Board Meeting
Friday 19 June 2020, 8:30am – 10;30am
(via Microsoft Teams)

AGENDA				
Time	**Item no.**	**Item**	**Lead**	**Paper**
		Preliminary business		
8:30	2020-21 (26)	Welcome, introductions and apologies	Brodie Clark	N
	2020-21 (27)	Declarations of interest	Brodie Clark	N
	2020-21 (28)	Staff story – Covid-19: • Grace's story • Jo's Story	Steph Lawrence	N
	2020-21 (29)	Minutes of previous meeting and matters arising: a. Minutes of the meeting held on 29 May 2020 b. Actions' log	Brodie Clark Brodie Clark	Y Y
		Key issues		
9:15	2020-21 (30)	Covid-19 a. COVID general update b. Health inequalities and COVID impact c. Update on non-essential services and maintaining patient safety during Covid-19	Thea Stein Thea Stein Steph Lawrence	Y* Y Y *To follow
		Sign off /approval		
9:35	2020-21 (31)	Annual report and accounts 2019-20 a. ISA 260 external auditor's opinion b. Annual report c. Annual accounts d. Letter of representation	Bryan Machin	To Follow Y Y Y
9:50	2020-21 (32)	NHS provider licence compliance	Thea Stein	Y
		For noting		
10:00	2020-21 (33)	Performance brief and domain reports a. Performance brief - annual report 2019-20	Bryan Machin	Y
10:10	2020-21 (34)	Operational plan priorities 2019-20: end of year report	Bryan Machin	Y
10:20	2020-21 (35)	Board framework for infection control and prevention	Steph Lawrence	Y
10.30	2020-21 (36)	Close of the public section of the Board	Brodie Clark	N

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

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

Friday 28 May 2020, 8:30am-10:00am (via Microsoft Teams)

AGENDA ITEM 2020-21 (29a)

Present:	Brodie Clark	Interim Trust Chair
	Thea Stein	Chief Executive
	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)
Apologies:	Laura Smith	Director of Workforce, Organisational Development and System Development (LS)
In attendance:	Diane Allison	Company Secretary
Minutes:	Liz Thornton	Board Administrator
Observers:	None	
Members of the public:	Hannah Davies	Chief Executive Healthwatch Leeds

Item	Discussion points	Action
2020-21 (14)	**Welcome and introductions** The Interim Trust Chair opened the meeting by welcoming Board members and the Chief Executive of Healthwatch Leeds to the meeting. He said that he wanted to begin by acknowledging the outstanding work of the Trust during the COVID pandemic. He said that the response of staff in the Trust had been brilliant since the outbreak of the pandemic and all had demonstrated dedication, energy, resilience and commitment. They had '*responded* and *created'.* He referred to a virtual visit that he had paid to the Infection Prevention Control Team and heard how proud they were about the progress that had been made to improve the PPE storage and distribution arrangements, with the Team working weekends to get it right…including fulsome praise for senior colleagues. As a	

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team he said that they were proud, tired and inspiring – and that was replicated across the entire Trust, within groups of staff in every single department and specialism.

The top team had demonstrated the best of leadership by provided clarity of direction, inspiration and calmness in a constantly changing environment whilst continuing to ask *‘what’s next’.*

He said that a second wave of the pandemic was possible and that there remained a big job to be done. Timeframes were still unsettled, but the business rhythm of the Trust was becoming increasingly assured.

In the short term, service delivery was broadly progressing well, but not without challenges,
• The backlog of restored low priority services
• New pressures arising from those who have become damaged in so many ways – just through lockdown.
• Potential new commitments –including support for care homes

The business of reformulating and renewing the Trust workload agenda remained a priority. In the medium term there were important developments:
• Modern and more effective ways of working.
• A desire for public engagement
• A wish to collaborate and to become a true champion of health and social care in this city.

Finally he said that two things must never change:
• Support for our staff
• Our quality of delivery and performance – with patients at the centre of everything we do.

Apologies
Laura Smith, Director of Workforce, Organisational Development and System Development (LS)

Questions from members of the public
The Chief Executive of Healthwatch had no questions to raise in advance of the meeting, there were no members of the public in attendance and no questions had been notified in advance of the meeting.
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<tr><td>**2020-21 (15)**</td><td>
Declarations of interest
Prior to the Trust Board meeting, the Interim 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.
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<tr><td>**2020-21 (16)**</td><td>
Patient’s story: Kari’s story
Due to technical difficulties the Board were not able to view Kari’s video story but it had been shared with Non-Executive Directors in advance of the meeting.

The Chief Executive explained that this story was one of a series produced as part of a project undertaken by Healthwatch Leeds with support from the Clinical Commissioning Group (CCG) and other organisations across the city including Leeds Community Healthcare (LCH). She invited Hannah Davies, Chief Executive of Healthwatch Leeds to provide more information on the background to the work.
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	Hannah explained that following a Care Quality Commission visit to Leeds in Autumn 2018 which looked at older people's experiences of moving in and out of health and care settings the city wanted to really understand what people's experiences were, and be assured that they were good. Working with organisations across the city including LCH as part of the 'How does it feel for me?' project, Healthwatch Leeds closely followed the experiences of four people in Leeds who have complex health needs and access multiple health and care services. Each month a recording is made of their experiences by video or written testimony and shared with senior decision makers for them to reflect and act on. In the video shared with the Board, Kari talks about her relationship with her Community Matron and the positive difference he has made to her life, in keeping her out of hospital and supporting her to receive the medication and care she needs. She also describes the difficulties she has experienced in arranging home care and how expensive this is. The Chief Executive confirmed that she received regular updates and reports on the 'How does it feel for me' project and added that if any members of the Board wished to see any of the other videos and reports produced as part of the project she would be happy to share them. The Interim Trust Chair agreed that this was an important project and provided a rich source of intelligence which would influence changes to the way in which providers across the city designed and delivered health and care services. He encouraged members to view the video and raise any questions if they wished to do so.	
2020-21 (17)	**Minutes of the previous meeting held on 2 May 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 (18a) **2020-21 (18b)**	**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 fully comprehensive account of the decisions and actions taken by the Trust but should be read in conjunction with the briefing notes shared and noted at Item 24(a) in these minutes. **Operations report** The Executive Director of Operations provided a short verbal update report. Gold Command meetings were now scheduled once each week and Silver Command meetings twice each week but the expectation was that these meetings would be 'stood down' in the next two weeks. She provided assurance that pressure in the system was steady and being manged effectively. Services were preparing for an expected increase in discharges from Leeds Teaching Hospitals NHS Trust (LTHT) over the coming weeks. The Trust was beginning to focus on re-establishing services that were suspended or partially closed at the start of Covid-19 and this was covered at Item 19 of these minutes.	

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2020-21 (18ci)	**Clinical issues and PPE** The Executive Director of Nursing and Allied Health Professionals (AHPs) presented the report which included a report on PPE produced jointly with the Executive Director of Finance and Resources. **Clinical issues** The key points highlighted were: • Track and trace service: work has begun to support the launch of the service which has been launched in the City on 28 May 2020. Bronze and Silver control groups had been established and the Trust would be represented on both these groups. • Nightingale Hospital: the Yorkshire and Humber Nightingale is in hibernation and as yet has not been used. The six staff from the Trust who were identified to support the hospital remain on standby. • Care Homes: ➢ A number of teams are providing significant support to care homes across the city. LCH staff are going into care homes to provide patient specific advice but also to support care staff and sometimes this involves spending a whole shift in the care home. The support is across both those with and without nursing provision. ➢ A more robust command and control process for care homes has been established in the city and includes a bronze control group which the lead nurse for Infection Prevention Control attends and a silver group where the Director of Nursing and Allied Health Professionals represents LCH. ➢ Following a national request to provide further support to all 151 care homes in the City all care homes now have an identified contact and clinical lead. ➢ In addition the IPC team are leading on the work to provide IPC and PPE training to all care homes in the city. ➢ LCH is working in partnership with primary care across a number of Primary Care Networks to ensure effective multi-disciplinary working in care homes across Leeds. • Implementation of new pathways/Guidance: ➢ Review of the Community Services Standard Operating Procedure (SOP) issued nationally and how this could work for LCH 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 underway around rehabilitation pathways for patients recovering from Covid-19, led by commissioners but with the involvement of a number of the Trust's clinical staff to ensure a Multi-Disciplinary Team (MDT) approach to the rehabilitation involved. **PPE** • Logistics: ➢ The PPE situation in the Trust has stabilised since the last Trust Board meeting with good progress made in making the stock management and distribution business as 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	

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and distribution processes has been the foundation of the current position. A new electronic portal to support the processes is due to be launched on 8 June 2020; this will replace the predominantly paper based system.
  - The national distribution of items has also improved and the Trust escalates potential shortages through the established process. The Trust has variable stocks of PPE items; there are good stock levels of some items whilst for others there is a reliance on the escalation process working which, to date, it has.
  - The Trust responded swiftly and effectively to a recent recall of eye protection items that had failed a national quality test. To date, no concerns about having used this type of eye protection had been raised by staff.
- PPE – clinical:
  - 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 fully resolved.

The Chief Executive stated that no member of staff in the Trust had been or would be asked to see patients without the required PPE and no concerns had been raised by any member of staff about being asked to do so.

A Non-Executive Director (JM) observed that the Trust faced significant challenges in relation to supporting care homes and asked whether this was expected to be a long term commitment.

The Executive Director of Nursing and AHPs said that she believed the situation across the city was beginning to stabilise. She explained that there were a number of underlying issues which had contributed to the problems faced by the care home sector. These included the significant cohort of residents in care homes who were asymptomatic carriers which had increased the number of patients. In addition the ageing profile of the care home workforce meant that many members of staff were vulnerable because of underlying health conditions and were required to 'shield' which had depleted staff numbers. The historically high turnover rates in the sector had also been exacerbated by the outbreak of the pandemic.

The Executive Director of Nursing and AHPs explained that the immediate focus was to ensure that the right level of care was delivered across the the city and to work in partnership with care home managers to make their workforce more sustainable for the future. She added that her expectation was that the Trust would not be required to provide support to the care home sector for a long term period.

A Non-Executive Director (HT) asked whether any work had been done to assess the possible impact of the roll out of the track and trace service in terms of impact of more staff requiring to self-isolate.

The Executive Director of Nursing and AHPs said that the national guidance had been published on 28 May 2020 and the Trust was working through the implications for the workforce.

A Non-Executive Director (RG) asked for an update on the rehabilitation modelling work.

The Executive Director of Nursing and AHPs said that the modelling work was

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ongoing around the rehabilitation pathways for patients recovering from Covid-19. The rehabilitation modelling would focus on three workstreams:

- Patients recovering from Covid-19
- Patients where treatments and care has been delayed due to Covid-19
- Patients who have delayed seeking treatment during Covid-19

She added that there was also some uncertainty about how many patients have or would fall more seriously ill in the community due to Covid-19.

A Non-Executive Director (IL) asked what steps the Trust was taking to obtain feedback from patients for their perspective and experience of the Trust's services during Covid-19.

The Executive Director of Nursing and AHPs advised that the Trust had asked Healthwatch Leeds for their support in ensuring that the patient view on services which had been stepped down during Covid-19 was included in the Trust's evaluation of its handling of the pandemic. She added that the Trust's Patient Experience and Engagement Team would also be contacting patients for their views.

2020-21 (18cii)

Care home workforce response

The Executive Director of Nursing and AHPs introduced the paper. She explained that Integrated Care Systems (ICS) in Yorkshire and Humber had been asked to look at the potential for workforce sharing arrangements for staff to work in the care home sector. The West Yorkshire and Harrogate ICS had been asked to take forward discussions on how a workforce sharing agreement could be used to bolster care home resilience and identify a lead employer for staff returners who were able to work in care homes.

As the Trust had already completed a significant amount of the preparatory work and was already leading much of the clinical work across care homes in Leeds, it had been suggested that the Trust should lead this work and be the employer for staff being deployed in care homes.

The Interim Chair advised that the Trust had been asked to make a decision on the proposal by 27 May 2020 and on that basis he and the Interim Vice Chair (Non-Executive Director (HT)) had met with the Executive Director of Nursing and AHPs and the Director of Workforce on 23 May 2020 to discuss the detail, ask questions to seek clarification on a number of issues and these were set out in the paper. He said that following that discussion, he and the Interim Vice Chair had given their agreement in principle to the proposal in the paper for the Trust to lead this work and be the employer of staff being deployed to work into care homes. He invited questions and observations from members before asking the Board to ratify the decision.

The Interim Chair asked about the funding arrangements to support the proposal.

The Executive Director of Nursing and AHPs said that she was confident that a funding stream would be agreed which would support the cost of paying deployed staff and cover the on-costs for the Trust as their employer. The details of this had not yet been finalised or agreed.

The Chief Executive said that it was not yet clear how many care homes would ask for support and that this might not only involve clinical staff. She also observed that care homes were private businesses and it was not a fundamental role of the NHS to bolster private sector partners.

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	The Executive Director of Operations said that the Trust would have to ensure that there was a big enough pool of staff available to deploy into care homes otherwise there might be a detrimental effect on existing services.	
	A Non-Executive Director (JM) asked whether the staff deployed into care homes would only be additional staff employed by the Trust and who would make decisions about the nature and level of the support required.	
	The Executive Director of Nursing and AHPs said that it would be a mix of additional staff and existing staff who chose to undertake additional shifts in care homes. Work was underway to try and understand exactly what the potential demand would be and determine how much support the NHS could provide. Leeds City Council had ultimate responsibility for the command and control process across care home in the City.	
	The Chief Executive said that supply and demand for staff in care homes would form part of discussions at the City's Health and Social Care Gold Command meetings and she would ensure that this issue was raised at that level.	
	A Non-Executive Director (JM) said that she was content to support the proposal in principle subject to the Board receiving more clarity around the contractual arrangements and managing the availability of staff deployed into care homes.	
	In summary, the Interim Chair said that the Board had raised a number of legitimate and pertinent questions about the proposal set out in the paper. Based on the assurances received in the paper and at this meeting he felt that the overall consensus was that in principle the Board was content to ratify the decision that the Trust lead on this work subject to further clarification about the contractual arrangements and the nature of and demand for support.	
	Outcome: • The Trust Board ratified the decision made on 23 May 2020 by the Interim Chair and Interim Vice Chair that the Trust should lead on the work to support care homes and subject to suitable clatifications, it should be the employer of staff being deployed into care homes.	
2020-21 (18d)	**Quality report** The Executive Medical Director presented the report and 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. As services begin to reset and recover, the programme will be adapted to ensure that good clinical outcomes continue to be achieved for patients and that services can evident this. • Review of incidents, complaints and deaths continues as normal, with a particular focus on staff deployment, new pathways of care delivery to ensure early identification of any related patient care issues or risk. • Medicines management pathways to support new ways of working are being closely monitored, logged appropriately on the risk register, and reviewed in conjunction with the incident data for the associated services to ensure that redeployment of staff and altered working methods have not resulted in an increased level of medication incidents. • The Quality Assurance and Improvement Group was stood down as a formal meeting in May 2020 due to duplication of work with Quality Committee. The report was noted and no questions were raised.	

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2020-21 (18ei)

Workforce report

The Director of Workforce, Organisational Development and System Development (JA) provided a brief verbal 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. A detailed written would circulated following the meeting.

The Interim Chair asked about staff morale across the organisation.

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 frontline with Covid-19 patients.

The Executive Director of Operations agreed that staff morale across the majority of staff in the Trust was good. She said that staff felt well supported but there were some concerns around the feelings amongst re-deployed staff however these were being addressed and alleviated where possible.

The Chief Executive reported that leadership sessions were well attended and because they were held virtually, more clinical staff were able to join. The sessions provided an excellent opportunity for good interaction and challenge and the feedback from them remained very positive.

2020-21 (18eii)

Supporting Black and Ethnic Minority BAME colleagues

The Director of Workforce, Organisational Development and System Development (JA) presented the paper which provided an update on the Trust approach to supporting staff from BAME backgrounds. She highlighted the following key points:

- BAME Staff Network meets virtually every week, supporting and advocating for Trust's BAME workforce and providing a safe space for discussions. A member of the Senior Management Team (SMT) is invited to be in attendance each week. So far the meetings have been very positive and well attended
- 300 members of staff have declared that they are from a BAME background and to date 72% have been risk assessed using the template developed for managers to use for those in vulnerable groups.
- BAME colleagues are reporting largely positive experiences in relation to the conversations. A small number of negative experiences are being followed up in order that improvements can be made.
- Assurance is being sought that the conversations have taken place and a survey of BAME staff views on the quality of the conversations as well as further reflections with managers on their perceptions of how the conversations have gone are planned.

A Non-Executive Director (RG) commented positively on the work so far and asked how the voice of BAME communities would link into wider work across the city for example in resetting services.

The Chief Executive of Healthwatch Leeds said that the People's Voices Group (PVG) which is co-ordinated by Healthwatch Leeds brought together 22 communities of interest across the city including BAME. She said that the Trust's Patient Engagement and Experience Lead had already made contact to seek views from the PVG on the Trust's plans to reset services.

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2020-21 (18f)	**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. A Non-Executive Director (JM) asked whether the Trust had a sense of what proportion of the workforce could continue to work at home post Covid-19. The Executive Director of Operations responded that work had begun to try and understand what motivated individuals to work in an office base and whether there might be benefits to a different balance between office and home working in the future.	
2020-21 (18g)	**Risk report** The Company Secretary presented the report which provided information about the effectiveness of the risk management processes and the controls in place to manage the Trust's most significant risks. She explained that in addition to the Trust's (Datix) risk register, a separate COVID risk log had been devised. The report contained details of the COVID risk log to assure the Board that risk management processes continue to be robustly applied during the current challenging climate A Non-Executive Director (JM) welcomed the inclusion of themes in the Datix risk register and suggested that the inclusion of mitigations against each key theme might be helpful. **Outcome:** The Board received and noted the Covid-19 updates including the risk report.	
2020-21 (19)	**Reset and Recovery Programme** The Executive Director of Operations introduced the paper which provided 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 would focus on the resetting of services and will incorporate learning from the new ways of working and innovation adopted during the period of initial response, identified the draft principles underpinning the Programme of Reset and Recovery and outlined the current work underway. She added that the paper had been considered by the Business Committee on 20 May 2020 and the Shadow Board on 28 May 2020. The Executive Director of Finance and Resources as Chair of the Shadow Board provided some feedback from their discussion of the paper. He said that members felt that there could be more clarity around how much service redesign was required and more narrative and emphasis on making services safe for patients. A Non-Executive Director (JM) felt that the paper should include more emphasis on getting the best out of partnership arrangements within the city particularly with Primary Care and this could be included within the key principles. The Executive Director of Operations said that the comments received were helpful and agreed to review the overall aims. The Board recognised that there was some urgency required to restart some services whilst also considering how improvements to services could be made. A Non-Executive Director (HT) said that it was important to be aware that as the Trust moves through this process in terms of new ways of working, it should not	

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	lose sight of outcomes for patient care. The Committee was advised that a Programme Lead for Reset and Recovery had been appointed for an initial period of six months. The Executive Director of Operations assured the Committee that this was a staff and patient engagement focused project. She said the aim of the reset and recovery programme was to ensure all services were substantially operational again by September 2020. In summary the Interim Chair felt the paper provided a positive picture of early progress and said that the Board workshop scheduled for 3 July 2020 would provide an opportunity for the Board to review progress against the programme. **Outcome:** The Board received and noted the report and offered comments to support further progression of the project.	
2020-21 (6a)	**Corporate governance report** The Company Secretary presented the report which covered a number of corporate governance reports for consideration: • ***Annual review of Board and committees' effectiveness –*** the report provided information gathered from a Board and committees' effectiveness review. • ***Audit Committee and committees' annual reports 2019-20 –*** the terms of reference for the Trust's Audit Committee required that the committee had oversight of Board sub-committees. The report demonstrated that the Audit Committee had operated in line with its terms of reference and had undertaken a review of its effectiveness and received annual reports from the Board sub-committees. • ***Committees' terms of reference –*** 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. The Board noted the summary of the changes made in order to update the content. • ***Details of the use of the Trust's corporate seal*** – 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 report contained a copy of the register of sealings. Referring to the Audit Committee annual report a Non-Executive Director (JM) confirmed that the final Head of Internal Audit Opinion and the ISA 260 external audit opinion would be received by the Audit Committee on 12 June 2020. **Outcome:** The Board: • noted the outcome of the annual review of Board and committees' effectiveness. • received the Audit Committee's annual report for 2019-20. • noted the amendments made to the terms of reference of Board sub-committees. • noted the use of the corporate seal and noted the content of the sealings register.	
2020-21 (21)	**Mortality annual report** The Executive Medical Director presented the report to provide assurance regarding the mortality figures and process within the Trust for 2019/20. She highlighted the following key points: • Significant progress had been made in 2019/20 in regards to the validity	

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	of Trust Mortality data available centrally. The Trust was now 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 (Children's 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. • 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 1 October 2019. The Trust is an integral partner of these panels. • 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. A Non-Executive Director (IL) advised that the Quality Committee had considered the report on 18 May 2020 and was pleased with the progress made in 2019/20. Work was underway to strengthen the data on deaths of patients with serious mental health issues and patients with learning disability but these numbers would be small. **Outcome:** The Board: • received assurance regarding mortality reporting and review in the Trust • confirmed that it wished to receive specific quarterly monitoring reports to maintain focussed oversight regarding mortality within the Trust.	
2020-21 (22)	**Performance brief and domain reports** The Executive Director of Finance and Resources presented the report for April 2020. The report was structured in line with the Care Quality Commission (CQC) domains with the addition of Finance. It highlighted any current concerns relating to contracts that the Trust holds with its commissioners and provided a focus on key performance areas that are of current concern to the Trust. The Interim Trust Chair noted that the Performance Brief had been considered in detail by the Quality and Business Committee at their meeting on the 18 and 20 May 2020 respectively and on that basis as members had not raised any questions or request for clarity the levels of performance for April were noted. The Executive Director of Finance and Resources provided a brief verbal update on financial performance. He explained that under the new financial regime for 2020/21, which has been extended from 4 to 7 months, the Trust could 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 was £0.3m overspending. The Board was advised that whilst it would be unwise to extrapolate from month 1 information in the current	

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	operating environment, there were issues that needed to be looked into to better understand the position. Further updates with a more complete understanding of the issues would be provided through the Business Committee to the Board. **Outcome:** The Board: • noted the levels of performance for April 2020 including the update on financial performance.	
2020-21 (23)	**Committees' assurance reports** *Item 23(a) – Quality Committee 18 May 2020* The Chair of the Committee and Non-Executive Director (IL) provided a brief verbal update on the key issues highlighted in the report. The report was noted and no questions were raised. *Item 23(b) – Business Committee 20 May 2020* The Chair of the Committee and Interim Trust Chair (BC) provided a brief verbal update on the key issues highlighted in the report. The report was noted and no questions were raised. **Outcome:** The Board: • noted the assurance reports from the committee chairs and the matters highlighted.	
2020-21 (24)	**Non-executive director Covid-19 briefing notes:** The Board noted the following briefing 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 **Outcome:** The Board: • received and noted the briefing notes and minutes.	
2020-21 (25)	**Close of the public section of the Board** The Interim Chair thanked everyone for attending and concluded the public section of the Board meeting. Closed at 10:00am.	
Date and time of next meeting **Friday 19 June 2020, 8.30am – 10.00am. Virtual meeting** **Boardroom, Trust Headquarters, Stockdale House, Victoria Road, Leeds LS6 1PF**		

V3 12 06 2020

Signed by the Interim Chair:
Date:

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AGENDA ITEM 2020-21 (29b)

Leeds Community Healthcare NHS Trust
Trust Board meeting (held in public) actions' log: 19 June 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 29 May 2020				
	None to note			

Actions on log completed since last Board meeting	
Actions not due for completion before 19 June 2020; progressing to timescale	
Actions not due for completion before 19 June 2020; agreed timescales and/or requirements are at risk or have been delayed	
Actions outstanding as at 19 June 2020; not having met agreed timescales and/or requirements	

AGENDA ITEM 2020-21 (30bi)

Meeting Trust Board meeting – 19 June 2020	**Category of paper** *(please tick)*	
Report title Health inequalities and COVID impact	**For approval**	
Responsible director Chief Executive **Report author** Programme Lead – Reset and Recovery	**For assurance**	✓
Previously considered by *n/a*	**For information**	✓

Purpose of the report

On 19 March 2020 NHS England and NHS Improvement issued instruction on which services community providers were expected to continue, amend or stop in response to the Covid-19 pandemic. The organisation immediately established a programme of work to seek to understand the impact of this on specific communities and to seek to answer the questions:

- Has the amending or stopping of services increased health inequalities?
- Have we as an organisation been conscious and thoughtful about health inequalities access and inclusion at all stages of our work?

