support – including nursing homes and homes for adults with Learning Disabilities and Mental Health issues. **Principles to deliver an Enhanced Universal Support Offer to Care Homes** • A request from NHSE/I to support care homes was received on 8 May with the aim at to have plans in place to operationalise by 15 May 2020. This is to enhance and complement the Enhanced Health in Care Homes Directed Enhanced Service (DES) issued to primary and community care. • In Leeds the Neighbourhood Teams and other teams that support care homes are looking at the delivery of what is required and working with primary care via Primary Care Networks (PCNs) to ensure this is done in collaboration and uses a Multi Disciplinary Team (MDT) approach. • For the Trust the offer is based around the principles of: ➢ Leadership support ➢ Prevention ➢ Timely access and additional Clinical Support ➢ Workforce **Questions/observations** BC welcomed the very clear briefing paper. He observed that the information published by NHS England/NHS Improvement about the enhanced support to care homes placed clear requirements on NHS providers and he asked about the timeframe for ensuring the leadership support was in place. TS said that it was important that appropriate support with the right people with the right skills was put in place and this would be dependent on the needs of each individual care home. She provided assurance that by Wednesday 20 May each care home would have a named nominated contact to provide support and direction drawn from partners across the system and a named clinical lead.	

	HT said she felt that the paper set out the right approach to deliver what was required but she remained concerned about professional indemnity for staff who might be placed in care homes and working under the direction of care home managers. TS agreed that this was a complex area and colleagues were still working through the legal advice they had received which suggested that professional indemnity could not move with the member of staff if they were working under the direction of the care home management. She provided assurance that currently Trust staff working in care homes were covered by virtue of the indemnity provided by their substantive employment contract which allowed them to undertake shifts in care homes run by the private and social care sector. The Director of Workforce was seeking more clarity around this issue to provide more assurance for staff and the Board. IL asked about governance and accountability and whether there was sufficient clarity around the policies and procedures which would be followed if there were any clinical incidents involving staff from the Trust. TS suggested that this should be discussed in more detail at the Quality Committee scheduled for 18 May 2020. In response to a question from RG, TS said that the Executive Director of Nursing and AHPs had spoken to colleagues in the PCN network and they were broadly supportive of the proposals to support care homes and there were some excellent examples of positive collaborative work across the city.	
3.	**PPE** • There were no significant concerns to report about the supply or levels of PPE. Tiger goggles • Following the withdrawal of the Tiger eye protection due to concerns about its effectiveness, all frames and Lenses with the relevant batch numbers have been recalled back into central national stock. The Trust believes the risk to staff is minimal but had acted quickly in recognising that some staff may have concerns by ensuring that anyone who had used this equipment had an opportunity for a discussion with a clinical lead. **Questions/observations** None raised	
4.	**Vulnerable groups** • The Trust has produced its own a risk assessment template to be completed by managers for colleagues who are vulnerable to Covid-19. A national risk assessment has now been published and cross referencing was underway to ensure that the Trust local risk assessment captured all the national requirements. • The BAME Staff Network meets virtually to provide a safe space for discussions every week with one of the Directors of Workforce in attendance. The meetings continue to be very positive and well attended. **Questions/observations** None raised	
5.	**MindMate Spa-waiting lists** • During Covid-19 services for young people have remained accessible but referrals are down by around 75%. • Positive steps have been taken to clear the backlog in the waiting list. • Services available to support young people through the MindMate Spa continue to be well publicised and are clearly visible on the Trust's website. **Questions/observations** In response to a question from RG, TS acknowledged that the reduction in the number of	