These are huge issues and we won't know the outcomes and answers to these questions for some years but we are making conscious and sustained effort to consider them at all stages of our response.

This paper summarises the initial findings and subsequent actions of the project, and makes recommendations for embedding the approaches into the reset and recovery programme

Main issues for consideration

Outcomes of the work to date and discussion on embedding this work as a key priority shaping our reset and recovery.

To regularly receive reports on this strand of work as part of our reset and recovery programme.

Recommendations
Trust Board is recommended to:

- Debate the findings to date
- Agree the embedding of this work in to the forward plans and the continuation of the research and the equality impact assessment work
- To agree to our continued engagement with the communities of interest work

Health inequalities and COVID impact

1.0 Introduction

1.1 On 19 March 2020 NHS England and NHS Improvement issued instruction on which services community providers were expected to continue, amend or stop in response to the Covid-19 pandemic. The organisation immediately established a programme of work to seek to understand the impact of this on specific communities and to see to answer the questions:

- Has the amending or stopping of services increased health inequalities
- Have we as an organisation been conscious and thoughtful about health inequalities at all stages of our work

1.2 This paper summarises the initial findings and subsequent actions of the project, and makes recommendations for embedding the approaches into the reset and recovery programme.

2.0 Covid-19 and inequality

2.1 Emerging evidence suggests there is a clear disparity in impact of Covid-19 on different community groups in Leeds.

2.2 Leeds City Council have analysed Leeds and national data for Covid-19 cases and mortality, and have found that there is an increase in death rates in the more deprived communities in Leeds; 37 per 100,000 Covid-19 deaths in the 10% most deprived areas of Leeds, compared to 23 per 100,000 in the 10% least deprived areas. Data has shown that there is also a higher percentage of shielding population in the most deprived areas however there was a lower uptake of food boxes from these areas. The local voluntary hubs however worked hard to reach out and identify the most vulnerable and ensure they had support. They have been a vital part of the Leeds response.

2.3 Other national data shows an increased risk of death from Covid-19 in BAME communities. Whereas Covid-19 seemingly does not discriminate and is an illness that can affect anyone, the impact can be significantly greater within communities at highest risk of health inequalities. For users of Leeds Community Healthcare NHS Trust's (LCH) services it was acknowledged early on that it can also be the disruption to services, or the change in modality of services, which is likely to create or exacerbate inequalities – this was the focus of our concern.

3.0 Scope of the project

3.1 The project was led by the Chief Executive and overseen by Dan Barnett (Head of Business Development), with work streams led by Richard Worlock (Equality and Diversity Facilitator), Iona Elborough-Whitehouse (Clinical Outcome Measures Project Lead) and Heather Thrippleton (Patient Experience Lead).

3.2 The project aimed to ensure that the ambition of improving the health of the poorest the fastest was not lost as a result of refocussing attentions on managing the pandemic. It did this by:

- Engaging with patients, partners and the public to ensure the voice of service users (including those experiencing health inequalities) influenced the transformation of services during and following the pandemic
- Undertaking health equality impact assessments and developing appropriate action plans with key services to ensure due regard had been paid to the general duties of the Equality Act, ensuring that inequalities were not exacerbated by service decisions and then seeking to mitigate swiftly any unintended consequences of the actions that we were identified.
- Developing and analysing outcomes data to assess the disproportionate effect that service changes, due to the pandemic, may have had on different communities.

4.0 What feedback from patients and the public tells us

4.1 During stage one of the pandemic the LCH Patient Experience team joined up with citywide engagement and involvement initiatives. This ensured that the patient voice informed our understanding of what the impact of service changes was, whilst reducing duplication and the risk of over consulting with communities at a difficult time.

4.2 Primarily this has included engagement with the Leeds Communities of Interest Network (CoI) - led by Forum Central and the Leeds Healthwatch check-ins. These have been working to ensure the voices of people from CoI, who experience the greatest challenges, have a strong voice in the development of services and to better understand any disproportionate or differential impact of Covid-19. LCH have provided updates through the CoI on changes to service provision, and these have been shared regularly to reflect current status.

4.3 Key themes from the CoI feedback to date have included:

- Ensuring service navigation information and guidance is clear and up to date
- Ensuring access to essential provisions and services
- Risks of social isolation and boredom as lock down continues
- Risk of increased abuse, domestic violence and safeguarding issues
- Impact on mental health such as low level anxiety and individuals in crisis

4.4 We have particularly worked to ensure that our information is clear and up to date, that we communicate in different formats, that we check in regularly with the most vulnerable, and that we continue to work with the CoI to ensure we learn. We will embed this work across our Reset and Recovery Programme.

5.0 What the health equality impact assessments tell us

5.1 A new approach to undertaking health equality impact assessments was piloted.

5.2 Three service areas were selected to take part:

- Leeds Mental Wellbeing Service (LMWS)
- 0-19 Public Health Integrated Nursing Service (PHINS)
- Long Term Conditions – Diabetes, Cardiac, Respiratory

5.3 Key findings included:

5.3.1 In all services assessed, LCH did not adhere to the Accessible Information Standards and failed to communicate with people in their preferred language or format – this will need to be addressed immediately and processes embedded. Actions to achieve this are included in the LCH Engagement Strategy.

5.3.2 Equality may have been considered during the decisions to postpone or curtail services, however no record of this is evidenced – services will be supported to develop mechanisms for recording and evidencing these decision making processes as part of the Reset and Recovery Programme

5.3.3 Services continued to effectively communicate with service users through interpreters, either via Skype technology or telephone, using Leeds City Council Interpretation and Translation Team and Language Line Solutions

5.3.4 Service continuity was a key consideration for all services and there is much evidence of flexing and adapting the approach throughout the pandemic

5.3.5 There are still gaps in consistently recording information about protected characteristics, which makes it hard to consistently assess the impact on specific people or make plans to mitigate against the impact – this will need to be addressed organisationally as part of improving data quality and will be as part of the Reset and Recovery Programme

5.3.6 There was evidence of some of LCH's partners (Touchstone in LMWS for example) working in a very agile and reactive way to meet specific needs and reduce impact health inequality – and approach that LCH should consider in order to prevent widening the gap of existing health inequalities in times of rapid change.

5.3.7 Approaches to monitoring patient satisfaction and access rates by protected characteristics are now embedded and will be used to further shape the health inequalities action plan for each service, which will be embedded in all services

5.4 Increased homeworking and social distancing has meant there has been an urgent need to move forward with the use of digital technology during the Covid-19 pandemic; which has included video and telephone consultations across a number of LCH services. The move to using digital solutions did disadvantage some people – for example, an initial audit in LMWS of the people who did not want or could not access the offer revealed that a small number of clients did not have access to a suitable phone/IT system, whilst others did not have access to a suitable environment in their home to commence the therapy offer.

5.5 For other services the use of virtual interventions actually improved access rates – for example in 0-19 PHINS service users found this approach more flexible and convenient. Feedback from families was positive, the general consensus being that they would not be receiving any service otherwise and were pleased to receive a service that met the requirements of social distancing.

5.6 Evaluation on the effectiveness of digital technology is ongoing and feedback is currently being collected through online surveys and semi-structured interviews.

5.7 During stage one of Covid-19 the Trust strengthened collaboration with 100% Digital Leeds who provide a wide range of digital support to organisations and service users across the city through training and resources. Additionally Healthwatch Leeds led a Digital Inclusion Action Group of which LCH is an active member. This citywide group will develop easy to understand tools to support decision makers/commissioners to understand this issue and design services to meet people's needs, and this will in turn provide guidance to LCH on our digital approach in the Reset and Recovery Programme.

5.8 In summary, undertaking and responding to the assessments is just the beginning – the process should be ongoing with regular reviews. It is proposed that this approach becomes an embedded requirement for all services in the reset and recovery projects.

6.0 What the data tells us

6.1 Inequalities in accessing services was prevalent before Covid-19 stage one and early data analysis suggests that further inequalities may have been created or exacerbated through lockdown.

6.2 The Clinical Outcome Measures team have been focussed on understanding the clinical impact of the changes made to care delivered, and the wider impact of lockdown. A key initial focus has been on patterns of people's attendance at appointments (at health centres, in their own homes, and by phone/ video conferencing), and the potential for this to create or exacerbate health inequalities. Early data has been triangulated with community intelligence to provide insight and narrative to the changing patterns of attendance, and inform next steps.

6.3 For example it has been possible to identify a possible drop-in engagement with the LCH Podiatry service in Chapeltown. A reason for this may be that the three Podiatry hubs have been located away from the Chapeltown area during Covid-19 coupled with lack of uptake of the option of home visits. When considered against demographic information for the area there are concerns that high risk patients may be missing urgent care for their feet. The project has enabled real-time information to lead to action; with service access information being shared through CoI organisations and partners in Chapeltown. The hope is that this has led to increase awareness. We will continue to monitor activity and engage with teams and relevant communities if persisting trends are identified.

6.4 Nationally age has been identified as the main barrier for people accessing services when organisations are transitioning to remote/virtual delivery. Referrals into LMWS however have not seen this pattern, and the age of people referring into the service follows a similar trend in Quarter 1 as it did from the previous quarter (*appendix, graph 1*). It is too early to compare the alternative modes of care delivery in terms of proportions of patients completing their package of care, or impact on clinical outcome. This is good news but will remain under review.

6.5 Other potential areas of inequality have also been reviewed within LMWS and CAMHS, both of which have been continuing to provide necessary treatments via

alternate models. For LMWS, referrals by postcode area, and by primary language, have been consistent with the previous quarter. In terms of ethnicity - although referrals into the service were significantly reduced compared with the previous quarter, there is variation among ethnicities (*appendix, table* 1). Changes to referral rate by ethnicity within CAMHS is also seen (*appendix, table 2*). The patterns of change are not universal, although both have seen a decrease in the proportion of referrals for service users of Irish background, and increase in those of Indian background. With small numbers in some of these subgroups a slight change may risk skewing the data and infer a trend that actually evens out over time. Therefore triangulation with community intelligence is important, as well as monitoring emerging trends.

6.6 Data also suggests that some of these health inequalities exist around protected characteristics, but there is concern that other emergent factors may also play a role, for example access to digital tools. Discussions are underway on clinical systems to explore improving data collection to capture digital accessibility, and monitor this through the Reset and Recovery Programme.

6.7 Some findings relating to the lockdown period are most appropriately viewed as early data, which needs triangulating in context with the service and through insight with the communities themselves. This is because of the high level of external factors influencing this data. A 'watchful waiting' approach is being employed to help understand and inform the impact of this data moving forwards. Future improvements in collecting data to inform health inequalities will require ongoing work with commissioners, services and partners and should be embedded in the Reset and Recovery Programme.

6.8 To be clear, however, where the data starts to show issues, we have moved rapidly from research and analysis in to action to do all we can to mitigate against problems that are within our power to solve.

7.0 Recommendations and next steps

7.1 It is recommended that the Board notes the contents of this report and supports the inclusion of the following ways of working in the Reset and Recovery Programme:

7.1.1 To establish inclusion as a golden thread in all service reset projects, to ensure that improving the health of the poorest the fastest is a priority consideration for all services

7.1.2 Through the implementation of the third sector strategy, contribute to the resilience of the third sector in Leeds by ensuring they are considered as a delivery partner in service reset projects

7.1.3 Embed the health equality impact assessment approach into the reset and recovery programme

7.1.4 Continue the development and analysis of outcomes data to help services understand their impact on health inequalities and proactively act to mitigate against any unintended consequences.

Appendix 1 – changes to referral rates in CAMHS and LMWS

Graph 1: proportion of patients of different ages referring to LMWS between Q4 (19-20) and Q1 (20-21) *NB Across all ages, total referral numbers decreased*

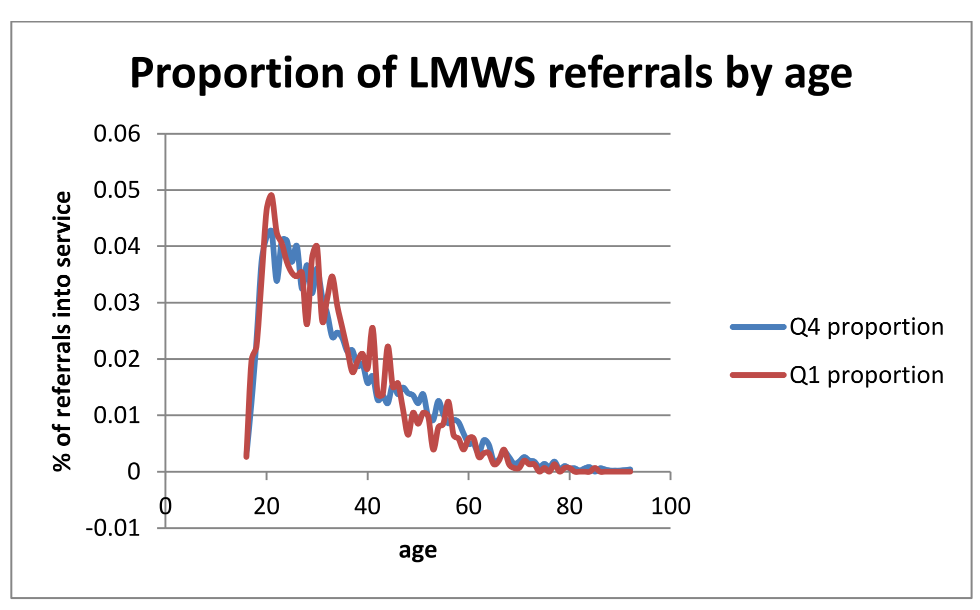


Table 1: changes to the proportion of patients referring to LMWS, between Q4 (19-20) and Q1 (20-21)

White: British	-
White: Irish	↓
White: Other	-
Mixed: White and Black Caribbean	-
Mixed: White and Black African	↑
Mixed: White and Asian	-
Mixed: Any other mixed background	↑
Asian or Asian British: Indian	↑
Asian or Asian British: Pakistani	-
Asian or Asian British: Bangladeshi	-
Asian or Asian British: Any other Asian background	-
Black or Black British: Caribbean	-
Black or Black British: African	-
Black or Black British: Any other Black background	↓
Other ethnic groups: Chinese	↑
Other ethnic groups: Any other ethnic group	-

NB. Across all ethnic groups, total referral numbers decreased.

↑ clear increase
↓ clear decrease
- minor fluctuations

Table 2: changes to the proportion of patients referring to CAMHS, between Q4 (19-20) and Q1 (20-21)

Ethnicity	Change
Asian or Asian British - Bangladeshi	↑
Asian or Asian British - Indian	↑
Asian or Asian British - Pakistani	-
Black or Black British - African	-
Black or Black British - Any other Black background	-
Black or Black British - Caribbean	↑
Mixed - Any other mixed background	↓
Mixed - White and Asian	-
Mixed - White and Black African	-
Mixed - White and Black Caribbean	-
NULL - Unknown	-
Not Stated - Not stated	↑
White - Any other White background	-
Asian or Asian British - Any other Asian background	-
Other Ethnic Groups - Any other ethnic group	-
Other Ethnic Groups - Chinese	↓
White - Irish	↓
White - British	-

NB. Across the service, trends changed to reduced urgent referrals and more routine referrals

↑ *clear increase*
↓ *clear decrease*
- *minor fluctuations*

AGENDA ITEM 2020-21 (30c)

Meeting Trust Board 19 June 2020	**Category of paper**	
Report title Update on Non-essential Services and Maintaining Patient Safety During Covid-19.	**For approval**	
Responsible director Executive Director of Nursing and Allied Health Professionals **Report author** Executive Director of Nursing and Allied Health Professionals	**For assurance**	√
Previously considered by Not applicable	**For information**	

PURPOSE OF THE REPORT

This paper is to highlight the actions and provide assurance in relation to the action taken by services as the Covid-19 pandemic began and ensuring services were delivering the necessary care to maintain patient safety based on whether they were classed as C1, 2 or 3 services.

MAIN ISSUES FOR CONSIDERATION

The report provides an overview of how services managed this process and in the appendix provides a comprehensive list of how services were classified as C1, 2 or 3 and what this meant for the service.

The report highlights how services considered patient safety and maintained quality of care. It includes how services adapted to new ways of working and highlights some of the innovative ways of working during this period as well as some of the challenges encountered.

Key points of assurance are the organisation did stay in touch with patients and kept them safe across all services and the frequency of this was based on individual patient need.

The organisation had and has processes in place for new referrals including triage of these to determine urgency as well as a point of contact for all services for patients to contact where they have concerns or their condition has deteriorated.

The organisation attempted to reach out and ensure that patients and stakeholders knew that services such as CAMHS and LMWS were still open and taking referrals as normal.

RECOMMENDATIONS

The Board is recommended to:

- Receive the information provided in this report.
- Acknowledge the work undertaken by services to maintain high quality, safe services in challenging circumstances.

Update on Non-essential Services and Maintaining Patient Safety During Covid-19.

1.0 Background

1.1 At the beginning of the Covid-19 Pandemic a directive was issued from NHS England (19 March 2020) that a number of non-essential services could be scaled back or stood down to free up capacity to support essential community services.

1.2 Services were classified as C1, C2 or C3, with C1 services being essential priority services that must continue and increase capacity where possible, C2 maintaining essential parts of the service and C3 in the main being considered non-essential services and able to be stood down for the immediate future to ensure capacity to support essential services. (Appendix 1 highlights which services were classed as C1,2 or 3).

1.3 Where services were classed as C1 services there was a requirement to consider different methods of delivery to face to face, for example, video consultation.

1.4 All Clinical Leads were requested to review their services and provide a detailed report about how the service continued and continues to maintain patient safety during this period.

2.0 How was Patient Safety maintained in services that were stopped or partially stopped

2.1 In all services that were stopped patients were notified by letter or telephone call dependent on the individual patient need and provided with details of what to do if things changed or their condition deteriorated (safety netting advice). Where this was done by letter it was a standard letter from the organisation, in English only.

2.2 All services can still be contacted for advice by patients on the caseload and most are open for new referrals which are triaged and either seen as a priority due to an urgent need or placed on a waiting list with appropriate advice given and safety netting advice provided.

2.3 Where deemed necessary following the initial assessment of need for individuals within services regular telephone calls have been made to check on patients and these are all documented in the clinical record.

3.0 Highlighted areas of innovative practice to support safe patient care

3.1 Seventeen patients in the Community Diabetes Service have been supported to commence Insulin via the Diabetes Nurse Specialists in the team. This has been done via video consultation and ongoing telephone contact to monitor compliance. This is a positive outcome as prior to the Covid-19 crisis this would always have been supported through face to face consultations only.

3.2 Having the CUCS, WPaMS and Falls Service staff working from within the Neighbourhood Teams rather than in separate bases has been really beneficial and has enhanced knowledge and understanding for Neighbourhood Team staff and has ensured patients continue to receive a high quality service. This has enhanced training opportunities for staff in Neighbourhood Teams and has ensured prompt access to specialists as required by patients. This way of working will be taken into account during the reset of the Neighbourhood Team and Adult Business unit services.

3.3 In the Children's Business Unit the Youth Board has continued to meet virtually and this has been used to seek young people's views on the changes to services and how we communicate etc. The Youth Board suggested more information via social media would be very useful and as a result this has been increased.

3.4 In sexual health the triage and appointment service has proved to be very effective and efficient and the service is considering how this will be maintained as services are reset. This is because this means that patients have a set time to be seen rather than having to sit and wait and only those patients who need to be seen following triage are asked to attend.

4.0 Areas of challenge or concern

4.1 There are some concerns about those patients who have not received their usual level of care during this time that may mean a deterioration in their condition. The services are doing everything to ensure patients can still access a clinician and have issued safety netting advice. A specific example would be patients using the community gynaecology service and not having physical care provided at the moment, the service are planning to start seeing these patients again as soon as possible to minimise further risk.

4.2 There are concerns about the level of need for mental health input via CAMHS and LMWS as we start to ease lockdown. CAMHS and LMWS have seen a decrease in their caseloads and new referrals and are currently considering how they will manage an expected increase in the coming weeks and months. The services have ensured that patients on the caseload know the services are still open and have also communicated with key stakeholders and partners to ensure there is an awareness the services are still operating. Some of the risk is the fact that young people have not been at school during this period and therefore would not have had access to the services they would usually have been able to access via school.

4.3 It is clear that services will not be able to immediately return to their pre-Covid-19 ways of working and therefore services are now considering how services can be delivered in safe and effective ways as we move towards reset and recovery.

4.4 There is a concern that as lockdown measures are eased services will start to see an increase in safeguarding concerns particularly around Domestic Violence and Child Protection. The Safeguarding Team are preparing for this and will be supporting services throughout the coming weeks and months.

5.0 Quality Assurance

5.1 There is considerable assurance that all C2 and C3 services continue to ensure patient safety even where they are not currently delivering face to face services. This has been done for all these services by ensuring regular contact with patients where it is needed during this period at varying intervals based on their individual needs as risk assessed by the service. This information has been provided for the purpose of this report for each service via a qualitative narrative of what LCH is currently offering and overseen by the Business Unit Clinical Leads. Services are still offering a helpline for patients where there maybe new concerns or changes in condition as well as triaging new referrals.

5.2 There is no evidence from C2 and 3 services of an increase in patient safety incidents and there are no complaints or concerns raised by patients at this time.

5.3 LCH is currently working with HealthWatch Leeds to seek views from patients and service users about their experience of how they were informed about service changes during this time and to ensure their experience has been as described by the services.

6.0 Conclusion

6.1 We did stay in touch with our patients some via letter with safety netting advice but others via telephone call and kept them safe across all services. The frequency of this was based on individual patient need.

6.2 We had and have processes in place for new referrals including triage of these to determine urgency as well as a point of contact for all services for patients to contact where they have concerns or their condition has deteriorated.

6.3 We attempted to reach out and ensure that patients and stakeholders knew that services such as CAMHS and LMWS were still open and taking referrals as normal.

6.4 There was evidence of innovative new ways of working and great outcomes for patients as highlighted by the diabetes service and patients being commenced on Insulin via remote consultation.

6.5 There are remaining areas of concern as highlighted in the paper around safeguarding, mental health and wellbeing and domestic violence. We have done and will continue to do what we can to minimise the impact of these but these are not just local issues.

6.6 There has been learning and an example of this would be the letter that was sent informing patients of services ceasing or reducing input was only sent out in English. This will form part of the learning for the future, in terms of considering other language needs and easy read formats. However, telephone calls were made as well where these were needed.

Appendix 1

Classification of C1, 2 and 3 services

C1 Services

Neighbourhood Teams.

Police Custody Health Services.

Wetherby Young Offenders Institute and Adel Beck remained C1 for urgent healthcare interventions.

CAMHS in-patient Tier 4 service.

Community Care Beds and Recovery Hubs.

Community Children's Nursing Service.

Children's Continuing Healthcare.

Hannah House.

Children's Speech and Language Therapy following review of caseload and prioritisation of contacts.

Community CAMHS – crisis and Mindmate SPA with a move to digital alternatives to face to face assessment where possible.

Child Protection Medical Service.

Inclusion Nursing Service.

Cardiac service - some elements but reduced face to face to reduce risk from potential exposure to Covid-19.

Homeless and Health Inclusion Team (HHIT).

Leeds Sexual Health – only certain elements of the service and no walk in appointments currently.

Respiratory service – certain elements remained C1 e.g. virtual ward.

TB services – certain elements remained C1 e.g. essential home visits for active cases, BCG monthly clinic.

Community Neuro Discharge Team (CNDT) – continued to accept all referrals and see patients as required but reduced face to face where possible.

Community Stroke Rehab Team (CSRT) – considered where possible reducing the face to face activity and offered alternatives. In the first week of lockdown this service saw a higher than normal number of referrals due to the hospital discharging as many people as possible in preparation for Covid-19.

Leeds Community Diabetes Team (CDT) – the majority of the service has been maintained as a C1 service and the majority of care is being delivered by video or telephone consultation, however, face to face care is still delivered if required. The structured education element of the service is currently suspended.

Dietetics (home enteral feeding team and children) – this has been maintained as it is essential to prevent hospital admission. All patients continue to be actively managed.

Leeds Mental Wellbeing Service (LMWS) – most care is being delivered remotely at this time.

Adult Speech and Language Therapy – the service has continued to provide urgent treatment as required. The caseload was triaged and re-prioritised according to need and all new referrals are triaged and risk assessed as requiring urgent or routine treatment.

C2 Services

Colorectal and Urology Service (CUCS).

Wound Prevention and Management Service (WPaMS).

Community Falls Service.
0-19 PHINS Service.
ICAN services.
Community CAMHS – some elements of the service were reduced following risk assessment and prioritisation.
Cardiac service – some elements e.g. rehab classes cancelled.
Leeds Sexual Health – certain elements of the service remained C1 services.
Respiratory service – certain elements stopped e.g. rehab clinics, and some changed to telephone contact e.g. patients who would have attended oxygen clinic.
TB services – certain elements became C2 e.g. new registrant screening – letters sent with safety netting advice.
Wetherby YOI and Adel Beck became C2 for certain elements of the service e.g. regular GP clinics reduced to urgent appointments only, podiatry ad hoc visits stopped.
Community Neuro rehab team (CNRT) – only providing service for patients at high risk following risk assessment and face to face visits reduced as much as possible. The service also considered the needs of those that would have usually accessed the Community Neuro Rehab Centre (CNRC).
Dietetics (adults) – all staff are working remotely with patients being supported mainly by telephone but some video consultation has now started.
FCP/MSK and Pain Management services – all essential elements have continued but via video or telephone consultation. All referrals have a telephone assessment to determine risk. A small number of patients are still being seen face to face where this is the only safe way to see them.
Podiatry services – patients identified as a priority or with an urgent need continue to be seen. Routine work is paused but all patients received a letter with safety netting advice.
Looked After Children – this service has in the main continued but with less face to face contact.

C3 Services
School based immunisation service.
Childhood measurement programme.
Community Gynaecology.
Community Neuro Rehab Centre.
Tier 3 weight management service.
Community Dental Service – all referrals are still being triaged and appropriate advice offered. There are a small number of patients seen where this is deemed urgent e.g. dental extraction/end of life patients. Emergency cover is provided for Wetherby YOI as this is designated an urgent treatment centre.

AGENDA ITEM 2020-21 (31bi)

Meeting: Trust Board 19 June 2020	**Category of paper**	
Report title 2019/20 Annual report, annual accounts and associate documentation	**For approval**	√
Responsible director Executive Director of Finance & Resources **Report author** Executive Director of Finance & Resources	**For assurance**	
Previously considered by Audit Committee 12 June 2020	**For information**	

Purpose of the report

This paper covers a number of agenda items linked to the production of the Trust's annual report and accounts for 2019/20.

The Audit Committee has received and reviewed in detail the final accounts along with the auditors' report prior to the formal submission to the Board for adoption.

Main issues for consideration

This agenda item comprises:

- Draft annual report 2019/20
- Audited annual accounts for 2019/20
- Draft letter of representation which the Trust will issue to KPMG, external auditors
- ISA260 external audit opinion from KPMG

The ISA260 contains no matters that should preclude the adoption of the accounts by the Board.

The annual report is presented to the Board for approval and, in addition, will be made available more widely at the annual general meeting 15 September 2020.

Recommendations

The Board is recommended to:

- Approve the annual report 2019/20
- Approve the annual accounts 2019/20 as supported by the external auditors' opinion
- Approve the letter of representation

Leeds Community Healthcare NHS Trust

Annual Report and Accounts 2019/20

Reflections of an outgoing Chair

2019/20 was the final year of Neil Franklin's tenure as Chair of Leeds Community Healthcare. Here he reflects on his time as Chair– and signs off.

It seems strange, but perhaps inevitable, in reflecting upon eight years as Chair of a wonderful NHS Trust, that my thoughts initially turn to the uncertain present and future, rather than the past. It is early May, as I write, and the COVID-19 epidemic has spread across the world like a giant forest fire, with most of the world's medical and health services struggling to suppress it. Alas, we cannot expect to be saved by tropical rainstorms and so the resilience, dedication, determination, resourcefulness and skill of frontline NHS staff is being tested to the limits as we strive to defeat this massive threat to so many lives.

Success in beating this vicious, hidden enemy depends on each and every person complying with restrictions on our lifestyles of a scale that we could never have previously imagined. Most comply willingly, displaying an incredible sense of community and decency. Some don't, but many more, selflessly, often heroically and at risk to their health and that of loved ones, tend the sick and save lives.

In Leeds it is very apparent that LCH front line staff and those of our partner providers are going above and beyond the call of duty, because that is what they do, every day. Their commitment to care and safety, apparent to me every time I visit an LCH service or a friend or relative in one of our hospitals, will see us through the storm. In the wider community we see people coming together, a massive army of silent volunteers, some organised, some simply and selflessly ensuring that neighbours have food and are coping. As far as the NHS is concerned, one can only add that its performance under pressure has rightly won the admiration of the whole country.

As I turn from the present and future back to the last eight years I am able to reflect how LCH has developed into an impressive organisation, which is valued and highly regarded by partners, patients and the community. How have we gone from being something of a Cinderella service, little known, fighting for a place in the sun, to a confident, bright system leader, with a consistent CQC rating of "Good" and staff confidence at a hugely improved level? The journey to where we are now has taken years of time and effort on the part of many great staff at all levels and I would like to think my own role in this, though minor, has not been insignificant.

When I became Chair in 2012, I experienced a significant culture shock and 32 years in public service in the Crown Prosecution Service and five years on the Board of Leeds Primary Care Trust had not fully prepared me for the challenge. The Trust was embarking upon a major transformation programme with posts disappearing and new ones being created in their place. Change at this scale is invariably tough to manage and it was not long before I sensed the impact on staff - not always positive - and some of the new roles were incredibly challenging for those who took them on.

I didn't think that the Board meetings functioned as efficiently as they might and my decision to develop strong business and quality committees did support a more strategic approach with a lot of the 'heavy lifting' done at Committee level. We did

have some tremendous players at SMT/Board level, who impressed me with their vision and energy.

I think the key to creating a great organisation is always to ensure that you have great people in all the key positions leading it and when opportunities arose to further strengthen SMT and the Board I was keen to ensure that we recruited the best mix of talents. In 2014 the opportunity to recruit a Chief Executive arose and from my first meeting with Thea I could see that she had exactly the right combination of vision, compassion, people skills and, above all, leadership, to take LCH forward. Thea and I worked together to deliver an outstanding leadership team and I am very proud of the current Senior Management Team and Non-Executive Board members, which, without disrespecting some fantastic people who have been Board members during my stewardship, represents the strongest and most effective group it has ever been my privilege to work with in public service.

If it has been a pleasure and privilege to lead such as group as this, perhaps the greatest thrills and most enduring experiences for me have been those involving meeting so many hundreds of the fantastic clinical, management and administrative staff who have readily embraced LCH's vision and values, selflessly providing fantastic care, leadership and support. My many service visits have invariably exposed me to the commitment, dedication and professionalism of staff at all levels and, in our headquarters at Stockdale House, I have got to know many people of great quality whom I should like to think have become friends as well as colleagues.

There are massive challenges ahead. COVID-19 will inevitably cause us to reflect on how, in partnership with commissioners and provider partners, we should seek to deliver health care in the city and beyond. Much has been done to forge an outstanding partnership with the Leeds GP Confederation and LCH will look to build on that, taking full account of how COVID-19 is redefining the relationship between the community and the NHS. Huge opportunities to capitalise on technology have become very apparent and will no doubt influence the development of the LCH offer in the post COVID-19 world.

I will keep a close eye on these developments and will work hard to preserve and build upon the many friendships I have made over eight wonderful years of what turned out to be a second career, which though appreciably shorter than the first, in many ways was far more rewarding.

Add signature + photo
Neil Franklin OBE

Overview

This section provides the Chief Executive's overview of performance during the year. It includes a short summary of the Trust - our purpose, our activities, our business model and organisational structure as well as our priorities, key performance indicators and risks affecting delivery of our main objectives.

Performance Overview from the Chief Executive

Although this Annual Report covers the whole of 2019/20, I must start by recognising the enormous impact COVID-19 has had on the communities we serve, our staff, our services, the country and across the world. Whilst that impact on the Trust was felt only at the very end of the 2019/20 financial year we all know that it continues in 2020/21 with significant disruption to our services. I say more about how we responded below, but I do want to highlight some of our main developments and achievements and the improvements we have made to our services over whole year and look at how LCH has performed against key national and locally determined clinical standards.

We had a Care Quality Commission (CQC) visit in May and June. The Inspectors looked at a range of our services and made visits across the organisation, speaking to staff, patients and their families and interviewing staff members and leaders of the organisation directly.

In its report, the CQC highlighted a number of areas of exemplary practice and I am pleased that 100% of our services are now rated as 'Good' or 'Outstanding' for Caring, because our patients are at the heart of everything we do.

During the year we introduced some important new services and had reasons to celebrate:

> ***Leeds Mental Wellbeing Service** – working with 10 other organisations, including the charitable and voluntary sectors, we led roll out of the Leeds Mental Wellbeing Service (LMWS). This is a new service which aims to support everyone's mental health. Our shared vision and strategy will deliver exciting developments in 2020/21 including a range of online self-help tools.*
>
> ***0-19 Service** - on 1 April the 0-19 Public Health Integrated Nursing Service was established, bringing together the Health Visiting, School Nursing Service and Oral Health Promotion services. This new service was fully launched in September 2019. In July the Service was awarded UNICEF's Baby Friendly Initiative gold status. **Chathealth,** a new, real time, confidential text service to support 11-19 year olds with their issues around sexual health, emotional health and wellbeing, bullying, healthy eating and general health concerns went live in October. Chathealth was shortlisted for a Yorkshire Evening Post health award and cited by the Care Quality Commission in its Well-Led Inspection Report along with the service's HENRY programme (Health Eating and Nutrition for the Really Young) as examples of outstanding practice.*

New website *- the launch of a new website in May improved the quality of the information available about us and made it easier for people to find service and general information about the Trust and to contact all our services directly.*

Flu *– our award-winning Infection Prevention and Control Team were behind a successful in-house campaign which encouraged more than 80% of our frontline workforce to protect themselves, their loved ones and our patients by having an annual flu jab. When our office staff were included, the total number of flu jabs given totalled 2187.*

Staff survey *– I was pleased that a record number of our workforce responded to the annual national NHS Staff Survey (55% against a national average of 49%) which again puts us in the top 25% for response levels nationwide. 83% of our staff said that care of patients is the Trust's top priority (up by 2% on last year) and the number who said they would recommend LCH as a place to work was up by five percent to 69%.*

Speaking Up *- We were ranked sixth best of 180 organisations for encouraging speaking up and openness in the first ever national Freedom to Speak Up Index Report. I was delighted with our ranking because it is a testament to the work we do across the Trust to create a culture of speaking up.*

'#Hellomynameis… ' *– we adopted this national campaign throughout the Trust and were delighted to welcome co-founder, Chris Poynton to present at our Annual General Meeting.*

You'll find more information on more of our significant developments and achievements in the following sections of this report. But what you won't see in much detail is the huge impact on our ways of working that the COVID-19 pandemic brought. Within the space of two weeks we had turned the Trust 'inside out': we bolstered our frontline, closed down or reduced non-essential services, asked as many staff as possible to work from home and adopted completely new ways of working using new technology.

Team LCH moved mountains. I am proud and astounded at what was achieved through immense amounts of courage, flexibility and determination to make sure the patients we nurse and care for at home could absolutely rely on us to deliver the services they depend on.

Come back next year when I will be able to describe in detail what we achieved, learned and adopted as standard ways of working. It's a great story!

For now I hope this Annual Report, written during the worst of the COVID-19 pandemic is a fair reflection of our activity and achievements for the majority of 2019/20 financial year and clearly demonstrates our ambition to be the best we can be and play our part in improving and supporting the physical and mental health of every citizen in Leeds.

Insert signatures and photos

Thea Stein
Chief Executive

About Leeds Community Healthcare NHS Trust

Leeds Community Healthcare NHS Trust serves a population of approximately 868,000 and delivers care to around 5,000 people every day. We are an award winning Trust, with many staff recognised nationally for their achievements.

We employ more than 3,000 people who provide a range of community healthcare services for the people of Leeds and some specialist care services across the wider Yorkshire and the Humber area. Care is always provided in, or as near to, a person's own home as possible. Our services are organised into three business units: Adult Services, Specialist Services and Children. The three business units are supported by corporate service teams.

Adult Services	Specialist Services	Children
13 Neighbourhood Teams (NTs) Neighbourhood Nights/ End of Life Health Case Management Leeds Integrated Discharge Service (LIDS) Community Care Beds Bed Bureau Single Point of Urgent Referral (SPUR) Wound Prevention and Management Service (WPaMS) Continence, Urology and Colorectal Service Community Falls Service Community Geriatricians Pharmacy technicians	Community Neurology Team Community Stroke Team Community Neurology Rehabilitation Unit Speech and Language Therapy Services Leeds Mental Wellbeing Service Diabetes Leeds Partnership Adult and Children's Nutrition and Dietetics Tier 3 Weight Management Podiatry (foot health) Community Dental Service Musculoskeletal Services Leeds Community Pain Service First Contact Physiotherapy Prison Healthcare (Young Offenders Institute, Wetherby and Adel Beck Secure Children's Home) Healthcare services for police custody suites across Yorkshire and the Humber Liaison and Diversion Community Intravenous Antibiotics Service (CIVAS) Tuberculosis (TB) Homeless & Health	ICAN Hubs: Child Development Centre, Occupational Therapy, Physiotherapy, Community Paediatrics, Paediatric Neurodisability Clinics ICAN Citywide Services : Child Protection Medical Service, Growth & Nutrition, Adoption & Fostering, Springfield, Audiology CAMHS Inpatient Unit CAMHS Crisis Service CAMHS Community Outreach Service CAMHS Transitions Service Mindmate SPA Community CAMHS Teams Eating Disorders Service CAMHS Learning Disability Team Mindmate SPACE Intensive Positive Behaviour Support Service CAMHS Youth Justice Service Team CAMHS input to Therapeutic Social Work Team CAMHS Training Unit Continuing Care & Health Short Breaks Inclusion Nursing Service Hannah House Children's Community Nursing Service Children's Speech and Language Therapy 0-19 Public Health Integrated

	Inclusion Team (HHIT) Cardiac Service Respiratory Service Leeds Sexual Health Community Gynaecology	Nursing Service Community Sickle cell and Thalassaemia Service (until 1st Feb 2020) Watch-It Service Children's Community Eye Service School Immunisations Service Watch-It weight management

Our purpose is to provide high quality community healthcare. We do this by working in partnership with other organisations and groups, involving and developing our staff, and using our resources wisely to continually improve services. The Trust was rated **Good** in its 2019 inspection by the Care Quality Commission (CQC), and we were pleased to have been rated **Outstanding** for our sexual health services.

We are committed to equality and diversity, believing that a workforce which reflects its community will be able to serve it far more effectively. We are proud to be currently rated 14th in the UK's top 50 inclusive employers list, and we promote inclusion across all protected characteristics.

Leeds Community Healthcare NHS Trust is at the heart of exciting developments in Leeds as we seek to develop its local care partnerships and work more closely to provide integrated services with all our partners.

The Trust is proud to be an 'anchor institute' for Leeds and is working with some of the city's biggest organisations to deliver better outcomes for its people, drawing on the talents of, and benefitting, all our communities.

The Trust's culture is underpinned by our vision:

"We provide the best possible care to every community we serve."

We hold three values close to our heart: we are open and honest and do what we say we will; we treat everyone as an individual; and we are continuously listening, learning and improving.

Everyone at the Trust aims to uphold these values and achieve the vision by following seven magnificent 'How we work' behaviours:

Our 2019 CQC inspection report describes finding '*a healthy and authentic culture of valuing staff, openness, fairness and putting the patient at the heart of every policy, strategy and service delivered. This culture was embedded across the organisation from the floor to the Board'*

For more detailed information about any of our services, please visit our website: www.leedscommunityhealthcare.nhs.uk

Leeds Community Healthcare's strategic goals

In March 2019, the Board of Directors agreed the Trust's annual plan setting out its priorities across four strategic goals:

Ensure our workforce is able to deliver the best possible care in all our communities

- Further develop staff engagement to create the working lives we want.
- Continue to improve recruitment particularly for hard to recruit roles.
- Put in place our refreshed leadership and management offer to staff.
- Work with healthcare partners in Primary Care, the city and West Yorkshire and Harrogate to put in place unified workforce and HR strategies.

Deliver outstanding care

- Aim to achieve outstanding quality across all services – as measured through Care Quality Commission (CQC) ratings and our own **Quality Challenge+** scores.
- Develop our approach to **Quality Improvement**.
- Strengthen our approach to service user engagement and experience at all stages of care.
- Maintain or improve quality when we put in place new models of care and new ways of working with partners.

Work in partnership to deliver integrated care and care closer to home

- Work closely with health and social care partners to develop new ways of delivering joined up care to best meet patient need (for example **Local Care Partnerships**, Virtual Respiratory Ward). See one minute guides for further info:
  - **Population Health Management**
  - **The Leeds Health and Care Plan: LCH's story so far**
- Focus more on prevention, early intervention and better **self-management** so that people stay well and in their community.
- Play a strong role in developing integrated working and service delivery with GP practice partners.

Use our resources wisely and efficiently

- Progress work to deliver a new in-patient Child and Adolescent Mental Health facility and develop our service offer.
- Establish new services won through successful bids. For further information and one minute guides go to:
  - **Business Development Strategy**
  - **LCH Traded Services**
- Understand and reduce unwarranted variation.
- Refresh and put in place our plans for the technology we use and the buildings we work from.

Key risks

In 2019/20 we had 20 strategic risks connected to our goals. These are grouped in the four following themes (these are also known as strategic risk clusters) and the level of assurance given for the management and mitigation of these risks is reported to the Board at each meeting:

1. Failure to provide high quality, safe and clinically effective services that reflect the needs of the population served

2. Failure to engage and empower the Trust's workforce and to recruit, retain and develop staff, and to work in a safe environment

3. Failure to deliver integrated care closer to home, as a result of failing to work in partnership with stakeholders to deliver service solutions.

4. Failure to maintain a viable and sustainable organisation

Risk management is considered in more detail in our Annual Governance Statement which can be found on page 36 of this report.
(amend at design stage)

Performance Summary

The Trust's 2019/20 operational plan set out priorities and success measures to drive continued delivery of high quality services and Leeds-wide service transformation plans. The transformation plans were supported by sustainable financial and workforce plans in a challenging financial context, continuing national and local recruitment challenges and some services experiencing increases in the number and complexity of referrals.

The plan reflected continuity and clear alignment with key focuses of the NHS Long Term Plan, the West Yorkshire and Harrogate Health and Care Partnership Plan and the Leeds Health and Care Plan.

Performance Analysis

How we measure performance

The Trust's performance against a range of national and local targets and standards is assessed and reported on, internally and externally. The targets and standards are sourced from the NHS Oversight Framework, our contracts and local priorities. They are grouped into six domains which align to the Care Quality Commission's (CQC) governance framework - with the addition of a finance domain. Monitoring of the individual measures within these domains gives us an overall view of the Trust and our current performance on areas of importance.