	referrals was a concern and had been adversely impacted by the fact that a significant number of children (including vulnerable children) were not currently in school. She reported that all eight in-patient beds at Little Woodhouse Hall were occupied. There is significant work being undertaken to keep visibility of our services high and to ensure people know "we are open".	
6.	**Social distancing and the workplace – update** • The Trust is beginning to look at the new guidance which was outlined in the Prime Minister's announcement on 10 May 2020 and said that the Trust and the Board has a duty to create a working environment where it is possible to operate social distancing. The Trust has continued to work on this since the beginning of the outbreak and ensured there is up to date information available and support on social distancing in the workplace. • Working from home where suitable: the advice remained the same. The Trust already had colleagues in work that need to be in work and this had not changed. If staff can work from home and do their job then they were being advised to continue to do so. • To support, refine and develop the Trust's approach and planning in step with the national Covid-19 Recovery Strategy a new Safe Environments Project had been established to bring together all the pieces of work which were taking place around remote working, social distancing and other issues related to the working environment. **Questions/observations** None raised.	
7.	**Reset and recovery** • Work was continuing on re-setting and recovering services. • Interviews for a Programme Head to manage the programme of work had taken place and an appointment made. The successful candidate would report to the Executive Director of Operations. The Senior Management Team (SMT) would be designated as the re-set and Recovery Board and more detailed governance arrangements in order to provide assurance to the Board would be considered in due course. • The Trust was also actively involved in developing a (city wide), framework for next steps to get services operating on a phased basis: ➢ Phase 1: up to the beginning of June - active management of Covid-19 ➢ Phase 2: June – September - active management of Covid-19 plus rehabilitation and managing capacity for a second wave ➢ Phase 3: September – April 2021 re-set and recovery. This approach was broadly in line with work across the region. **Demand in the Neighbourhood Teams** • Currently fewer referrals were being made to the Neighbourhood Teams but levels of stress and anxiety were high despite this and despite higher number of staff • A piece of analysis is being undertaken to try and gain a better understanding of why this was and whether this was linked to acuity of need. **Questions/observations** In response to a question from IL, TS said that it was possible to provide data about the number of Covid-19 patients who were being cared for in each Neighbourhood Team and she would provide this following the meeting. She added that she did not think that the numbers were significant at the moment. NEDs welcomed the information about the timetable for re-set and recovery as a very positive development and were pleased to hear that this was being done in partnership	**TS**

	with other organisations across the city. The positive engagement reported with colleagues across the Primary Care Network was particularly welcome. BC observed that it would be important for staff and patients to have the opportunity to add their voice to the plans for re-set and recovery. TS provided assurance that appropriate opportunities would be provided for staff to input into the process. The Chief Executive of Healthwatch had been invited to attend the public sessions of Trust Board meetings and two members of staff would be attending the next Board meeting to speak about their experiences during Covid-19.	
8.	**Any other business** None raised	
9.	**Issues for review at the beginning of the next meeting** Members noted the following requests for additional information to be answered when possible: **Staff Testing** Data on: • the number of staff tested • outcomes **Rehabilitation** Data/modelling on the number of patients requiring rehabilitation in the community – update. **Covid-19 patients** Data for each Neighbourhood Team **These would be reviewed at the beginning of the next meeting.**	

Minutes of the

West Yorkshire Mental Health Services Collaborative Committees in Common (WYMHSC C-In-C)

held Thursday 23rd April 2020, 10.00 – 11.00am

Via Microsoft Teams (due to COVID19)

Present:

Angela Monaghan (Chair) (AM) – Chair, South West Yorkshire Partnership NHS Foundation Trust
Brent Kilmurray (BK) – Chief Executive Officer, Bradford District Care NHS Foundation Trust
Cathy Elliott (CE) – Chair, Bradford District Care NHS Foundation Trust
Rob Webster (RW) – Chief Executive Officer, South West Yorkshire Partnership NHS Foundation Trust
Sara Munro (SM) – Chief Executive Officer, Leeds & York Partnership NHS Foundation Trust
Sue Proctor – Chair, Leeds & York Partnership NHS Foundation Trust
Thea Stein (TS) – Chief Executive Officer, Leeds Community Healthcare NHS Trust

In attendance:

Keir Shillaker (KS) – Programme Director, Mental Health, Learning Disability & Autism
Lucy Rushworth (minutes) (LR) – Project Support Officer, Mental Health, Learning Disability & Autism

Apologies:

Neil Franklin (NF) – Chair, Leeds Community Healthcare NHS Trust,

Glossary of acronyms in this document can be found on page 5.