The Board considers a Performance Brief at each meeting which describes our current performance. This is available as part of the Board papers on the Trust's website.

Delivery of the 2019/20 Operational Plan

Strategic Goal 1: Ensure our workforce is able to deliver the best possible care in all our communities.

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

As a Trust, we believe that a well-motivated, inclusive and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved safety for the people we care for.

We continue to offer a full range of Health and Wellbeing (HWB) support under our Feel Good Pledge brand.

As our 'people before process' culture grows, open conversations/stories from staff about their HWB issues are becoming 'the norm'. We are equipping and upskilling our leaders to enable them to work in an inclusive and compassionate way.

We launched a brand new Employee Assistance Programme which gives our employees immediate access to a range of independent advice and services to support their health and wellbeing. This includes counselling, plus financial, relationship and legal advice.

We also trained 16 members of staff who volunteered to act as Mental Health First Aiders (MHFA).

Our average cumulative sickness absence level over the year was 5.4%. In order to understand how we could support staff who were absent due to long term sickness to get back to work as soon as they are fit enough, we have introduced regular training on attendance management and reasonable adjustment sessions for managers. Thirty managers have already attended the Reasonable Adjustment/Equality Act Training.

Equality matters at LCH. We continue to raise awareness of race equality and support our Black, Asian Minority Ethnic (BAME) staff network's efforts to create an inclusive environment for patients and staff.

We continue to make progress with delivering the WRES (workforce race equality standard) action plan. Two cohorts of the Reverse Mentoring programme between BAME staff and Trust Board members/senior managers have been held and a third cohort was launched in January 2020, together with the *#RaceForEquality* event - a call to arms to tackle race inequality in LCH and the wider NHS.

We continue to provide opportunities for all staff to access face-to-face 'Unconscious Bias' awareness sessions to help reduce the number of staff experiencing inequality of experience and opportunity. We deliver a 'Compassionate and Inclusive Leadership' session as part of the 'Leading LCH' management development programme.

We now have a Workforce Disability Equality Standard (WDES) Action Plan in place which was developed with input from a Board Development Workshop. The Work Disability Equality Standard, launched in April 2019, is a set of measures that will enable us to compare the employment experiences of disabled and non-disabled staff. We have published data for each of the metrics on our website and have used this information to develop a local action plan to improve the experience of disabled staff. As part of this action plan, we have introduced Reasonable Adjustment Awareness Training for Managers.

The Trust has achieved and retained the accreditation of Disability Confident Employer and in November 2019 the Inclusive Companies organisation ranked us 14th best in the country in a list of organisations that promote inclusion across all protected characteristics, through each level of employment within their organisation https://www.inclusivecompanies.co.uk/inclusivetop50/2019rankings/

Our redesigned Leadership and Management offer, 'Leading by Example'**,** met its aim of training 180 managers and aspiring managers before the end of 2019/20. We have now developed and tested a Leadership Competency Framework (LCF) which is rooted in our 'seven behaviours' and our Shadow Board Development Programme was successfully completed in 2019/20.

A Workforce Strategy covering 2019-2021 was agreed in May 2019 which should allow us to adapt and respond to current and anticipated requirements, challenges

and opportunities. It aims to make sure that our workforce is able to deliver the best possible care in all our communities and through the regional services we provide

Freedom to Speak Up Guardian

We promote the phrase: 'Speaking up is a practice, not a position' and actively seek to hear and understand the voices of our workforce. Our Freedom to Speak Up Guardian (FTSUG) works impartially and confidentially to support staff members who want to speak out.

Our FTSUG is available to all our administrative and clinical staff and 106 individuals have formally raised concerns in the last year. Facilitative conversations initiated by the Freedom to Speak Up Guardian may in some cases enable matters to be resolved without recourse to formal grievance or other HR procedures.

The Chief Executive, Chair and Non-Executive Director with responsibility for staff meet with the FTSUG regularly.

The first ever national Freedom to Speak Up Index Report was published in October 2019 and listed LCH as sixth best in the country (of 180 organisations) for its efforts to encourage speaking up and openness. The Index Report is based on answers to questions in the annual NHS Staff Survey and we were delighted with our ranking because it is a testament to the work done to create a culture of speaking up.

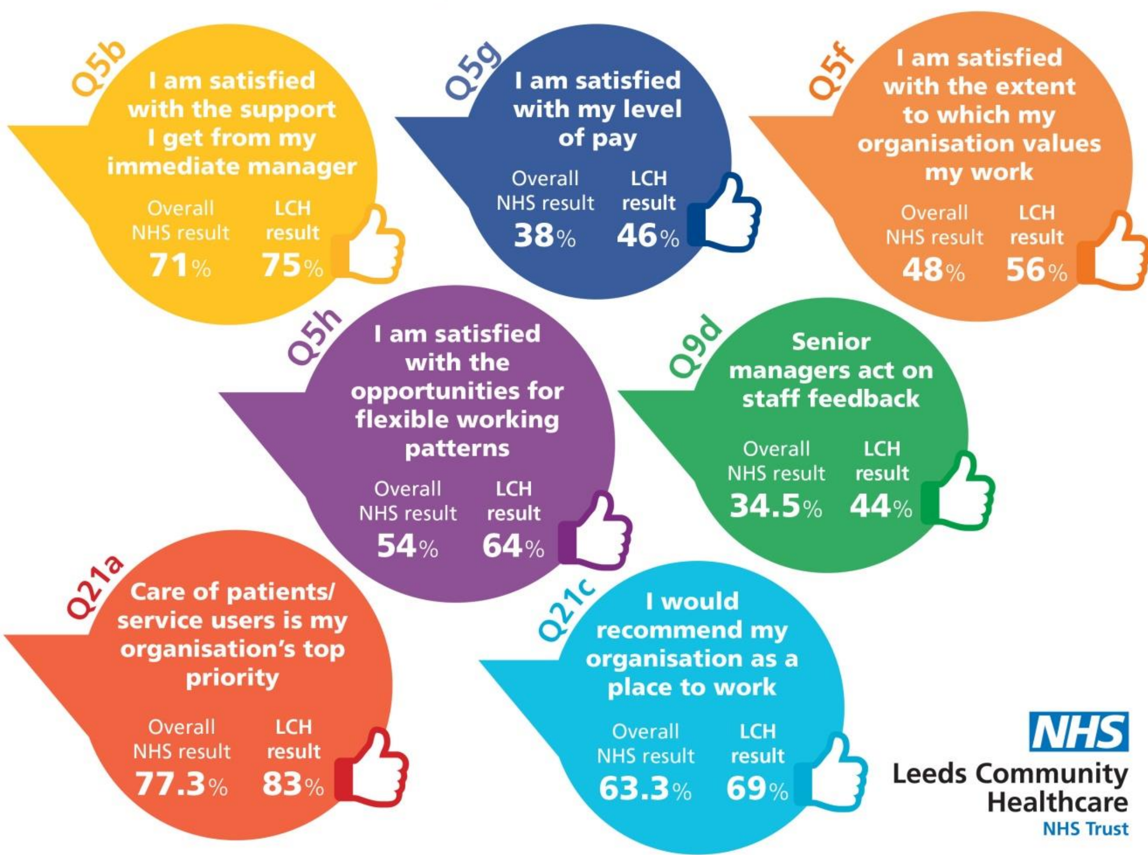
There was a peer review of our FTSUG service during the year. It was an independent review by an external body and spoke to key people involved in the process such as a staff member who spoke up, Chief Executive and managers. Our FTSUG service evaluated well.

NHS Staff survey

The annual NHS Staff Survey invites everyone working in the NHS to give their views on working life. It's completely independent and we encourage our staff to complete it as an important feedback mechanism. More than half of our staff (55%) completed the 2019 survey - which is above the national average for NHS organisations (49%) and puts us in the top 25% for responses nationally.

Our results this year demonstrate continued improvements across many of the areas explored by the Survey and there is strong evidence of progress in priority areas of focus including the ability to contribute to improvements, support from managers, and feeling valued and recognised. Staff engagement indicators – those measures which look at staff connection to, and satisfaction with, the organisation – have improved in eight areas while the ninth stayed the same. We benchmark well against our peer organisations across the NHS, and are in the top quartile of NHS organisations for key indicators.

Here is a summary of our results covering support from managers and satisfaction with working life:



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

There was a significant increase in the number of posts we advertised as we successfully bid to develop new NHS services. We streamlined our recruitment processes and provided greater focus on ‘hard to recruit’ roles, particularly nurses for the Neighbourhood Teams, clinicians for the new Public Health Integrated Nursing Service, psychological wellbeing practitioners for the Leeds Mental Wellbeing Service and dentists and nurses for the Community Dental Service.

The rapid changes required in our resourcing approach, linked with an urgent need to prioritise maximising workforce supply and meeting business continuity plans brought about by the COVID-19 pandemic had an impact on the final elements of our new workforce planning approach that we intended to introduce in quarter 4.

Well-received recruitment initiatives continue, including the ‘LCH Bus Tour’ which was a finalist in the Nursing Times Awards 2019 in the Best Recruitment Experience category. The bus tour is now an annual event which is part of our strategy to attract

newly qualified nurses to the organisation. We take second and third year nursing students around the city to visit three of our neighbourhood teams and have a close look at community nursing.

The Trust started work on implementing the District Nursing Apprenticeship to support nurses who would like to develop their careers in the community and has developed Self Care Facilities in the Adult Business Unit to support patients wanting to manage their own health in their own home. The Unit also introduced new Nursing Associate roles, aimed at people wanting to develop a career in community nursing.

Over the year we successfully rolled out a new e-rostering system across the majority of the Adult Business Unit. The benefits of the system include:

- Employee Online (EOL) will enable employees to make off-duty requests online for any period into the future. EOL enables staff to view their rota in advance from anywhere, as the system is accessible via any internet connection.
- HealthRoster enables managers to reduce payroll paperwork by electronically calculating enhanced payments and absence records, authorisation of any working or attendance variations.
- Enhanced information for reporting on capacity across the organisation, providing greater insight for better matching of service capacity to demand.

Priority 3: Leadership: Put in place and further develop a revised leadership and management development offer.

Effective leadership and talent management continues to be a high priority and we offer a range of high quality training opportunities for our staff. By the end of quarter 3, 198 managers had participated in leadership development, exceeding our annual target. We have made further progress on evaluation of our leadership training and all components of our programme demonstrate positive impact at the end of training and three to six months post completion (qualitative and quantitative scores)

Our Shadow Board programme continued and had a positive impact on the 10 managers who took part, and benefitted the Trust Board which received many valuable insights and challenges from its shadow. We are keen to build on this and will continue to use a shadow board to give valuable extra scrutiny and perspective on our key initiatives.

We believe that our strategy of empowering managers is reflected in the NHS Staff Survey: 75% of our staff said they were satisfied with the support they got from their manager - above the national rate of 71%; while 44% of LCH staff said their manager acted on feedback, well above the national average of 34.5%.

Priority 4: Work effectively as a system partner in developing and putting in place workforce and HR strategies, systems and plans across Primary Care, the city of Leeds and West Yorkshire.

GP Confederation and Primary Care Networks (PCNs)
We are delighted that three of our Directors work for both the Trust and the Leeds GP Confederation. This has facilitated the introduction of new or enhanced services with our primary care colleagues. For example, the Leeds GP Confederation is a partner in the new Leeds Mental Wellbeing Service and together we are improving wound management services.

We have developed innovative solutions to respond to challenges and opportunities. For example, during 2019/20 we developed an 'Employ and Deploy' service for the Primary Care Networks (PCNs) across Leeds. This service uses the Trust's HR and professional support infrastructure to enable PCNs to attract and deploy the best possible candidates for vital roles - so far, eight PCNs have taken up the service. Thirteen Clinical Pharmacists have been recruited and have taken up post through our service during 2019/20.

The PCNs now plan to use the Trust's 'Employ and Deploy' model for those recruited to Social Prescriber roles. There is significant potential for this offer to grow, particularly in the light of the recently released GP Contract with further mandated roles and funding for them now agreed.

We are continuing to support the GP Confederation to directly employ staff. Approval was given for many of its workers to join the NHS Pension Scheme and a substantial piece of work on resourcing and employment began which will deliver results in 2020.

Leeds Health and Care Academy
We are a committed partner in the Leeds Health and Care Academy, a ground breaking collaboration of Leeds health, care and university partners to create a single, joined up approach for innovative learning and development for all staff in health and care in the city. Together we want to support the creation of 'one Leeds workforce' with the best skills, founded upon the best research and evidence, improving the health and wellbeing of the people of Leeds.

Strategic Goal 2: Deliver outstanding care.

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

The Care Quality Commission (CQC) visited our sexual health service, community CAMHS (child and adolescent mental health service), inpatient CAMHS, community dental service and community services for children, young people and families in May/June 2019. The CQC inspectors also completed a Trust-wide inspection under

the well-led framework. Their report was published in October and we were rated as Good overall and for each of five CQC domains. The Inspection findings were:

Improved rating since previous inspection

- Sexual Health services were rated **outstanding** overall. The service was rated good for safe and caring, and outstanding for effective, responsive and well led.
- Children and young people's services were rated good for safe, effective, caring, responsive and well led

Maintained rating from the previous inspection

- Inpatient CAMHS services were rated good for caring; requires improvement for safe, effective and responsive. Disappointingly 'well led' was rated as inadequate but a set of immediate actions were implemented and we would expect a significant improvement in this rating if it was inspected now. The opening of the new in-patient facility in autumn 2021 will address all of the environmental issues at the current building that are well known to service users, the Trust and the CQC.
- Community CAMHS services maintained the good rating for effective and caring, but the 'Requires Improvement' rating for safe, responsive and well led was lower than previous ratings.
- Dental services were rated good for safe, effective, caring, responsive and well led.

We have an agreed action plan to address the 23 'must do' and 14 'should do' actions highlighted by the CQC. At the end of March 2020, 17 of the 'must do' actions were complete, 2 were on track to complete within the time scale agreed with the CQC and four were on hold due to COVID-19. The Trust keeps the CQC fully informed of progress. Of the 'should do' actions, nine were complete and five are on track to complete within the agreed time scale.

This year we have worked on improving the way we learn from measuring clinical outcomes. This includes working with partners and commissioners to develop outcome measures for pathways and supporting Leeds-wide health management work for frail patients. This has seen the development of more meaningful data, closer working between clinicians, commissioners and other partners and sharing learning between services. This helps us to make better use of the data available to deliver the best possible care to all our service users and to meet our aim of tackling health inequality in the city.

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

The Year 2 Quality Improvement (QI) Strategy was agreed in August 2019 and outlines our approach to 'Making Stuff Better' by focussing on three main priorities:

1. We can all make stuff better - develop and embed continuous quality improvement which engages staff and service users to undertake small or large scale change.

2. Enabling and supporting all staff to Make Stuff Better - provide tools, training and resources to staff and other teams that help them improve their area of work.

3. Recognise good stuff happens and sharing our learning - enable all staff and service users to access QI tools, QI team members and share learning and improvement stories.

The Quality Improvement Team has been working in partnership with the Improvement Academy to progress the strategy. We are working to engage all staff in QI and launched our 'Making Stuff Better' campaign in August 2019 to highlight improvement work across the organisation and to celebrate and share improvement projects regardless of scale.

This well received campaign is all about supporting and encouraging staff to share their stories about improvements they have made in their area of work with the aim of:

- Sharing learning across LCH and wider
- Enabling teams to get recognition for QI work they have done
- Raising the profile of teams and services
- Inspire and helping others with 'Making Stuff Better'

We have successfully used Rapid Improvement workshops to support a number of improvement projects across our business units, including the ICAN Transformation Programme. The workshops bring together staff, partner organisations, commissioners, patients and carers to work collaboratively to problem solve, generate solutions and improve services. Examples include the development and

implementation of a city-wide Diabetes Strategy and the ICAN Transformation Programme.

The Community Neurological Discharge Team (CNDT) was shortlisted for a Health Service Journal Value Award in the 'Specialist Service Redesign Initiative' category. The CNDT has been in operation for just over a year and has had a significant impact on patients' length of stay in hospital using a QI approach - by providing immediate Occupational Therapy input for traumatic brain injury patients on discharge, the team has saved almost 600 bed days.

The team works in partnership with Leeds Teaching Hospitals NHS Trust colleagues to plan and support complex discharges for this group of patients. This results in a positive impact on patient experience with examples where patients have returned to work and college as well as integrating back into their home environment.

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

The Trust's Patient Engagement Strategy was agreed in October 2019. It commits the Trust to making sure patients, carers and the public are engaged in everything the Trust does - from Board level to front line services - so that the patient voice is loud and clear in all we do. Our key priorities included: culture of engagement; working with others; leadership; listening to everyone's voice; we are all experts; and how we do what we do.

During the year, we launched our Youth Board which is a group run by young people to discuss any aspect of care and wellbeing that is important to them. As well as providing input into the design and feel of the new in-patient CAMHS unit, the group has already had an impact on the way we run services and the way we provide information. The Youth Board meets monthly.

The Big Leeds Chat took place in November 2019. LCH joined the Big Chat event in Leeds City Market and local chats in Otley and Rutland Lodge. Feedback from, and on, the event was collated by Healthwatch Leeds and Leeds CCG.

As part of a wider Quality Improvement (QI) project in the Children's Community Nursing Service (CCNS), the Patient Experience Team in partnership with the Yorkshire and Humber Improvement Academy, facilitated interviews with eight families who access these services. We wanted to hear their stories and about their experiences so we could look at how the CCNS teams work together across different functions. We wanted to identify what was going really well and whether there were opportunities to make things better for the families who access these services.

Using the Yorkshire and Humber Improvement Academy Patient Experience Toolkit, the feedback from the family/carer interviews was collated and overarching themes were identified. The feedback and themes were fed back to the staff from the

Children's Nursing Services, along with Staff Culture Survey results, and improvement actions were identified for the teams to take forward.

The Patient Experience Team has also worked with the staff at Hannah House to identify and develop how local volunteers could best support interactions with the children at busy times such as mealtimes. A person specification was developed and one of the 'Friends of Hannah House' is now involved with reading to children and supporting play times with recruitment of two other 'Friends' pending.

Concerns, complaints and compliments

We welcome and encourage feedback on our services so we can gauge where we are doing well and where we might need to make improvements. In 2019/20, we worked on more than 2200 pieces of patient feedback through compliments, enquiries, concerns and complaints. Although three quarters of this feedback was positive, we recorded 431 concerns and 174 complaints.

The top five areas of concern across all services were:

Appointments
Clinical judgement/treatment
Attitude, conduct, cultural and dignity issues
Communication issues with the patient
Access and availability

Following any complaint investigation, we take improvement action. In 2019/20 this has included

- All children's occupational therapists were reminded that they must keep parents informed about the progress of children's treatment plans, especially if there are likely to be delays.
- Services have made changes to enable patient choice and involvement in their care including changing the clinicians involved in care; amending appointment locations and offering alternative methods of communication wherever possible.
- Teams were reminded of the benefits of updating patient records immediately wherever possible to reduce the risk of information being lost or forgotten.
- Altering questionnaires to enable a patient to opt out if they had previously completed the questionnaire. Patients thought their treatment would stop if they didn't complete the questionnaire each time it was presented to them.

Friends and Family Test

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. At LCH we always aim to listen to the views of patients and staff to help identify what is working well, what can be improved and how. We remain committed to using the feedback received from the FFT to improve services:

Our Nutrition and Dietetics patients said they would like more discussion time during their consultations with clinicians. In response, the clinical team introduced electronic copies of their patient health questionnaires and sends them out in advance of appointments. Responses are reviewed before a patient arrives for their appointment which means the consultation is more patient-centred.

In July 2019, the Health and Homeless Inclusion Team launched their FFT and specifically invited feedback from members of the Gypsy and Traveller and Homeless communities that are seldom heard from. The feedback received has been really positive, with service users describing staff from the service as respectful, caring and trustworthy.

The CUCS (Continence, Urinary and Colorectal Service) team introduced a consistent system for prescribing continence products and advising patients. The CUCS FFT recommendation rate has now reached 100% showing patients are increasingly satisfied with the service.

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

We have made good progress in developing strong frameworks and standards to support robust quality governance when working across organisational boundaries. Our Board approved the Partnership Governance Standards (which incorporates the Clinical Governance Framework) and the Trust continues to work with its primary care partners to develop common standards and frameworks.

Over the year we have developed Memoranda of Understanding (MoU) for services won by tenders that are delivered through partnerships. These MoUs incorporate the Partnership Governance Standards and are signed off at Partnership Boards.

In November 2019 we launched the Leeds Mental Wellbeing Service which brought together 10 NHS partners and third sector organisations to make sure the people of Leeds can get the mental health support they need, at the right time and in the right place through a range of online therapies, self-help resources and online self-referral tools.

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

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

We are fully engaged in the development of Local Care Partnerships (LCPs). All LCPs participate in the developing Population Health Management Approach which aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population. Our Neighbourhood Teams are core members of Local Care Partnerships across the city.

CAMHS and paediatric medics and clinicians worked with GP practices to establish three Child and Family Health and Wellbeing Hubs. The Pudsey Hub has been extended to Bramley. Like the LCPs, the Hubs aim to address inequality in health outcomes by working together to test new health interventions and ways of working.

The Virtual Ward (Frailty) went live in November 2019 and saw our Middleton Neighbourhood Team working in collaboration with Leeds Teaching Hospitals NHS Trust (LTHT) and other partner organisations. The aim is to provide improve care and outcomes for people living with a moderate to severe frailty who can be safely supported in their home when they become unwell. This could be by providing coordinated, rapid care 24/7 city-wide to avoid an admission into hospital and/or to support a patient's discharge from hospital. In January 2020 the model was extended from admission avoidance only to include early discharge from specific acute assessment wards and attendance avoidance via transfer of care from LTHT's Emergency Department/Frailty Unit. There are plans to expand the model across south Leeds during Q1 2020/21.

Some of the other major focuses of our partnership work during the year we were:

Virtual Respiratory Ward – following evaluation of the initial phase, the service was extended to more groups of patients. Plans for primary care engagement and proactive care were developed.

Diabetes – we worked with partners, patients and carers to develop the SPA (Single Point of Access) using Rapid Improvement methodology. The SPA went live on 1 September 2019. Joint triage has proved very effective and the joint working relationship between Leeds Teaching Hospitals and our staff is extremely positive.

Community Stroke - the work to develop an integrated service with LTHT continued throughout the year. The length of a patient's stay in hospital reduced to 15-17 days which is below the national average. Physiotherapist and occupational therapy rotations have been established.

Community Neurological Discharge (CND) Team - in the Team's first year of operation, more than 400 bed days were saved. An evaluation was completed and a community offer is being developed in partnership with commissioners.

Musculoskeletal First Contact Physiotherapy (FCP) model - during the year we developed our offer drawing on experience of running a pilot service. During quarter 4, national funding for 100% of costs was announced. 10 PCNs confirmed that they want to take up our FCP Model.

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

We now have 22 Self-Management Facilitators as an established role in the Neighbourhood Teams. The focus of the role is to work in partnership with patients to increase their knowledge, skills and confidence to manage elements of their care and their long term conditions.

Over the last year 554 patient activation measures have been administered and 82% of our patients have shown an increase in their knowledge, skills and confidence. We recognise that patient activation measures are not suitable for all patients, so we also use goal attainment scoring to capture outcomes for all patients and to shape practice within the teams to become goal focused.

On April 1 we launched the 0-19 Public Health Integrated Nursing Services bringing together the Health Visiting and School Nursing Service into a single, integrated service.

There has been good uptake of Chathealth, the confidential text service enabling 11-19 year olds to ask a 0-19 Specialist Public Health Nurse for confidential health support and advice on a range of health issues. This was shortlisted for a Yorkshire Evening Post Mental Health & Wellbeing Award.

Better Conversations – from April 2019 to February 2020, 238 staff completed the Better Conversations skills training, helping them to talk and listen to patients more effectively. This also helps our staff to coach patients and motivate them to take steps to improve their health and wellbeing. Training scheduled for March '20 for a further 25 staff was cancelled due to COVID-19

Throughout 2019/20, the Trust collaborated with Forum Central (an umbrella organisation which represents the voluntary and community sector in Leeds) to develop a Third Sector Strategy. This included a large consultation event where more than 60 third sector organisations joined us in a big conversation about how to improve partnership working to create a thriving and sustainable third sector in Leeds.

The resulting strategy will help us to co-deliver services to support our ambition of providing health, care and support services in the community, close to where people live, so that they are able to live well and longer.

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

The Trust works with Primary Care Networks in a flexible and responsive way to meet patient needs and changing organisational relationships. Integrated clinics are now held in 13 locations citywide and nine of our 13 Neighbourhood Teams have access to one in their area. This has culminated in an additional 350 appointments for patients who require wound care in Leeds.

Caseload reviews were done to identify overlap between GP practice nursing and community nursing / specialist teams and we tested integrated home visiting. We also reviewed 'referrals' between primary and community care to smooth out the transition between services with the aim of ending the need for formal referrals in future.

We appointed a Clinical Pathway Lead for integrated working across community and primary care around wound prevention and management and other areas. We have introduced a wound care formulary across integrated wound clinics and wider primary and community care.

We also worked with our primary care partners on a range of staffing-related areas including a Preceptorship programme designed to support the transition from student to staff nurse. Each Newly Qualified Nurse has a dedicated preceptor for a full 12 months who will meet them regularly to give support and guidance.

Local training for Registered Nurses, Allied Health Professionals and other non-medical staff across LCH and primary care has allowed primary care to access immunisation and vaccination training. Other shared training was in development in the final quarter of the year.

Strategic Goal 4: Use our resources wisely and efficiently

Priority 12: Develop an innovative and viable model for the new CAMHS Tier 4 service to the agreed timeframe.

We were delighted to receive approval of our Full Business Case and planning permission for the new 22 bed West Yorkshire CAMHS Unit. Construction has now started on the site at Armley in West Leeds.

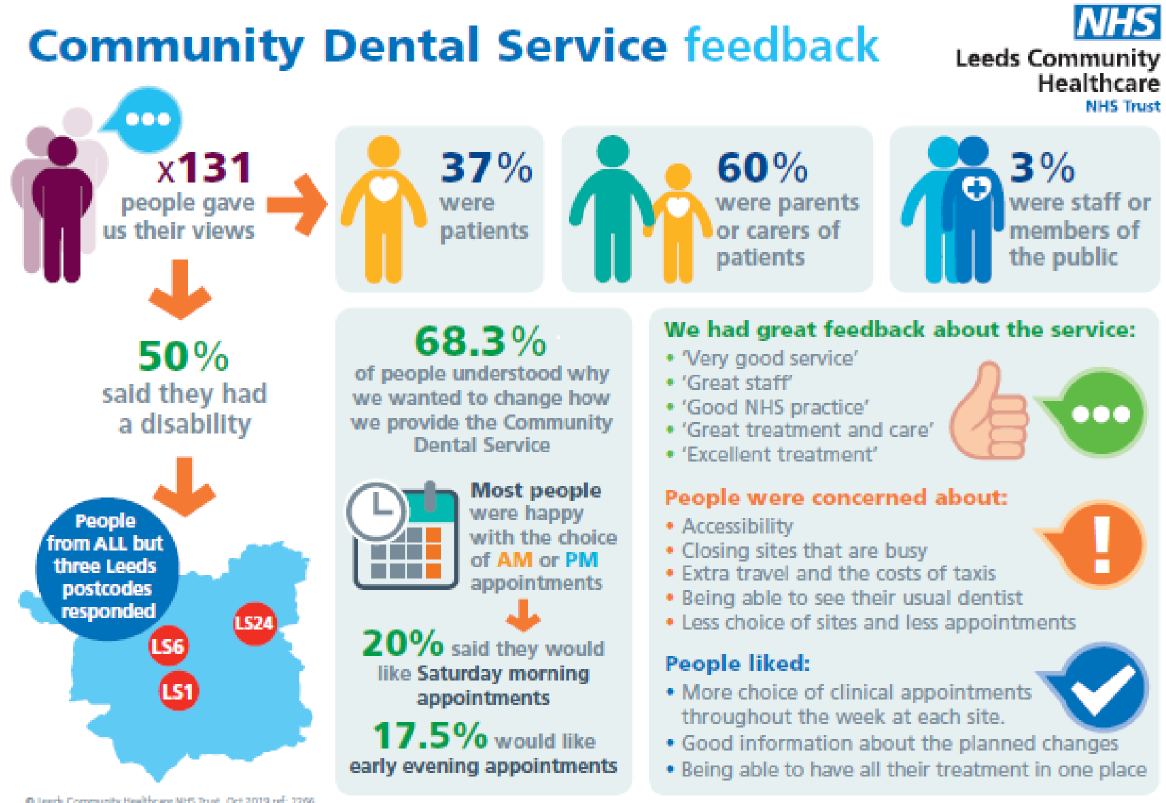
Young people were consulted about the design, décor and facilities for the new Unit and an engagement event was held in July 2019 to give local people feedback on how their response to earlier engagement had been used to develop the final plans.

Planning for the delivery of this new service in autumn 2021 is now well underway, providing much needed local facilities for children and young people from West Yorkshire in state of the art accommodation.
(Image of site at end of March)

Priority 13: Mobilise the 0-19 Public Health Integrated Nursing Service, Community Dental Service, Liaison and Diversion and Tier 3 Weight Management service and other successful bids.

Mobilisations during 2019/20 were:

- 0-19 Public Health Integrated Nursing Service – this new service brought together Health Visiting, School Nursing and Oral Health promotion from 1 April 2019 and since July 2019 has consistently achieved all the targets it was set by the service commissioner.
- Liaison and Diversion – in partnership with Community Links, the Trust successfully mobilised a brand new liaison and diversion service in Humberside which began on 1 April, 2019. Working closely with our police custody healthcare service, L and D diverts offenders away from the criminal justice system and signposts them into support services. Community Links provides an innovative community volunteer model as part of the service.
- Tier 3 Weight Management Service – a brand new service to deliver a specialist adult weight management in partnership with Leeds and York Partnership NHS Foundation Trust and Leeds Teaching Hospitals NHS Trust began on 1 April, 2019. The new community-based service is providing support for people with complex obesity and includes dietetic advice, behaviour change support and psychological and physical activity input to suit the needs of each individual.
- Leeds Mental Wellbeing Service – the Trust led a bid with seven local partners to retain and grow Improving Access to Psychological Therapies (IAPT), perinatal mental health services and primary care mental health services. The service, known as Leeds Mental Wellbeing Service (LMWS), launched in November 2019 and includes innovative online therapy, primary care support based in GP practices plus bespoke interventions led by the third sector, aimed at better engaging under-represented groups and those people who experience health inequality.
- Community Dental Service – following engagement with service users and wider stakeholders, the improved Community Dental Service began working from three, fully accessible bases, offering appointments five days a week and an increased range of specialised services.



Priority 14: Understand and reduce unwarranted variation.

Whilst there has been significant work to understand unwarranted variation across the Trust during the year, progress was not as anticipated. There will be a renewed focus on using the information we have to restart services safely and effectively during 2020.

Priority 15: Implement digital and estates strategies.

Digital Strategy

The Digital Strategy approved by the Board in December 2019, aims to identify how digital products and services can make our services more accessible to communities and patients and increase our effectiveness, efficiency and environmental sustainability. Whilst some progress has already been made, we are aware there is much still to do.

During 2019/20 the Trust successfully implemented a Mobile Device Management Solution, designed to better control our mobile devices to ensure they remain safe, secure and only running authorised, up-to-date software. We have also run an 'anti-phishing' campaign with NHS Digital, designed to help staff better understand the cyber risks we face and thereby protect the information we use to support patient care.

Our dietitians piloted use of digital health screening for patients with Irritable Bowel Syndrome. Patients are sent a text which prompts them to detail their symptoms in an online form about a week before they meet with their dietitian. The dietitian has time to review that information and work out possible next steps. This means appointments are focused on solutions, not information gathering. Follow up research show that consultations take less time so the dietitians can see more patients. Our patients are happy with the quality of consultations and are finding ways to manage their symptoms much more quickly.

The new Leeds Mental Wellbeing Service and our weight management services have adopted the pre-consultation information gathering approach. This digital innovation has received several national digital health awards and has been shared across the UK:

- Highly Commended at the NHS Excellence in Supply Awards
- Winner for Non-Clinical Innovation at the Building Better Healthcare Awards
- Highly Commended for Clinician's Choice at the Building Better Healthcare Awards
- Winner for Patient's Choice at the Building Better Healthcare Awards
- Winner for Digital Innovation at the Chief Allied Health Professionals Awards

We will continue to develop and improve the Trust's cyber-security defences through additional technical measures as well as further staff education on the dangers posed by phishing emails and other malicious online activity.

Estates Strategy

The Board approved a Five Year Estates Strategy in October 2019. The aim of the strategy is to support the delivery of the best possible care to every community we serve by delivering affordable, sustainable, fit for purpose and appropriately located health facilities that meet the community requirements of all care pathways for both today and tomorrow.

The strategy reflects the strategic context that:

- Leeds is a growing city, with a greater demand for primary care and community services, and is committed to offering alternatives to hospital care wherever possible
- Our staff will make more and more use of digital innovations to deliver care, both in a patient's home and also from all sorts of different buildings within the city
- The importance of sharing buildings, sharing approaches, working across organisations will see new demands for opening up buildings for all health and social care staff in Leeds.

The strategy describes the way forward over the next five years in delivering the estate required to enable these things to happen. We will work closely with partners, especially GPs, in creating One Public Estate, which will enable all organisations to

deliver more from public assets and help in our collective aim to reduce health inequalities.

The strategy sets out three key priorities:

- Provide appropriately located, high standard, fit for purpose facilities for patient care services
- Provide appropriately located, fit for purpose facilities to enable new ways of working
- Invest in our estate and ensure effective governance and management of buildings

Financial Performance

Hopefully you will have enjoyed reading about the achievements of the Trust and its staff in delivering healthcare to all the communities we serve during 2019/20. As you read this Annual Report and perhaps even the Annual Accounts, a financial year that ended on 31 March will probably seem a very long time ago given the changes in all our lives since. The changes in the NHS financial regime within which the Trust is operating during 2020/21 have been dramatic, which means it is difficult to look too far forward financially as I would normally do here. What the Trust will continue to do, as it has done since its creation over nine years ago, is aim to provide the best possible care to every community we serve whilst living within our financial means.

We aim to get the best possible value from every pound we spend, so we will continue to innovate and will take the opportunity to learn from the scale and pace of innovation in Trust and in the NHS more widely in the first half of 2020/21.

You will see from the table below that the Trust met all its financial targets in 2019/20; indeed we exceeded the income and expenditure surplus target set for us by NHS England by £300,000 in order to support the West Yorkshire and Harrogate Integrated Care System (ICS) achieve its aggregate control total and maximise resources available to the ICS organisations. The £300,000 will be available to the Trust in 2020/21.

The Trust's capital investment plan for 2019/20 continued to be one of aiming to invest all its internally generated capital resources and remaining within the capital resource limit agreed with NHS England. During the year the Trust spent just less than £2m on the continuing roll-out of our Electronic Patient Record, upgrading and maintaining our buildings, clinical equipment and information technology.

I would like to thank managers and staff throughout the Trust who all played their part during the year in helping to meet the financial targets. I would also like to say a special thank you this year to the Trust's finance team who help and support all our staff throughout the year and completed the Trust's Annual Accounts for 2019/20 whilst working away from the office during the key month of April.

Bryan Machin
Executive Director of Finance and Resources (signature and photo)

Key Financial Data Statutory Duties with target	Outturn	Variance from plan	Performance
Income & Expenditure Retained Surplus £1.7m	£2.0m	£0.3m	☑
Remain with External Financing Limit £0.6m	(£6.7m)	£7.2m	☑
Remain within Capital Resource Limit £2.1m	£2.0m	£0.1m	☑
Capital Cost Absorption Duty 3.5%	3.5%	-	☑
Better Payments Practice Code 95% NHS Invoices Number	99%	4%	☑
NHS Invoices Value	99%	4%	☑
Non NHS Invoices Number	97%	2%	☑
Non NHS Invoices Value	98%	3%	☑

Legal Obligations and how we are fulfilling these

Emergency Preparedness and Resilience

The Trust is required to adhere to the requirements of the NHS England Emergency Preparedness, Resilience and Response **(**EPRR) Assurance Process. The purpose of this process is to assess the preparedness of the NHS, both commissioners and providers, against common NHS EPRR Core Standards in order to provide assurance that both the NHS in England and NHS England are prepared to respond to emergencies, and are resilient in relation to continuing to provide safe patient care.

The 2019/20 annual review was shared with the Business Committee/ Board in September/ October 2019. At the time the Trust's compliance to the standards was rated as **partially compliant**. Since then an action plan has been implemented and by the end of December 2019, enough progress had been made to upgrade the Trust's compliance to **substantially compliant**.

We continue to fulfil our requirements set out in the Civil Contingencies Act 2004. The requirements make sure that we are able to respond in the best way possible to any form of disruption to normal service or a major incident. This includes:

- A Major Incident Plan which is regularly updated to ensure it is fit for purpose along with management on call arrangements.
- Business Continuity plans to protect against the impact of a wide range of emergency situations which may affect normal service delivery.

- Emergency planning functions to deal with national issues that may affect service delivery. Most recently, planning has involved national issues relating to Brexit and Coronavirus (COVID-19).
- Planning for major events. In 2019/20 the emergency planning team led the Trust's preparations to minimise the potential for disruption to services from two major city centre events: the Tour de Yorkshire and the UCI world championship Road Races.

Health and Safety

We are committed to maintaining an environment where the health and safety of staff, patients, visitors, contractors and the public is assured. This is in line with the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.

The Trust recognises that the effective implementation of its health and safety arrangements depends on managers, staff and their representatives working together at all levels to ensure that safe working practices are in place.

The Health and Safety Group is the forum that enables staff to be involved in developing, enabling and reviewing the Trust's health and safety arrangements. The group which met four times in 2019/20 is chaired by the Executive Director of Finance and Resources and its membership includes staff-side representatives.

The Health and Safety Group proposed some changes and developments of the health and safety management system to ensure the continuous improvement of health and safety performance. The need for these improvements was reinforced by the Health and Safety Executive, who as part of their inspection programme to assess how NHS organisations identify and manage risks posed to employees by violence and aggression and musculoskeletal disorders, visited the Trust during 2019/20.

Improvements to the health and safety management system are being implemented by the newly formed Risk and Safety Team which in 2019/20 saw the merging of the risk management function with fire, health and safety and personal security staff. Key performance indicators and data quality checks are being established in order to accurately measure performance and monitor improvement.

Counter Fraud

We have a zero tolerance to fraud and we work hard to prevent, deter, detect and investigate it. Our counter fraud work is undertaken by a counter fraud specialist from our Internal Audit team and is overseen by the Executive Director of Finance and Resources. Our counter fraud work complies with the NHS Standards for Providers of NHS services.

Modern Slavery and Human Trafficking Statement

In accordance with the Modern Slavery Act 2015, Leeds Community Healthcare can confirm that it meets its responsibilities under this act. As an NHS organisation suppliers are subject to standard NHS terms and conditions.

Disclosure of personal data related incidents

The General Data Protection Regulations (GDPR) were introduced as part of a new UK Data Protection Act 2018 (DPA), which repealed and replaced the 1998 Act.

The new legislation strengthens the rights of data subjects, while increasing the responsibilities of organisations to process personal data in a lawful and transparent manner. This means that incidents calculated as externally reportable ***must*** be reported to the Information Commissioner's Office (ICO), through NHS Digital's Data Security and Protection Toolkit (DSPT).

Risks to data security are managed by making sure that all colleagues with access to patient-identifiable data have the required access permissions and have completed their compulsory information governance training. All IT equipment is fully encrypted and has effective information governance to ensure essential safeguarding of our information assets from all threats.

The Trust made a self-assessment against the Data Security & Protection Toolkit (DSPT) and all data security standards were met as required by at 31 March 2020.

Sustainability Performance

The NHS currently contributes to around 5.4% of the UK's total carbon foot print and uses roughly enough energy to fuel 35 million homes for a full year. It recognises that it must be economically sustainable, but must also consider social and environmental sustainability in its future proofing of the organisation to deliver a high quality, productive and efficient healthcare service for years to come.

We have pledged to reduce our carbon footprint and we are pushing sustainability far higher up our agenda. We have appointed our first Sustainability Managers who now chair the Trust's Sustainability group and have developed our most recent Sustainability Development Management Plan (SDMP). They also produced our first sustainability newsletter in January 2020 and launched the Green Pledge Campaign to engage all Trust staff in sustainability. We have also signed up to NHS Single-Use Plastics Reduction Campaign Pledge.

Wetherby YOI team became the first group to sign up to the LCH Green Pledge Campaign by committing to planting trees and enhancing the natural environment. The Woodland Trust offered 1/2 acre of land where trees have been planted in the team's name.

The Trust has been recognised for its Excellence in Sustainability Reporting awarded by the Sustainable Development Unit, NHS Improvement and the Health Finance Managers Association (HFMA). This is a significant recognition as it highlighted that we are excelling in reporting our carbon output and are adding appropriate narrative and plans for further long term changes to improve our sustainability.

We use the Sustainable Resource Planning (SRP) online reporting portal to complete our annual sustainability reporting as part of our obligations under the NHS Standard Contract (Service Condition 18).

Sustainability Development Management Plan (SDMP)
We make sure that we meet our obligations under the Climate Change Act and that the Adaptation Reporting requirements are complied with. Our SDMP covers 2020-2022 and identifies the key areas we need to focus on to achieve our goal of overall carbon reduction are:

- Energy and Energy Consumption
- Procurement
- Travel
- Communication and staff engagement
- Waste
- Digital Innovation

Energy and Energy Consumption
The energy we save across our estate contributes to the overall NHS reduction targets for England and there is financial benefit to the organisation in reducing our energy use.

Our projected carbon emissions show a slight drop from the 2018/19 period due to a reduction in gas consumption during the wet and warm 2019/20 winter.

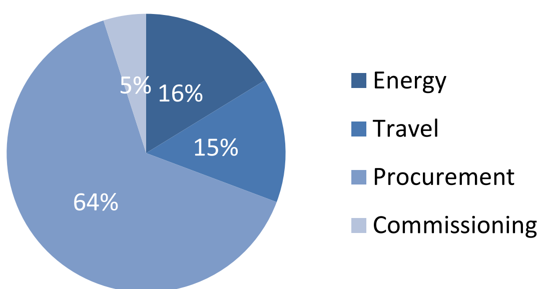
Over the last two years we have invested in and installed more than 280 LED lights internally and externally across the sixteen properties we own and as part of refurbishment projects, including our headquarters at Stockdale House in Headingley.

The table below shows our overall energy use and carbon produced over the last three reporting periods.

Resource Utilities		2017/18	2018/19	2019/20 (projected)
Gas	Use (kwh)	3559853	3032789	3262510
	tCO2e	755	635	678
Electricity	Use (kwh)	3150855	2852896	2656344
	tCO2e	1404	1006	839
Total	Use (kwh)	6710708	5885685	5918854
	tCO2e	2159	1641	1517

Procurement
Buying goods and services accounts for 64% of the Trust's whole carbon output. There are a number of reasons for this, but mainly that we provide services in the community and have many clinics caring for people close to where they live,

community bases and staff travelling to patients' homes. We also buy specialised supplies and equipment for treating our patients.



We plan to improve our carbon outputs from procurement by:

- Reducing the amount of goods we order
- Making best use of everything we buy
- Buying products that are as sustainably sourced and produced as possible
- Creating Procurement Approval Groups which include a sustainability manager.

Transport

As a Community Trust, many of our services are provided in patients' own homes, or buildings in their local areas. This reduces the need for patient travel, but creates a high number of miles travelled by the staff members who deliver this care. Annual staff mileage totals are increasing as the range of services we provide grows along with number of community buildings we use to deliver care.

However, we do recognise the need to balance the provision of high quality care with minimising the impact of the resultant carbon emissions.

We plan to reduce our carbon emissions by 10% through a variety of methods:

- Ensure greener electric vehicles are available through our in-house lease and salary sacrifice schemes (and that there are sufficient electric charging points in the city to support this)
- Encourage greener travel with incentives for staff to cycle, walk and use public transport.

Designing the built Environment

Adapting to the changes in climate will be a challenge to our service delivery and infrastructure and we recognise the risk to the organisation.

We occupy a mix of owned and leased buildings. We aim, where possible, to use space which complies with the Building Research Establishment Environmental Assessment Method (BREEAM), the leading infrastructure and buildings sustainability assessment method. The Reginald Centre in Chapeltown, a BREEAM Excellent rated building constructed under the NHS LIFT programme in 2010, is

being developed as a hub for children's services is a BREEAM Excellent rated building. The new West Yorkshire CAMHS Unit in Armley due to be opened in August 2021 will also meet BREEAM Excellent standards.

Waste Recovery and Recycling

Segregated waste management arrangements have been introduced across the organisation to pre-sort waste, resulting in continued reduction of waste going to landfill. During the 12 month period ending the 31 March 2020, we produced 67.95 tonnes of waste, 58.65 tonnes was recycled and only 8.94 tonnes was sent to landfill.

A sudden enforced change in our specialist clinical waste provider means that full clinical waste data for the 19/20 year remains outstanding, but we expect our total to be around 40-43 tonnes.