Item	Discussion / Actions	By whom
1	**Welcome, introductions and apologies:** A Monaghan (AM) welcomed the group and noted apologies as above. Upon welcoming the group AM extended sincere condolences for the recent loss of popular LYPFT (Leeds York Partnership Foundation Trust) employee Khuli Nkala due to COVID19, it was shared that the staff are being supported by the trust and a memorial will be set up. Congratulations were extended to BK for his newly appointed role as Chief Executive at TEWV (Tees, Esk and Wear Valleys NHS FT)- to start in June 2020. The Committees in Common group thanked NF for his commitment as Chair for LCH (Leeds Community Health) and work carried out for this meeting group and Collaborative Executive meeting group.	
2	**Declaration of Interests Matrix / Conflict of Interest:** The declaration of interests was reviewed and agreed to be correct. No conflicts were identified.	
3a	**Review of Previous Minutes:** The minutes were reviewed by the meeting group and were accepted as an accurate record subject to the following amendments: Bottom of page 2: 'digital, capital and workforce' – the comma is missing and has been replaced. Attendance: To record that TS joined the meeting via phone.	
3b	**Actions log and matters arising:** There were no further updates to the action log.	

Item	Discussion / Actions	By whom
4	MHLDA Programme – Current position KS reviewed with the committee the current MHLDA (Mental Health Learning Disabilities and Autism) Programme position. Due to COVID19 the majority of the MHLDA Programmes have been paused or repurposed, and some new work has been introduced or accelerated. Some of the changes include: Crisis Care Pathway meetings developed from Secondary Care Pathways work. This is held weekly with the providers, YAS (Yorkshire Ambulance Service) and WYP (West Yorkshire Police) to provide information on any implications on the Crisis Pathway and if there are any changes in WYP during the COVID19 period. Other weekly meetings set up also help facilitate learning between service providers; such as Cohorting and Mutual Aid. The meetings have been well received and have helped reduce unnecessary repetition. The team are also taking forward a WY&H Bereavement Helpline to help support and signpost to people to services. And a 'Keeping Connected' project through Inclusion North; voluntary and community sector organisations helping identify vulnerable people; in particular LD (learning disability) and Autism. We are also playing a part in the Nightingale Hospital to ensure support for staff and plans in place for MHLDA assessment and support. The Programme board continues to meet virtually and with a slimmer agenda, and the team are also looking at a post COVID19 response within the ICS (Integrated Care System). This presumes there will be a MH (Mental Health) peak to COVID19 which would be likely to be in a few weeks/months and that there will be longer term MH service requirements. Some pieces of work will help accelerate intent from the LTP (long term plan), and there is a need to focus on equality issues. It was highlighted to the meeting group that NHSE has paused all work on the Lead Provider collaborative. TS updated that the CAMHs (Child and Adolescent Mental Health services) new build is continuing at pace and should be reflected in the programme review paper. KS will update the paper. During this time it was highlighted concerns over people not accessing services with a need to develop ways to engage people back into them. Evolving the digital offer that could look to extend beyond COVID19 and ways to address the BAME (Black, Asian and Minority Ethnic) issues are a priority. The group also discussed the need for a reaffirmation of collaboration in ATU provision, with conversations planned between the services. CEOs will hold a discussion off-line on this too. Each organisation and place is rolling out local evaluation to find out lessons learnt from forward the COVID19 period. The programme team will be pulling together a conversation across organisations to share practice, aid understanding and reduce duplication. Lobbying at a national level with regard to the increased demand for mental health services, and required prioritisation will be important in the months to come. The committee as a collective will be looking to challenge themselves on governance and bureaucracy due to the speed that the providers have needed to implement new ways of working, and to continue to drive change beyond COVID19.	KS KS ALL CEOs