Safeguarding

Safeguarding is about working closely with families and partner agencies in health and social care to respect to the rights of everyone to live life free from abuse, neglect or emotional harm.

During 2019/20 we have built on our commitment to safeguarding by:

- Reviewing the safeguarding training compliance status of staff across the Trust (for adult safeguarding) and reconfiguring our Electronic Staff Record system to accurately reflect the level of training required for each role.

- Working closely with strategic partners in the Leeds Safeguarding Children Partnership to continue to embed the systems and process changes which arose from the publication of 'Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children' (July 2018); which seeks to strengthen local partnership working and the robustness of processes for child safeguarding practice reviews and child death reviews

- Working closely with strategic partners in the Leeds Safeguarding Adults Board we revised and embedded the Citizen-Led Multi-Agency Safeguarding Adult Procedures (published April 19) which now incorporates the voice of the citizen 'talk to me, hear my voice'. In developing the 'Leeds Approach', we are clearly and firmly placing service users at the heart of safeguarding practice. In 2020 we will continue to embed the procedures

- Our safeguarding team worked in partnership with Safer Leeds and Leeds United Football Club to provide a multi-agency stalking and coercive control conference in December 19. The conference aimed to help with developing a shared understanding of coercive control and safeguarding and raising the profile and understanding best practice. Our safeguarding team was integral to the planning and delivery of a highly successful multi-agency self-neglect conference

promoted under the ‘Talk to me, hear my voice’ banner in 2018 which was repeated in May 2019 with equal success.

Duty of Candour

Our compliance with Duty of Candour Regulations is monitored on a monthly basis by our Quality Committee.

An audit examining the Trust’s compliance with Duty of Candour requirements took place in July 2019 as a result of Care Quality Commission (CQC) inspection feedback. The audit found that a verbal apology was given in 92% of incidents audited, but highlighted areas for improvement: the recording of Duty of Candour incidents and understanding of the Duty of Candour requirements.

Going Concern Assessment

Going concern is considered by private sector and public sector organisations when they prepare their accounts.

It means that we have looked at whether the organisation can continue: does it have contracts for its business? Have we enough cash to pay for things we need to run the business (staff and non-staff)? Can we afford to buy any capital equipment we might need? Do we have strong, stable management? Are we meeting external requirements? Do we understand our risks and are they being mitigated and managed appropriately?

LCH has prepared its 2019/20 accounts on a going concern basis. The Board considered the matter of the Trust as a going concern at its meeting on 27 March 2020.

Signed..Chief Executive

Date.........................

Corporate Governance Report

Directors’ report

The Trust Board - What we do and how we do it

Along with all NHS trusts across the country, we have a Board of Directors to guide our work. The purpose of our Board is to govern effectively, and to build patient, public and stakeholder confidence that health and healthcare is in safe hands.

Our Board is accountable to the public and stakeholders for:

- High quality, safe health services
- Accessible and responsive health services
- Public money spent in a way that is fair, efficient, effective and economic
- Being a good employer
- Patient and the public engagement in shaping health services

The Board plays a key role in:

- Shaping the strategy, vision and purpose of the Trust.
- Holding the organisation to account for the delivery of strategy
- Ensuring value for money
- Working to shape a positive culture

The Trust Board has both Executive and Non-Executive Directors. It is a unitary Board, which means that both Executive and Non-Executive Directors share the same liabilities and joint responsibility for every decision of the Board. Led by an independent chair and made up of both executive and independent non-executive members, the Board has collective responsibility for the performance of our organisation.

The Trust’s Chair and Chief Executive have led these functions throughout 2019/20.

Here are the people on our Board of Directors:

As at 31 March, 2020

Changes to the Board

Tony Dearden stepped down as non-executive director on 30 April 2019 and was replaced by non-executive director, Helen Thomson, who was appointed from 1 May 2019.

A 'fit and proper' Board

Board members have an annual appraisal, which is a thorough review of the assessment of their performance, reflecting on their contribution to the Trust during the year and setting objectives for the coming year.

The Board has continued with its development programme during the year. It has a programme of workshops to support Board members' development, covering such topics as organisational strategy, data security, health and safety, equality and diversity, and system planning. Both executives and non-executives attend training days and networking events to improve their knowledge base and remain up to date with current NHS matters

All directors have made a declaration that they comply with the 'fit and proper person test' that was introduced from November 2014.
Each director has confirmed in writing that they know of no information that would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and each has taken all the steps that he or she ought to have taken to make himself/herself aware of any such information and to establish that the auditors are aware of it.

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

Our Director's declare interests that they have in associated businesses or areas of work. These are shown in the following table:

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
Neil Franklin	None	None	None	Donisthorpe Hall Care Home – advisor to the Board	None	None	None	None
Thea Stein	None	None	None	Trustee of Nuffield Trust – October 2019 CQC reviewer	None	None	None	None
Brodie Clark	Director Clark Advisory Ltd – consultancy services on security and Government Affairs.	None	None	Non-executive Director Compass (Charity)	None	None	None	None
Jane Madeley	None	None	None	Chief Financial Officer University of Leeds	None	None	Any contracts between the University of	None

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
							Leeds, Leeds Faculty of Medicine and Health, Leeds Academic Health Partnership, NIHR Clinical Research Network Co-ordinating Centre and Leeds Community Healthcare NHS Trust	
Richard Gladman	Director of Verbena Digital Ltd	Part ownership of Verbena Digital Ltd			Associate business relationship with: • Ideal Health Ltd • Black Pear Ltd			
Prof Ian Lewis	None	None	None	Trustee: Rossett School Harrogate	None	None	None	None

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
Helen Thomson (from 1 May 2019)	None	Helen Thomson Ltd	None	Trustee: Sue Ryder	Council Member University of Huddersfield	None	None	None
Tony Dearden (until 30 April 2019)	None	None	None	Fee paid medical member First Tier Tribunal Mental Health Fellow of the Royal College of Psychiatrists	None	None	None	None
Bryan Machin	None	None	None	Trustee at St Anne's Community Services from 4 February 2020. St Anne's is a charity and housing association.	None	None	None	None
Dr Ruth Burnett	None	None	None	Medical Director Leeds GP Confederation	None	None	None	None

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
Sam Prince	None	None	None	None	None	None	None	None
Steph Lawrence	None	None	None	Director of Nursing Leeds GP Confederation	None	None	None	None
Laura Smith*				Director of Workforce Leeds GP Confederation Leeds				
Jenny Allen*				Director of Workforce Leeds GP Confederation Leeds Indirect interest – my husband is a partner at KPMG who I understand to be involved in financially auditing the Trust.				

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
				KPMG also bid and contract for contracts with NHS Providers My husband is a Trustee for Age UK Leeds. Appointed as a Trustee for Hollybank Trust – 6 June 2019.				

*The Director of Workforce is a non-voting member of the Board.

Board meetings and business in 2019/20

As with all NHS Trusts, we are required to hold formal Board meetings in public. The Board has met formally six times during the year. At these meetings, the Board takes strategic decisions and monitors the operational performance of the Trust. Any member of the public is welcome to attend the formal meetings; the dates are advertised on the Trust's website and Board meeting agendas, reports and minutes are published online. A briefing document for staff called '*Boardwalk*' provides information from the main agenda items of the meeting.

The Board has also met informally on a further five occasions. These events have taken the form of a Board development programme and have involved a wider group of senior leaders.

In addition, an Annual General Meeting was held on 17 September 2019.

The quality of care is at the heart of all that the Trust does and the over-arching approach to quality within the Trust is captured within the Quality Strategy for 2018-2021. The strategy describes an overarching quality objective to strengthen the approach to quality improvement with a focus on understanding data in order to give the necessary assurances on the quality of services. Using this approach the Trust is focussing on four priority areas:

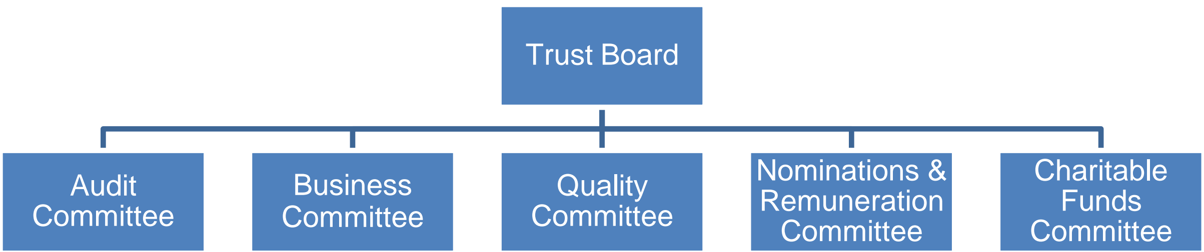
- Prevention, proactive care and self-management
- Patient experience and engagement
- New models of care
- Workforce

All actions to ensure the Trust provides high quality services are overseen closely by the Board.

The Board receives regular updates on strategic service developments and regular integrated performance reports (the report brings together quality and financial information in one document). Information in the report is aligned to the Care Quality Commission's (CQC) five domains (safe, caring, effective, responsive and well-led).This is the main way the Board assesses that we meet all national and local standards and targets for the services we provide.

The Board's committees (decision making groups)

The Trust has five committees that make sure we carry out our duties effectively, efficiently and economically. These are shown in the organisation chart below.



Details of the functions of each committee can be found in our Annual Governance Statement 2019/20.

In addition, the Trust has two 'Committees in Common' arrangements involving a number of NHS organisations. A 'Committees in Common' approach allows NHS Trusts to establish their own committees, which all meet at the same time and with the same remit and common agenda. The two 'Committees in Common' are:

- West Yorkshire Mental Health Services Collaborative Committees in Common. This comprises of the four mental health and community NHS trusts in West Yorkshire (Bradford District Care NHS Foundation Trust, Leeds and York Partnerships NHS Foundation Trust, Leeds Community Healthcare NHS Trust, and South West Yorkshire Partnership NHS Foundation Trust) working together to ensure high quality, sustainable mental health services.

- Leeds Primary Healthcare Collaborative, which is Leeds Community Healthcare NHS Trust and the Leeds GP Confederation whose aim is to jointly deliver city-wide seamless and efficient primary care and community health services for patients.

These are reflected in the Trust's current scheme of delegation.

Statement of the chief executive's responsibilities as the accountable officer of the trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum.* These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed..Chief Executive

Date..........................

Annual Governance Statement 2019/20

Scope of responsibility

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

Thea Stein

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Leeds Community Healthcare NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Leeds Community Healthcare Trust NHS Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

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

Careful risk management is embedded within the culture of the organisation, from risk assessments in clinical practice to considering the risk in each Board decision. Risks are identified and aligned to strategic goals. Risk tolerance, i.e. the level at which risk is escalated, is clearly set out in the Risk Management Policy and Procedure.

The Chief Executive has overall responsibility for the Trust's management of risk and members of the Senior Management Team have been given responsibility for managing risk types:

- Chief Executive: Risks to staff and stakeholder engagement, integration and system change programmes
- Executive Director of Finance and Resources: Risks to efficiency, income and expenditure, IT infrastructure, partnership governance, health and safety of staff
- Executive Director of Operations: Risks to major change projects, business tenders, contracted activity
- Executive Director of Nursing and Allied Health Professionals and Executive Medical Director: Risks to clinical quality assessment, clinical quality improvement, clinical governance
- Director of Workforce: Risks to staff capacity and capability

The role of each director is to ensure that appropriate and robust arrangements are in place to:

- identify and assess risks
- eliminate or reduce risks to an acceptable level, in line with the Trust's approach to risk
- comply with policies and procedures, and statutory and external requirements
- maintain the Board Assurance Framework

The Trust employs an experienced Risk Manager who delivers risk management training, coordinates the risk register and provides support and direction in all risk management related matters.

Every member of staff is briefed on the Trust's risk management procedures as part of our induction process and bespoke training is provided to support teams and services with managing risk. Managers are also trained in risk management procedures in their induction process and as part of ongoing training, coaching and support. All training includes awareness of the Trust's approach to risk and how this should be applied in decision-making processes.

The Trust has a quarterly risk management newsletter which includes: lessons learned from incidents and complaints; the latest information about risk management; available training courses and examples of good practice across the Trust. There is a 'lessons learned' portal on the Trust's intranet, where managers can share information about incidents, learning and improvements.

There has been a targeted approach to risk management training during 2019/20 in response to a realisation that that some services did not have suitable and sufficient health and safety risk assessments. Individual and group training sessions have been provided, along with an accessible library of risk assessment templates. A training session around a manager's role and responsibilities in staff health, safety and risk management has been developed, which has a strong focus on risk assessment technique. The session is part of the Trust's essential management training programme.

The Trust is currently in the process of selecting an electronic system to support the completion, review and monitoring of risk assessments.

The Trust commissioned an internal audit review of the effectiveness of risk management in 2019/20 and this concluded with a 'reasonable assurance' opinion. The Trust continued to strengthen its risk management processes during 2019/20 by combining its risk management functions and health and safety functions into one team.

The risk and control framework

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

The risk management procedure supports staff to identify, assess, manage, and monitor the risks that threaten the organisation's ability to achieve its objectives. The aim of the risk management procedure is to achieve an optimum response to risk, prioritised in accordance with a consistent evaluation of the identified risk.

The Trust has systems in place that contribute to the identification of risk from a number of sources; the following are examples:

- Review of performance and working practice
- Clinical practice
- Legislation, national policy and guidance
- Risk assessments
- Incident reports
- Complaints
- Claims for compensation
- Audit and work place surveys
- Patient satisfaction surveys
- External/internal audits
- Regulators' inspections and reports
- External environment within which the Trust operates

Any of the above can be part of the risk assessment process. Risks are identified in a proactive way, for example: changes or introduction of new processes, new equipment, and different ways of working will initiate a risk assessment.

The risk management policy and procedure is supported by content in a bespoke risk and safety area of the Trust's intranet which is available to all staff.

The Board Assurance Framework's (BAF) enables the Board to be assured that risks to the success of strategic goals and corporate objectives are being managed effectively. The BAF aligns strategic risks to the revised strategic goals and priorities in the Trust's operational plan.

The risk register is a record of all the risks that may affect the Trust's ability to achieve its strategic, project or operational objectives. The Trust uses *Datix* - an electronic risk management system - to record and monitor risks. The risk register includes: a description of the risk, the risk owner, any controls in currently in place, actions to be completed, and the initial, current and target risk scores. Extracts from *Datix* are frequently scrutinised by appropriate managers, committees and the Board. An additional risk log was introduced in March 2020 to ensure that risks relating to COVID-19 were quickly captured, assessed, mitigated and reported.

The Trust's **risk appetite** is aligned with its four strategic goals. Senior management team defines the Trust's risk appetite and reviews this on an annual basis. The risk appetite statement is an Appendix of the risk management policy and procedure, which can be found on the Trust's intranet.

Data security risk is managed through a system of general managers and heads of service who act as information asset owners. These individuals work with the Senior Information Risk Owner to manage data security and other information-related risks. This process has been significantly improved through efforts to ensure the Trust remains compliant with the General Data Protection Regulation (GDPR).

Data Security risks continue to be managed through a series of coordinated activities which have included:

- The release of software patches to ensure our electronic devices remain as resilient as possible to the threat of computer viruses and other cyber security risks.
- Third party penetration tests designed to identify vulnerabilities in the Trust security architecture. The most recent test was on 16 December, 2019 and the issues it highlighted have been incorporated into an action plan to mitigate the threats.
- Business Continuity Plan testing to make sure that the Trust is able to respond to a cyber-attack. A simulation was performed with the IT and Clinical Systems support teams on 16 January 2020. The learning from this event has been fed into the annual Business Continuity Plan update.
- Staff education and awareness. With the support of NHS Digital, anti-phishing campaigns have been run to test the likelihood of an individual following a malicious link in an email. If this happens, the individual is directed to an e-

learning resource to help them spot the signs of a suspicious email in the future.

- Dedicated cyber training for the Trust Board on 3 May 2019, to help them understand and discharge their duties with respect to cyber awareness and security.
- Articles in the quarterly *Risky Business* newsletter to highlight the importance of checking social media accounts settings and personal details (especially when posting sensitive information to users) and how to spot the signs of a phishing email.

All of these activities are designed to help ensure sensitive information is protected and the risk of unintended loss or disclosure is minimised.

Data quality and the accuracy of performance reporting, including waiting list information, are reviewed regularly. Validations on waiting list data are collected directly from services on a regular basis and reviews of other Key Performance Indicators (KPI) happen at performance review meetings across all levels of the Trust. The accurate completion of key demographic information is monitored via the Data Quality Maturity Index. More specific pieces of work to test out and provide assurance around data quality are carried out on a service by service basis.

The Trust reports monthly on its performance against national KPIs in line with NHS Improvement's Single Oversight Framework and national contract requirements. Specific service indicators in contracts are monitored monthly via internal performance monitoring processes.

Governance structures and accountability

Our Board is made up of six non-executive directors (including the Chair), and five executive directors. There is one non-voting member of the Board - the Director of Workforce. The Board leads the Trust by carrying out three main roles:

- Formulating strategy
- Holding the organisation to account for the delivery of strategy and seeking assurance that systems of control are robust and reliable
- Shaping a positive culture for the Board and the wider Trust

There is a clear division of responsibilities between the Chair and Chief Executive and both have discharged their leadership functions throughout the whole of 2019/20.

The Board met twelve times in 2019/20: six formal meetings were held in public, there were five informal meetings or strategic workshops plus our Annual General Meeting. Attendance at Board meetings has been good and all meetings have been quorate.

The quality of services remains the Trust's first priority, so the Board's agendas feature reports on our quality strategy, patient experience topics and the maintenance of safe staffing levels. Information presented to the Board provides

essential assurance and our Directors regularly visit frontline services to support staff and see them in action.

The Board has Standing Orders, a scheme of reservation and delegation of powers and standing financial instructions. These are regularly reviewed and provide a governance framework which allows the Trust to show it is well governed and that it meets the requirements of corporate governance codes of practice. It also has an annual work plan, which schedules required and discretionary business. An amendment was made to the standing orders at the Board meeting on 27 March 2020 in order to respond effectively to the COVID-19 situation which was rapidly escalating. This was to reduce Board and Committee agendas to ensure that essential business was covered and the focus was on staff and patient safety and the Trust's COVID-19 response.

The Board's five committees (see box *below/opposite*) all have their own Terms of Reference and work plans which have been reviewed during 2019/20. Each committee's minutes and assurance reports are sent to the Board.

A performance brief and suite of reports which mirror the five Care Quality Commission (CQC) domains is produced for each Board meetings so that our compliance with national and local targets can be assessed. The meetings also get regular updates on strategic service developments, for example, work to improve how primary and secondary health services and social care work together and the introduction of new ways of working.

Extracts from the risk register and the Board Assurance Framework are considered at each meeting so the Board can be assured that risks are being in the organisation. The extracts give timely information about existing and potential risks to the Trust.

The Board wants to be sure that it is operating effectively and regularly seeks opportunities to evaluate its effectiveness and strengthen its performance, remaining mindful of the best practice contained within codes of governance.
The Trust Board and committees undertake an annual self-assessment against elements of the NHS Improvement/CQC Well-Led Framework. This assessment has drawn out a number of priorities to enhance the effectiveness of elements of the Trust's governance. The results being reported to the Board and are contained in committees' annual reports. The committee chairs also meet collectively to discuss committee effectiveness.

The Trust has a needs-based Board development programme. Five development sessions were held during 2019/20) which included senior leaders from corporate services and business units (including clinical leads).

The individual performance of all Board members is reviewed through a formal appraisal process and any individual development needs are identified and supported.

The Trust has published an up-to-date register of interests including gifts and hospitality for decision-making staff (as defined by the Trust with reference to the

guidance) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance. It is available on the Trust website.

(design note: put following in a box – ends at ********)

The Trust's Board's five committees are chaired by non-executive directors and are:

Audit Committee (Chair: Jane Madeley)
The Audit Committee comprises three non-executive directors. The Chair of the Committee is a qualified accountant and a Chief Financial Officer in the higher education sector. The Audit Committee met formally six times during 2019/20 and is routinely attended by the Executive Director of Finance and Resources, the Company Secretary, the Internal Auditor and the External Auditor.

The Committee provides an overarching governance role and reviews the work of the other committees which provides relevant assurance to the Audit Committee's own scope of work. It also has responsibility for overseeing the work of the Information Governance Group. The Committee receives minutes from this sub-group, receives papers on any matters escalated to it and periodically reviews the effectiveness of the sub-group.

During the year, the Committee has received regular reports from: internal audit, external audit, the local counter fraud specialist, the security management service and information governance specialists.

The Committee has considered a range of financial control reports and a number of governance papers, and has oversight of risk management processes including the Board Assurance Framework, which it reviewed twice in full during the year.
The Chair of each of the Board's committees produces an annual report, which provides assurance to the Audit Committee on how each committee has met its terms of reference during the year. Each committee undertakes a self-assessment exercise which is reported in their annual reports. The committees' chairs also met to discuss the flow of business through the committees.

Quality Committee (Chair: Professor Ian Lewis)
The Quality Committee's membership comprises the Trust's Chair, two non-executive directors, the Chief Executive and two executive directors. A number of other senior officers attend each meeting. The Committee met on 10 occasions in 2019/20.
The Committee provides assurance to the Board that the Trust provides high standards of care and that adequate and appropriate quality governance structures, processes and controls are in place to:

- Promote quality, in particular safety and excellence in patient care
- Identify, prioritise and manage clinical risk and assure the Board that risks and issues are being managed in a controlled and timely manner
- Ensure effective evidence-based clinical practice
- Produce the annual Quality Account and monitor progress

The Committee exercises these functions in the context of the Trust's quality strategy. The Quality Strategy 2018-2021 provides an overarching framework for quality within the Trust and sets out a programme of work to achieve four key objectives and seven action areas focused on patient safety, clinical effectiveness and patient experience. The Committee has received regular updates on progress and has sought assurance about the implementation of specific actions.

The Committee also has responsibility for overseeing the work of five subgroups: Clinical Effectiveness Group; Patient Safety and Experience Governance Group, Mortality Surveillance Group; Safeguarding Committee and Mental Health Act Governance Group. The Mental Health Act Governance Group provides assurance to the Quality Committee that statutory duties are being met in relation to the care provided to patients who are detained under the Mental Health Act.

The Quality Committee and the Board monitor serious incidents, incidents and complaints and the associated action plans. All serious incidents are managed in accordance with the Trust's incident and serious incident management policy.
Business Committee (Chair: Brodie Clark)

The Business Committee's membership comprises three non-executive directors, the Chief Executive and two further executives. Other senior officers attend as required. The Business Committee held 10 meetings in 2019/20.

The Committee provides assurance to the Board on the financial and performance management processes within the organisation, including monitoring the delivery of the Trust's business plan and oversight of significant projects.

The Committee oversees business and commercial developments and makes investment decisions in line with the scheme of delegation and the Trust's investment policy. It also ensures that the Board has a sufficiently robust understanding of key performance, financial and investment issues to enable sound decision-making.

The Committee discharges a significant role in overseeing the workforce aspects of the Trust's performance. During 2019/20 the committee considered recruitment and retention initiatives, sickness absence management and leadership approaches. It also has responsibility for overseeing the work of the Health and Safety Group. The Group provides an overarching view of health and safety and ensures that the Trust complies with its health and safety obligations by monitoring adherence with its policies and procedures. The Committee receives minutes from the Health and Safety Group and papers on any matters escalated to it. It also periodically reviews the effectiveness of the Health and Safety Group in discharging its delegated responsibilities.

The Committee has assumed an extended role in terms of oversight of the Trust's main projects. The Committee receives in-depth reports from the project leads and reports from the Change Board, which provides an overview of inter-connectivity for the main projects.

Nominations and Remuneration Committee (Chair: Neil Franklin)
The Nominations and Remuneration Committee's membership comprises the Chair and two further non-executive directors; the Committee is supported by the Director of Workforce. The Committee has met four times in 2019/20.

The role of the Nominations and Remuneration Committee is to nominate executive directors, including the Chief Executive, for appointment and advise and make recommendations to the Board about appropriate remuneration and terms of service for the Chief Executive, executive directors, directors and any senior managers not covered by national Agenda for Change terms and conditions of employment.

The Committee also gives full consideration to, and make plans for, succession planning for the Chief Executive and other executive directors taking into account the challenges and opportunities facing the Trust and the skills and expertise needed.

It monitors and reviews any exceptional and/or significant employee relations cases which are high risk to the Trust, including high cost employment cases or of reputational significance.

The Committee ratifies and agrees any awards at the discretion of the Trust as the employer. One such duty is to review the nominations for the Clinical Excellence Awards and to encourage maximum participation from staff across the eligible consultant body. The Committee approved seven Employer Based Clinical Excellence Awards 2018/19 to the suggested consultants.

Charitable Funds Committee (Chair: Brodie Clark)
The Charitable Funds Committee's membership is comprised of the Chair and one other non-executive director. The Committee is supported by the Executive Director of Nursing and met four times during 2019/20.

The purpose of the committee is to give assurance to the Board that the Trust's charitable activities happen within the law and regulations set by the Charity Commissioners for England and Wales. The Committee oversees charitable activities, approves charitable funds expenditure, agrees an investment policy for charitable funds and monitors investments on a regular basis.

(Design note: end box) ***

Risk assurance process and scrutiny of risks

The Risk Review Group meets quarterly to review new risks that have been added to the Trust's Risk Register. It also reviews escalated, de-escalated and recently closed risks and acts as a moderator for risk grading, making sure risks are 'owned' and ensuring that effective management of the risk is being recorded. The group also maintains an oversight of the practical application of the risk management procedure.

Assurance creates the bedrock of evidence which gives the Trust confidence that risk is being controlled effectively, or highlights that certain controls are ineffective or there are gaps that need to be addressed. The Trust's Board Assurance Framework (BAF) records strategic risks including: risk descriptions, controls and gaps in controls, sources of assurance and gaps in sources in assurance, actions required to remedy gaps in controls or assurance.

Risks to strategic objectives contained within the Trust's clinical and service strategies and plans are identified and the BAF has been revised during 2019, in line with the Trust's operational plan. These risks are assigned to a lead executive to manage. Each of the strategic risks is also assigned to one of the Board's committees for oversight and scrutiny. Overall in-depth scrutiny is provided by Audit Committee. Sources of assurance are reviewed and evaluated by the committees to provide an indication to the Board of the current assurance level for each strategic risk. This information is used to populate the BAF. A summary of this information is presented at each Board meeting.

In early 2020, the Board recognised that it needed further assurance about its business continuity plans particularly as they were being severely tested during the initial response to the COVID-19 pandemic. This emerging strategic risk was added to the Board Assurance Framework in order to determine the controls and assurance sources needed.

The Board receives a significant risks report at each meeting. The report details the Trust's risks scoring 15 or above (extreme), after the application of controls and mitigation measures, as well as information about risks scoring 12 (high). It provides an analysis of all risk movement, identifies themes and links these material risks to the strategic risks on the BAF. The Senior Management Team reviews a significant risks report on a monthly basis. The Quality Committee reviews high scoring clinical and operational risks and the Business Committee reviews non-clinical risks, rated as high.

Assurance of risk mitigation is provided to the Board through the Quality, Audit, and Business Committees in relation to clinical and non-clinical risks. The Audit Committee also assures the risk management process.

Together, these mechanisms allow for the appropriate identification, monitoring, control and mitigation of risks, which may have an impact on the Trust's objectives.

Incident reporting and learning from incidents

The Trust has a strong, open incident reporting culture. An electronic incident reporting system is operational throughout the organisation and is accessible to all colleagues. Incident reporting is promoted through induction and training and regular communications. Learning from incidents is shared with staff through the Trust's quarterly risk management newsletter, at staff forums and a learning resource on the Trust's internal website for all staff to access, which has been developed to share anonymised, learning from incidents across the organisation. When root cause analysis is undertaken, good practice in incident management is

celebrated and learning shared. In addition, arrangements are in place to raise any concerns at work confidentially and anonymously if necessary.
Serious incidents are reported and managed in accordance with the Trust's incident and serious incident policy. The majority of managers have had serious incident investigation training and root cause analysis is carried out to ensure that systemic problems are resolved so that similar incidents do not occur.

Information governance

The Trust recognises that information is an important asset which supports both clinical and management needs and is fully committed to protecting personal information and making sure it is used appropriately. The Trust has submitted a self-assessed score that all data security standards have been met for the Data Security and Protection Toolkit (DPST).

The Trust's information governance group develops policies and strategies to control data security and other information-related risks. Information sharing has been identified as an area where secure email and electronic records should replace paper-based systems. The introduction of data security measures has reduced the risk of data loss through mobile electronic communication devices. The Trust has demonstrated its commitment to being an accountable data controller by having a Data Protection Officer in post to support the monitoring of data protection compliance and personal data breaches.

Information governance policies and procedures have been revised to ensure they are robust and compliant with the General Data Protection Regulation and the Data Protection Act 2018.

Risks to data security are managed at all levels. This includes ensuring that all colleagues with access to personal identifiable data have the necessary permissions for their role, and have completed compulsory data security awareness training. In recognition of the importance of data security, there is a nationally set target of 95% of staff compliance with information governance training. Training compliance is closely monitored, and attendance is enforced where necessary.

All incidents relating to a potential breach of personal data are reported, investigated and, where appropriate, remedial actions are implemented. The Trust reported four incidents to the Information Commissioner's Office (ICO) during 2019/20. The ICO looked at the Trust's response in each case and confirmed that no further action was needed. Details of the incidents are:

- A confidential report was sent to the patient's previous address in error.
  Our action: A secure system for safe distribution practice has been implemented; all staff are aware of this system and adhere to it. Regular quality checks are carried out to confirm the system is effective.

- A letter from a doctor was sent to an incorrect address that contained information regarding a mother's concerns regarding her child's diagnosis.

Our action: A process in place requiring staff to perform a mandatory check of any data leaving the Trust to make certain the information being sent is correct and that it is being sent to the correct recipient.

- A clinical appointment outcome letter for an individual containing special category data was posted to an incorrect address.
  Our action: Services to use window envelopes and no longer handwrite

- A Subject Access Request in which another patient's name, address, date of birth and NHS number were present in some of the information received.
  Our action: Subject Access Request responses to be reviewed prior to being released.

Safe, sustainable and effective staffing
The Trust has a range of strategies, systems and processes in place to ensure safe, sustainable and effective staffing. The overall approach to workforce is described in the Trust's Workforce Strategy (2019-21) which was approved by the Board on 1 February 2019. The Workforce Strategy is aligned with LCH's strategic goals and priorities, responding to external, internal and cultural factors which are currently (or anticipated) to impact on our workforce requirements. Progress on delivery of the Workforce Strategy's priorities is overseen by the Business Committee.

The Trust's Workforce Plan supports the delivery of our operational business plan and is embedded in service needs. It is also triangulated with finance and activity data. The Plan is updated each year and is signed off by both the Business Committee and the Board at a meeting in public.

The Board receives a twice-yearly Safe Staffing report from the Director of Nursing, in line with the National Quality Board's 2016 guidance; incorporating professional judgement and outcomes. Regular reports are also received at Board from the Guardian for Safe Working Hours.

Our services are constantly growing and developing as we deliver new pathways of care; and care for more and more people in the community. Any new service or service change is subject to a Quality Impact Assessment (QIA) which includes any new roles which create a significant change to the way care is delivered.

Triangulation takes place both at the regular Senior Management Team meeting and across the Board and its sub-committees, of finance, workforce and activity / performance information, to ensure comprehensive oversight of staffing and any issues arising.

We are in the process of rolling out an electronic rostering system Trust-wide to further improve the capability of our staffing systems. E-rostering will enable us to better monitor, analyse and plan staffing patterns and resource requirements.

NHS pension obligations
As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Equality and diversity
Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.
The Trust has a legal obligation under the Equality Act 2010 and Public Sector Equality Duty to provide equality in access to service provision and within employment, and has a nominated Board member who champions this agenda at Board level.

The Business Committee discharges a significant role in overseeing the workforce aspects of the Trust's performance, which includes providing assurance to the Board around equality and diversity. In recognition of the importance of equality and diversity, the Business Committee receives in-depth analysis and updates on a range of proactive work around this wider agenda. This includes delivery against the Workforce Race Equality Standard (WRES) action plan and the Workforce Disability Equality Standard (WDES) Action Plan. Board members were updated on Trust's progress on complying with WDES at a Board Development Session in July 2019.

The Board receives regular updates on diversity and inclusion through the Workforce Strategy, which has these as one of its six priority areas.

Review of economy, efficiency and effectiveness of the use of resources

The Board sets an annual budget to meet the Trust's financial obligations. It is monitored carefully each month at the Business Committee and bi-monthly at the Board. The Trust has consistently met the financial targets set by its regulators. Delivery of cost improvement plans during 2019/20 was good. NHS Improvement require NHS Trusts to conduct a 'Use of Resources' self-assessment to understand how effectively and efficiently trusts are using their resources – including their finances, workforce, estates and facilities, technology and procurement. The Trust consistently self-assesses as having a 'use of resources' metric of 1, which means it has a low risk.

The Business Committee also receives an annual report on the Trust's reference costs, which are an indicator of the Trust's efficiency in delivering its services. The Trust's overall reference costs for 2018/19 (published February 2020) were 106; the services with higher reference costs will be reviewed using information from the NHS Benchmarking Club and the NHS's Model Community Trust website by the Trust's Productivity Group.

The Audit Committee reviews all internal audit reports and monitors how the Trust implements any recommendations. The Trust's external auditors are required to provide a Value for Money conclusion each year. For 2019/20 the auditors concluded that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2020. The effectiveness of the Trust's services is regularly assessed by the Trust's Quality Committee and by the Board.

Carbon reduction delivery plans
The Trust has undertaken risk assessments and has a sustainable development management plan in place. During 2020/21 it will be reviewed to take into account UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Annual Quality Account
The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

The Quality Account is a report about the quality of services offered by an NHS healthcare provider. The Quality Account is an important way for local NHS services to report on quality and highlight improvements in the services delivered to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of the treatments patients receive, and patient feedback about the care provided.

The Quality Account priorities for LCH have been developed in conjunction with stakeholders, services and senior managers. These priorities will make sure that Trust activity drives improvements in services for all communities, stakeholders and aligns to the Quality Strategy and business objectives. Production of this year's Quality Account had been started and then paused during the height of the COVID-19 pandemic, in line with national guidance in order to reduce unnecessary pressures on services. The production of the Quality Account will resume later in the year and will highlight a selection of initiatives, clinical practice and events that have happened throughout the year to reflect the commitment and drive to provide the best possible standards of care throughout all services.

The Trust recognises the complex needs of its community and strives to achieve consistent delivery of high quality care to maximise patient safety and experience. The Quality Account will seek to provide a balanced view of the Trust's achievements and areas for improvements. The Trust acknowledges the developments it continues to make and the collaborative work with partners to make real progress across the whole health economy.
The Trust has robust systems and processes to ensure the accuracy of data provided in the Quality Account, including waiting time data. This includes data cleansing and data validation processes as well as oversight arrangements provided by Committees and committee subgroups.

Review of effectiveness

The Chief Executive has responsibility for reviewing the effectiveness of the system of internal control. The review of the effectiveness of the system of internal control is informed by the work of internal auditors, the comments made by external auditors in the ISA260 report, the continuing engagement of the Audit Committee, managers and clinical leads who have responsibility for the development and maintenance of the internal control framework. The Audit Committee undertakes a role in terms of providing assurance to the Chief Executive.

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust that have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board and the audit committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

T Stein

Internal audit

TIAA Limited has been the provider of the Trust's internal audit services since 1 April 2015. The Head of Internal Audit has provided an opinion which concludes that - based on the work undertaken in 2019/20 - reasonable assurance can be given that there are adequate and effective management and internal control processes to manage the achievement of the organisation's objectives. No emerging risks were identified which could have an impact on the overall effectiveness of the governance, risk and internal control framework of the organisation.

In areas where the effectiveness of internal control arrangements provided less than 'substantial' assurance, internal audit recommendations were made to further strengthen the control environment. The resulting management actions, which are monitored by the Audit Committee, have been completed or are being progressed in a satisfactory manner.

Clinical audit

Clinical audit is vital to the quality and effectiveness of clinical services and is a fundamental part of the quality improvement process. It plays a pivotal role in providing assurances about the quality of services. Findings from clinical audit are used to ensure that action is taken to protect patients from risks associated with unsafe care, treatment and support.

Clinical audit is managed at service level with the support of the quality and professional development directorate. The Quality Committee approves an annual programme of clinical audit and has oversight of progress during the course of the

year. During 2019/20 there were 35 mandatory audits (priority 1), 28 recommended audits (priority 2), plus a further 143 locally determined audits (priority 3) that have been completed. A further 41 clinical audits began during 2019/20 work on these will continue throughout 2020/21.

CQC compliance
The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust had a CQC Well led inspection in the first quarter of 2019/20. The Inspection Report was published in October 2019 and rated the Trust as 'Good' overall and Outstanding for its sexual health services.

NHS England and NHS Improvement oversight
NHS England and NHS Improvement have assigned the Trust a segment rating of '2' which indicates standard oversight whereby the provider may be offered targeted support in one or more areas.
The Trust works with a range of regulators including the CQC, HM Inspectorate of Prisons, and Ofsted.

Conclusion
The Trust is a well-established health care provider that has built a system of internal control on sound foundations. The Trust has a strong safety culture and sees quality of care as its primary objective. Ongoing scrutiny enhances learning and strengthens governance.

The annual governance statement demonstrates that the Trust has the necessary control arrangements in place to manage risks and take action when incidents occur.

Strong financial control and the achievement of statutory financial duties support the view that, clinically and financially, the Trust has effective and improving systems in place.

During 2019/20, no significant control issues have been identified by the Trust's systems of internal control.

Signed...Chief Executive

Date..........................

Remuneration and staff report

Three of the senior manager roles for the Trust are joint appointments with the Leeds GP Confederation; one day per week of the remuneration for the Medical Director, the Executive Director of Nursing and Allied health Professionals and the Director of Workforce, Organisational Development and System Development is recharged to the GP Confederation.

Senior manager remuneration: Leeds Community Healthcare NHS Trust responsibilities only.

	2019 / 20						2018 / 19					
Name and title	Salary (bands of £5,000) £'000s	Expense payments (Rounded to the nearest hundred) £'000s	Performance pay and bonuses (bands of £5,000) £'000s	Long term performance pay and bonuses (bands of £5,000) £'000s	All pension related benefits (bands of £2,500) £'000s	TOTAL (bands of £5,000) £'000s	Salary (bands of £5,000) £'000s	Expense payments (Rounded to the nearest hundred) £'000s	Performance pay and bonuses (bands of £5,000) £'000s	Long term performance pay and bonuses (bands of £5,000) £'000s	All pension related benefits (bands of £2,500) £'000s	TOTAL (bands of £5,000) £'000s
Jennifer Allen - Director of Workforce, OD and System Development (from 04/06/2018)	45 - 50		0 - 5			45 - 50	35 - 40				80 - 82.5	115 - 120
Phil Ayres - Interim Executive Medical Director (until 31/05/2018)							5 - 10					5 - 10
Ruth Burnett - Medical Director (from 01/08/2018)	115 -120	0.1			62.5 - 65.0	180 - 185	80 - 85	< 0.1			32.5 - 35	115 - 120
Brodie Clark – Non-Executive Director	5 - 10	0.2				5 - 10	5 - 10	1.1				5 - 10
Tony Dearden – Non-Executive Director (until 30/04/2019)	0 - 5	< 0.1				0 - 5	5 - 10	0.3				5 - 10
Neil Franklin – Chair	20 - 25	0.1				20 - 25	20 - 25	0.6				20 - 25
Richard Gladman - Non-Executive Director	5 - 10					5 - 10	5 - 10					5 - 10
Ann Hobson - Interim Director of Workforce (until 03/06/2018)							15 - 20	< 0.1				15 - 20
Stephanie Lawrence -Executive Director of Nursing and Allied Health Professionals (from 01/10/2018)	80 -85				65 - 67.5	145 - 150	40 - 45				30 - 32.5	75 - 80

Name and title	2019 / 20 Salary (bands of £5,000) £'000s	2019 / 20 Expense payments (Rounded to the nearest hundred) £'000s	2019 / 20 Performance pay and bonuses (bands of £5,000) £'000s	2019 / 20 Long term performance pay and bonuses (bands of £5,000) £'000s	2019 / 20 All pension related benefits (bands of £2,500) £'000s	2019 / 20 TOTAL (bands of £5,000) £'000s	2018 / 19 Salary (bands of £5,000) £'000s	2018 / 19 Expense payments (Rounded to the nearest hundred) £'000s	2018 / 19 Performance pay and bonuses (bands of £5,000) £'000s	2018 / 19 Long term performance pay and bonuses (bands of £5,000) £'000s	2018 / 19 All pension related benefits (bands of £2,500) £'000s	2018 / 19 TOTAL (bands of £5,000) £'000s
Ian Lewis - Non-Executive Director	5 - 10					5 - 10	5 - 10					5 - 10
Bryan Machin – Executive Director of Finance and Resources	120 - 125	0.1				120 - 125	115 - 120	0.1				115 - 120
Jane Madeley – Non-Executive Director	5 - 10					5 - 10	5 - 10					5 - 10
Marcia Perry - Executive Director of Nursing (until 30/09/2018)							45 - 50	0.1				45 - 50
Samantha Prince – Executive Director of Operations	105 - 110	0.1				105 - 110	100 - 105	0.1				100 - 105
Laura Smith - Director of Workforce, OD and System Development (from 04/06/2018)	45 - 50		0 - 5			45 - 50	35 - 40				82.5 - 85	120 - 125
Thea Stein – Chief Executive	145 - 150	0.1				145 - 150	140 - 145	0.1	5 - 10			145 - 150
Amanda Thomas – Executive Medical Director (until 16/10/2018)							25 - 30		35 - 40			65 - 70
Helen Thomson (from 01/05/2019)	5 - 10					5 - 10						

Total remuneration for senior managers with shared responsibilities.

	2019 / 20						2018 / 19					
Name and title	Salary (bands of £5,000) £'000s	Expense payments (Rounded to the nearest hundred) £'000s	Performance pay and bonuses (bands of £5,000) £'000s	Long term performance pay and bonuses (bands of £5,000) £'000s	All pension related benefits (bands of £2,500) £'000s	TOTAL (bands of £5,000) £'000s	Salary (bands of £5,000) £'000s	Expense payments (Rounded to the nearest hundred) £'000s	Performance pay and bonuses (bands of £5,000) £'000s	Long term performance pay and bonuses (bands of £5,000) £'000s	All pension related benefits (bands of £2,500) £'000s	TOTAL (bands of £5,000) £'000s
Jennifer Allen - Director of Workforce, OD and System Development (from 04/06/2018)	55 - 60		0 - 5			55 - 60	45 - 50				100 - 102.5	145 -150
Ruth Burnett - Medical Director (from 01/08/2018)	145 - 150	0.1			77.5 - 80	225 - 230	80 - 85	< 0.1			32.5 - 35	115 - 120
Stephanie Lawrence -Executive Director of Nursing and Allied Health Professionals (from 01/10/2018)	100 - 105				80 - 82.5	180 - 185	40 - 45				30 - 32.5	75 - 80
Laura Smith - Director of Workforce, OD and System Development (from 04/06/2018)	55 - 60		0 - 5			55 - 60	45 - 50				105 - 107.5	150 - 155

Pension details for senior managers (subject to audit)

	2019/20						
Board Member	Real increase in pension at pensionable age (bands of £2,500) £'000	Real increase in pension lump sum at pensionable age (bands of £2,500) £'000	Total accrued pension at pensionable age at 31 March 2020 (bands of £5,000) £'000	Lump sum at pensionable age related to accrued pension at 31 March 2020 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 1 April 2019 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2020 £'000
Jennifer Allen - Director of Workforce, OD & System Development	0	0	15 - 20	40 - 45	301	0	299
Ruth Burnett - Medical Director	2.5 - 5	5 - 7.5	10 - 15	25 - 30	119	42	187
Stephanie Lawrence - Executive Director of Nursing and Allied Health Professionals	2.5 - 5	7.5 - 10	25 - 30	70 - 75	450	71	544
Laura Smith - Director of Workforce, OD & System Development	0	0	20 - 25	50 - 55	351	0	346

No other senior managers are members of the pension scheme.

Cash Equivalent Transfer Values
A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with Statutory Instrument number 1050 Occupational Pension Schemes (Transfer Values) Regulations 2008.

Real increase in CETV

This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Fair pay disclosures (subject to audit)

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

The remuneration of the highest paid director for the Trust for 2019/20 was £148,463 (2018/19 £151,604). This was 4.8 times (2018/19, 5.0) more than the median remuneration of the workforce, which was £30,778 (2018/19, £30,306).

At 4.8 the 2019/20 multiple is less than it was in 2018/19 because the highest paid director (the Medical Director) has earned less than the highest paid director did in 2018/19 (the Chief Executive). In 2018/19 the Chief Executive's remuneration included a performance related bonus of between £5,000 and £10,000.

In 2019/20 total remuneration ranged from £17,652 to £151,892 (2018/19, £17,460 to £169,326). One medical staff employee was paid more than the highest paid director.