Item	Discussion / Actions	By whom
	ACTIONS KS to update the programme review document to take account of the continuation of the CAMHS build. ACTION 3/04 All providers to consider equality impact assessments and quality assessments of the COVID response; KS and team to do the same for the programme. ACTION 4/04 All to ensure the collaborative's voice is being heard nationally. ACTION 5/04 KS/CE to review the TOR for the CiC in the light of COVID learning. ACTION 6/04 ATTACHMENTS Quality and equality impact assessment framework attached from RW.	KS CEOs/KS ALL KS/CE EHRIA - Incident Response (COVID19
5	Business Continuity Each provider has been implementing strong business continuity plans and cohorting arrangements. Work across the collaborative has been testing a 'what if' worst case scenario (ie if a single provider couldn't cope with loss of staff, or high COVID prevalence on wards) which has led to shared learning and understanding of what happens in each organisation. The Mutual Aid calls have also supported wider resilience planning. The next phase for business continuity for the services will be around COVID19 testing staff and service users, to try to ensure the same approach across providers.	
6	Other Urgent Business PPE There is a requirement to be involved in the procurement collaborative for PPE (Personal Protective Equipment) and to make sure the providers are represented, to raise at the Collaborative Executive meeting to confirm if the providers will be working individually or as a collaborative. Suicide Prevention Wave3 money is confirmed from NHSE, Lin Harrison and team are working on distributing the bulk out to places which is a priority. The Bereavement line has been developed with Lin Harrison, The Improving Population Health and Harnessing the Power of Communities programmes to ensure suicide prevention is reflected. Ethics committees CE to share TOR (Terms of Reference) for BDCT (Bradford District Care Trust) ethics committee, SM added a suggestion to ask the medical directors to share learning and keep each other as informed as possible. RW indicated that the ICS clinical forum would also provide some system guidance.	KS CE

Item	Discussion / Actions	By whom
	ACTIONS KS to add to the Collaborative Executive Committee agenda item PPE for a decision for trusts to working collaboratively or individually. **ACTION 7/04** CE to share TOR for BDCT ethics committee with group. **ACTION 8/04**	KS CE
7	**Any Other Business** **Carers** SM raised the additional support required for carers when discharging people from hospital, all providers are being asked to use a check list that involves service user and carer.	
	Date and Time of Next Meeting: Thursday 23rd July 2020. Meeting time and location are TBC. The meeting will be chaired by Cathy Elliott as part of the agreed rotation of chairing responsibility.	
	Glossary	

ATU	Assessment and Treatment Unit
BDCFT	Bradford District Care Foundation Trust
CQC	Care Quality Commission
CAMHS	Child and Adolescent Mental Health Services
C-In-C	Committees in Common
CCG	Clinical Commissioning Group
DTOC	Delayed Transfers of Care
ICS	Integrated Care System
LD	Learning Disabilities
LCH	Leeds Community Healthcare NHS Trust
LYPFT	Leeds and York Partnership NHS Foundation Trust
MHLDA	Mental Health, Learning Disabilities and Autism
MoU	Memorandum of Understanding
NCM	New Care Model
NED	Non-Executive Director
NHSE/I	National Health Service England / Improvement
SWYPFT	South West Yorkshire Partnership NHS Foundation Trust
TCP	Transforming Care Programme
VCH	Voluntary and Community Sector
WY&H	West Yorkshire & Harrogate
WY&H HCP	West Yorkshire & Harrogate Health and Care Partnership
WY&H ICS	West Yorkshire & Harrogate Integrated Care System (internal reference to WY& HCP)
WYMHSC C-In-C	West Yorkshire Mental Health Services Collaborative Committees in Common