Total remuneration includes salary, non-consolidated performance related pay, clinical excellence awards and on-call payments and benefits-in-kind. It does not include severance payments, employer pension contributions or cash equivalent transfer value of pensions.

Staff costs and numbers including senior officers (subject to audit)

Staff costs	2019/20 Permanent £k	 Other £k	 Total £k	2018/19 Total £k
Salaries and wages	86,159	4,558	90,717	84,009
Social security costs	7,996	423	8,419	7,803
Apprenticeship levy	400	21	421	390
Employer's contributions to NHS pensions	15,892	214	16,106	10,366
Pension cost - other	49	1	50	31
Other post employment benefits	0	0	0	0
Other employment benefits	0	0	0	0
Termination benefits	376	0	376	(690)
Temporary staff	0	4,472	4,472	5,516
Total gross staff costs (including seconded out)	**110,872**	**9,689**	**120,561**	**107,425**
Of which:				
Costs capitalised as part of assets	**141**	**122**	**263**	**391**

Average staff numbers in post by occupation groupings

Average number of employees (WTE basis)	2019/20 Permanent Number	 Other Number	 Total Number	2018/19 Total Number
Medical and dental	48	30	78	79
Administration and estates	696	60	756	735
Healthcare assistants and other support staff	496	35	531	489
Nursing, midwifery and health visiting staff	900	40	940	928
Nursing, midwifery and health visiting learners	7	0	7	5
Scientific, therapeutic and technical staff	465	27	492	455
Healthcare science staff	0	0	0	1
Other	34	1	35	35
Total average numbers	**2,645**	**193**	**2,839**	**2,727**
Of which:				
Number of employees (WTE) engaged on capital projects	**2**	**2**	**4**	**7**

Expenditure on consultancy

The Trust has spent a total of £57k on external consultancy during 2019/20. This consisted of:

Specialist IT advice £45k, and

CAMHS inpatient service technical advice £12k

Off-payroll engagements

The Trust had the following off-payroll engagements as of 31 March 2020, which are for more than £245 per day and where engagement was for six months or more.

Number of existing engagements as of 31 March 2020	13
Of which, the number that have existed:	
For less than one year at the time of reporting	1
For between one and two years at the time of reporting	1
For between two and three years at the time of reporting	0
For between three and four years at the time of reporting	0
For four or more years at the time of reporting	11

All but four of the existing engagements have contractual clauses to request assurance on tax status. Of the thirteen appointments all but two relate to forensic medical examiners; given the nature of their work the off-payroll arrangements gives the Trust the best value for money.

The Trust had new off-payroll engagements as follows, or those that reached six months in duration, between 1 April 2019 and 31 March 2020, that were for more than £245 per day and that lasted for longer than six months.

Number of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	3
Of which:	
Number assessed as caught by IR35	0
Number assessed as not caught by IR35	3
Number engaged directly (via PSC contracted to department) and are on the departmental payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year	0

Number of individuals that have been deemed 'Board members, and / or senior officers with significant financial responsibility' during the financial year. This figure includes off payroll and on-payroll engagement.	14

Trade Union Support

The Trust has a track record of working positively with staff-side representatives and supports a number of employees to undertake work associated with the Joint Negotiation and Consultation Forum (JNCF), and to support individual colleagues. There were 12 employees who undertook the role of accredited trade union officials

and were given paid time off to undertake these duties. The amount of time that they spent on this varied, to meet the demands of their members.

Reporting on time off for Trade Union facility time

The Trade Union (Facility Time Publication Requirements) Regulations 2017 (the Regulations) came into force on 1 April 2017. The Regulations require the Trust, as a public sector employer, to report and publish information annually on how much time is spent by their local union officials on paid 'trade union facility time'. For the year April 2019 to March 2020 the Trust is reporting

Exit Packages

The figures reported here are in respect of exit packages agreed in year. The actual date of departure may be in a subsequent period, and the expense in relation to departure costs may have been accrued in a previous period. The data here is therefore presented on a different basis to other staff cost expenditure in the accounts.

Exit Package cost band (including any special payment element)	Total number of compulsory redundancies Number	Number of departures where special payments have been made Number	Total number of exit packages Number
£10,000 - £25,000	1	0	1
£100,001 - £150,000	1	0	1
Total Number	**2**	**0**	**2**
Total Cost £	**£125,000**	**0**	**£125,000**

Redundancy and other departure costs have been paid in accordance with the provisions of Section 16 of the Agenda for Change Handbook. Exit costs in this note are accounted for in full in the year of departure. Where the trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirements are met by the NHS Pensions Scheme and are not included in the table. There were no other departures where special payments have been made during 2019/20.

Staff Sickness

This information has not been issued to the Trust at the time of this report, however information on the Trust's sickness rates is available from NHS Digital on the hyperlink.

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

Signed...Chief Executive

Date.........................

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Financial Statements (Full accounts and notes to be appended after Audit)

Leeds Community Healthcare NHS Trust

Annual accounts for the year ended 31 March 2020

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts, and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Trust's performance, business model and strategy.

By order of the Board

..............................Date...Chief Executive

..............................Date...Executive Director of Finance

Statement of Comprehensive Income

	Note	2019/20 £000	2018/19 £000
Operating income from patient care activities	3	162,397	145,276
Other operating income	4	8,915	10,364
Operating expenses	7, 9	(169,052)	(149,282)
Operating surplus/(deficit) from continuing operations		**2,260**	**6,358**
Finance income	12	206	153
Finance expenses	13	-	-
PDC dividends payable		(757)	(715)
Net finance costs		**(551)**	**(562)**
Other gains / (losses)	14	(12)	(140)
Share of profit / (losses) of associates / joint arrangements	21	-	-
Gains / (losses) arising from transfers by absorption		-	-
Corporation tax expense		-	-
Surplus / (deficit) for the year from continuing operations		**1,697**	**5,656**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	16	**-**	**-**
Surplus / (deficit) for the year		**1,697**	**5,656**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(1,112)	-
Revaluations	19	3,248	-
Share of comprehensive income from associates and joint ventures	21	-	-
Fair value gains / (losses) on equity instruments designated at fair value through OCI	22	-	-
Other recognised gains and losses		-	-
Remeasurements of the net defined benefit pension scheme liability / asset	38	-	-
Gain / (loss) arising from on transfers by modified absorption		-	-
Other reserve movements		-	-
May be reclassified to income and expenditure when certain conditions are met:			
Fair value gains / (losses) on financial assets mandated at fair value through OCI	22	-	-
Recycling gains / (losses) on disposal of financial assets mandated at fair value through OCI	14	-	-
Foreign exchange gains / (losses) recognised directly in OCI		-	-
Total comprehensive income / (expense) for the period		**3,833**	**5,656**
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the period		1,697	5,656
Remove net impairments not scoring to the Departmental expenditure limit		343	-
Remove (gains) / losses on transfers by absorption		-	-
Remove I&E impact of capital grants and donations		5	5
Prior period adjustments		-	-
Remove non-cash element of on-SoFP pension costs		-	-
Remove 2018/19 post audit PSF reallocation (2019/20 only)		-	
Adjusted financial performance surplus / (deficit)		**2,045**	**5,661**

Statement of Financial Position

	Note	31 March 2020 £000	31 March 2019 £000
Non-current assets			
Intangible assets	16	229	30
Property, plant and equipment	17	30,836	29,310
Investment property	20	-	-
Investments in associates and joint ventures	21	-	-
Other investments / financial assets	22	-	-
Receivables	25	-	-
Other assets	26	-	-
Total non-current assets		**31,065**	**29,340**
Current assets			
Inventories	24	-	-
Receivables	25	9,782	9,449
Other investments / financial assets	22	-	-
Other assets	26	-	-
Non-current assets for sale and assets in disposal groups	27	-	-
Cash and cash equivalents	28	33,086	26,483
Total current assets		**42,868**	**35,932**
Current liabilities			
Trade and other payables	29	(14,476)	(9,774)
Borrowings	31	-	-
Other financial liabilities	32	-	-
Provisions	34	(774)	(580)
Other liabilities	30	(985)	(1,099)
Liabilities in disposal groups	27	-	-
Total current liabilities		**(16,235)**	**(11,453)**
Total assets less current liabilities		**57,698**	**53,819**
Non-current liabilities			
Trade and other payables	29	-	-
Borrowings	31	-	-
Other financial liabilities	32	-	-
Provisions	34	-	-
Other liabilities	30	-	-
Total non-current liabilities		**-**	**-**
Total assets employed		**57,698**	**53,819**
Financed by			
Public dividend capital		441	395
Revaluation reserve		14,186	12,026
Financial assets reserve		-	-
Other reserves		-	-
Merger reserve		-	-
Income and expenditure reserve		43,071	41,398
Total taxpayers' equity		**57,698**	**53,819**

The notes on pages 8 to 52 form part of these accounts.

Signed
Name Thea Stein
Position Chief Executive Officer
Date 19 June 2020

Statement of Changes in Equity for the year ended 31 March 2020

	Public dividend capital £000	Revaluation reserve £000	Financial assets reserve £000	Other reserves £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2019	**395**	**12,026**	**-**	**-**	**-**	**41,398**	**53,819**
Surplus / (deficit) for the year	-	-	-	-	-	1,697	**1,697**
Gain / (loss) arising from transfers by modified absorption	-	-	-	-	-	-	**-**
Transfers by absorption: transfers between reserves	-	-	-	-	-	-	**-**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	**-**
Other transfers between reserves	-	24	-	-	-	(24)	**-**
Impairments	-	(1,112)	-	-	-	-	**(1,112)**
Revaluations	-	3,248	-	-	-	-	**3,248**
Transfer to retained earnings on disposal of assets	-	-	-	-	-	-	**-**
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	**-**
Fair value gains / (losses) on financial assets mandated at fair value through OCI	-	-	-	-	-	-	**-**
Fair value gains / (losses) on equity instruments designated at fair value through OCI	-	-	-	-	-	-	**-**
Recycling gains / (losses) on disposal of financial assets mandated at fair value through OCI	-	-	-	-	-	-	**-**
Foreign exchange gains / (losses) recognised directly through OCI	-	-	-	-	-	-	**-**
Other recognised gains and losses	-	-	-	-	-	-	**-**
Remeasurements of the defined net benefit pension scheme liability / asset	-	-	-	-	-	-	**-**
Public dividend capital received	46	-	-	-	-	-	**46**
Public dividend capital repaid	-	-	-	-	-	-	**-**
Public dividend capital written off	-	-	-	-	-	-	**-**
Other movements in public dividend capital in year	-	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2020	**441**	**14,186**	**-**	**-**	**-**	**43,071**	**57,698**

Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2018	**256**	**12,032**	**-**	**-**	**-**	**35,736**	**48,024**
Impact of implementing IFRS 15 on 1 April 2018	-	-	-	-	-	-	**-**
Impact of implementing IFRS 9 on 1 April 2018	-	-	-	-	-	-	**-**
Surplus / (deficit) for the year	-	-	-	-	-	5,656	**5,656**
Transfers by absorption: transfers between reserves	-	-	-	-	-	-	**-**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	**-**
Other transfers between reserves	-	-	-	-	-	-	**-**
Impairments	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	**-**
Transfer to retained earnings on disposal of assets	-	(6)	-	-	-	6	**-**
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	**-**
Fair value gains / (losses) on financial assets mandated at fair value through OCI	-	-	-	-	-	-	**-**
Fair value gains / (losses) on equity instruments designated at fair value through OCI	-	-	-	-	-	-	**-**
Recycling gains / (losses) on disposal of financial assets mandated at fair value through OCI	-	-	-	-	-	-	**-**
Foreign exchange gains / (losses) recognised directly through OCI	-	-	-	-	-	-	**-**
Other recognised gains and losses	-	-	-	-	-	-	**-**
Remeasurements of the defined net benefit pension scheme liability / asset	-	-	-	-	-	-	**-**
Public dividend capital received	139	-	-	-	-	-	**139**
Public dividend capital repaid	-	-	-	-	-	-	**-**
Public dividend capital written off	-	-	-	-	-	-	**-**
Other movements in public dividend capital in year	-	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2019	**395**	**12,026**	**-**	**-**	**-**	**41,398**	**53,819**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Other reserves
The Trust does not hold a financial assets (available for sale) reserve, a merger reserve or any other reserves not specifically included.

Statement of Cash Flows

	Note	2019/20	2018/19
		£000	£000
Cash flows from operating activities			
Operating surplus / (deficit)		2,260	6,358
Non-cash income and expense:			
Depreciation and amortisation	7.1	2,038	1,973
Net impairments	8	343	-
(Increase) / decrease in receivables and other assets		(346)	(879)
Increase / (decrease) in payables and other liabilities		4,437	(952)
Increase / (decrease) in provisions		194	(781)
Net cash flows from / (used in) operating activities		**8,926**	**5,719**
Cash flows from investing activities			
Interest received		206	153
Purchase of intangible assets		(208)	-
Purchase of Property, Plant and Equipment and investment property		(1,623)	(2,336)
Net cash flows from / (used in) investing activities		**(1,625)**	**(2,183)**
Cash flows from financing activities			
Public dividend capital received		46	139
PDC dividend (paid) / refunded		(744)	(436)
Net cash flows from / (used in) financing activities		**(698)**	**(297)**
Increase / (decrease) in cash and cash equivalents		**6,603**	**3,239**
Cash and cash equivalents at 1 April		**26,483**	**23,244**
Cash and cash equivalents transferred under absorption accounting		-	-
Unrealised gains / (losses) on foreign exchange		-	-
Cash and cash equivalents at 31 March	28.1	**33,086**	**26,483**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2019/20 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis.

The Trust's financial monitoring throughout 2019/20 provides evidence that financial duties and targets will be met or exceeded. The Trust has achieved the control total set by NHS Improvement for 2019/20. Historically the Trust has achieved all its financial duties.

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

The Trust has reported a use of resources risk rating of 1 since it was introduced in October 2016. A rating of 1 represents the lowest risk rating for provider organisations.

The Trust has prepared a draft financial plan for 2020/21; this plan demonstrates achievement of the target surplus and a risk rating of 1.

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

The Trust's liquidity remains very strong with circa £33m in the bank at year-end. The Trust has sufficient cash resources to meet all its liabilities in 2020/21.

The Board of Directors is an experienced team with only 1 Non-Executive member change during the financial year. The current Chair ended his term of office 7 May 2020. Due to the Coronavirus outbreak the recruitment of a new Chair had to be postponed. NHSE/I asked the current Vice Chair to take on the role of Interim Chair and this will commence 8 May 2020.

The Board considered the matter of the Trust as a going concern at its meeting on 27 March 2020, and through its ongoing assessment of sustainability and the resources needed to ensure it continues in operational existence for the foreseeable future. This is in line with the Group Accounting Manual December 2019 section 4.11-4.16.

The Senior Management Team has no intention of applying to the Secretary of State for dissolution of the Trust.

The 2019/20 CQC assessment of the Trust's service delivery rated services to be Good overall.

In considering the matters in this note, and an awareness of all relevant information, Senior Management have concluded that there are no material uncertainties related to events or conditions that may cast significant doubt about the ability of the Trust to continue as a going concern.

Note 1.3 Interests in other entities

Joint operations

Joint operations are arrangements in which the Trust has joint control with one or more other parties and has the rights to the assets, and obligations for the liabilities, relating to the arrangement. The Trust includes within its financial statements its share of the assets, liabilities, income and expenses.

The Trust provides sexual health services under a joint operation with Leeds Teaching Hospitals NHS Trust. As lead provider the contract income flows to the Trust, and Leeds Teaching Hospitals NHS Trust recharges expenditure associated with the provision of this service. The total cost of the service is recognised by Leeds Community Healthcare NHS Trust and a share of any profit or loss is transferred to Leeds Teaching Hospitals NHS Trust.

The Trust provides forensic child and adolescent mental and physical health services under a joint operation with South West Yorkshire Partnership NHS Foundation Trust. As lead provider the contract income flows to the Trust, and South West Yorkshire Partnership NHS Foundation Trust recharges expenditure associated with the provision of this service. The total cost of the service is recognised by Leeds Community Healthcare NHS Trust and a share of any profit or loss is transferred to South West Yorkshire Partnership NHS Foundation Trust.

On 1 November 2019 the Trust commenced the provision of an integrated mental wellbeing service for Leeds under a joint operation with Leeds and York Partnership NHS Foundation Trust, Northpoint, Touchstone, Community Links, Leeds GP Confederation, Women's Counselling Service and Homestart Leeds. As lead provider the contract income flows to the Trust and the other providers recharge expenditure associated with the provision of this service. The total cost of this service is recognised by Leeds Community Healthcare NHS Trust and a share of any profit or loss is transferred to the provider partners.

The Trust provides court liaison and diversion services under a joint operation with Community Links. As lead provider the contract income flows to the Trust and Community Links recharges expenditure associated with the provision of this service. The total cost of this service is recognised by Leeds Community Healthcare NHS Trust and a share of any profit or loss is transfered to Community Links.

The Trust provides weight management services under a joint operation with Leeds Teaching Hospitals NHS Trust and Leeds and York Partnership NHS Foundation Trust. As lead provider the contract income flows to the Trust and the other providers recharge expenditure associated with the provision of this service. The total cost of this service is recognised by Leeds Community Healthcare NHS Trust and a share of any profit or loss is transfered to the partner providers.

NHS Charitable Fund

The Trust is the Corporate Trustee to the Leeds Community Healthcare Charitable Trust and Related Charities. The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The Trust has decided not to consolidate the charitable funds into these accounts as the transactions are not material.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

With the exception of the Provider Sustainability Fund, income payments are not dependant on the timing of satisfaction of performance obligations.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of IFRS 15 entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete. This accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and de-recognises the relevant portion of income.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

Revenue from non-NHS contracts

The Trust receives revenue from contracts with non-NHS commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

The Trust's research contract values are not considered material.

Provider sustainability fund (PSF) and Financial recovery fund (FRF)

The PSF and FRF enable providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

The Provider Sustainability Fund (PSF) enables NHS providers to earn income linked to the achievement of financial controls and performance targets. Access to both the general and targeted elements of PSF are unlocked as NHS providers meet their financial control totals.

In line with IFRS 15, PSF should be accounted for as variable consideration. Paragraph 51 of the Standard identifies that consideration would be variable if a fixed amount is promised as a performance bonus.

In accordance with paragraph 50 of the Standard an entity is required to estimate the amount of consideration to which it will be entitled, in exchange for transferring promised goods or services. It is noted in paragraph 53 (b) of the Standard that the 'most likely amount' method of predicting consideration to which an entity will be entitled to, may be an appropriate method of estimation if there are only two possible outcomes; achieving a performance bonus or not. The method of estimation employed must be applied consistently throughout the contract.

Revenue from other contracts

The Trust has no other income under IFRS 15 that is considered material.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Other income

The Trust's other income relates to rental income and lease car income.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that, they have been received and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Property, plant and equipment
Recognition
Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as ‘held for sale’ cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of ‘other impairments’ are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as ‘held for sale’ once all of the following criteria are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their ‘fair value less costs to sell’. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as ‘held for sale’ and instead is retained as an operational asset and the asset’s useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets
Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation / grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation / grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

The Trust has no Private Finance Initiative or Local Improvement Finance Trust transactions.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	5	89
Dwellings	-	-
Plant & machinery	5	10
Transport equipment	-	-
Information technology	5	5
Furniture & fittings	10	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Information technology	-	-
Development expenditure	-	-
Websites	-	-
Software licences	5	5
Licences & trademarks	-	-
Patents	-	-
Other (purchased)	-	-
Goodwill	-	-

Note 1.10 Inventories

The Trust has no inventories.

Note 1.11 Investment properties

The Trust has no investment properties.

Note 1.12 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.13 Carbon Reduction Commitment scheme (CRC)

The Trust does not contribute to the Carbon Reduction Scheme.

Note 1.14 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets so classified are subsequently measured at amortised cost.

Financial liabilities so classified are subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.15 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as a lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

The Trust as a lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.16 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2020:

		Nominal rate
Short-term	Up to 5 years	0.51%
Medium-term	After 5 years up to 10 years	0.55%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2020:

	Inflation rate
Year 1	1.90%
Year 2	2.00%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.5% in real terms.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 34.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 35 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 35, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.18 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for
(i) donated and grant funded assets,
(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
(iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

Note 1.19 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.20 Corporation tax

Health service bodies are generally exempt from corporation tax, as they are either part of the Department of Health and Social Care or have specific exemption provided by sections 985 and 986 of the Corporation Tax Act 2010 (CTA 2010). Having reviewed these sections the Trust is satisfied it fulfils the definition of a health service body. The Trust has been established under section 25 of the National Health Service Act 2006 (as amended in 2012). This legislation states NHS trusts have been established to provide goods and services for the purposes of the health service. This is further defined as:

- the provision of goods and services for any purposes related to the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and
- the promotion and protection of public health.

Since the Trust only carries out services as described above, it has established no wholly or partially owned subsidiaries, and is therefore a health service body as defined by the Corporation Tax Act 2010, the Trust is exempt from corporation tax.

Note 1.21 Foreign exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.22 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.23 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.24 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.25 Transfers of functions to / from other NHS bodies

For functions that have been transferred to the Trust from another NHS body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain/loss corresponding to the net assets/liabilities transferred is recognised within income/expenses, but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation/amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

For functions that the Trust has transferred to another NHS body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss/gain corresponding to the net assets/liabilities transferred is recognised within expenses/income, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve.

Note 1.26 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2019/20.

Note 1.27 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2021, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

HM Treasury revised the implementation date for IFRS 16 in the UK public sector to 1 April 2021 on 19 March 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity from April 2021 and beyond, a quantification of the expected impact of applying the standard in 2021/22 is currently impracticable. However, the Trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

The Trust has undertaken significant work in respect of the implementation of IFRS 16 as this will transfer the current operating leases for accommodation and vehicles to finance leases. Systems and controls have been updated and a detailed analysis of the impact for 2020/21 has been completed and submitted to NHS England. This work will be updated to reflect the revised implementation date.

Other standards, amendments and interpretations

IFRS 17 Insurance Contracts

The International Accounting Standards Board has deferred the effective date of IFRS 17, Insurance Contracts, to annual reporting periods beginning on or after 1 January 2023. IFRS 17 as interpreted and adapted by the FReM is to be effective from 1 April 2023.

Note 1.28 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

In accordance with IFRS 15 Revenue from contracts, the Trust has included the full value of the Provider Sustainability Fund income. This arrangement enables provider organisations access to income linked to achievement of financial controls and performance targets, as such it is classified as variable consideration. As the Trust has met these targets in full the total value of this income has been recognised in year.

In line with IFRS 9 Financial Instruments, the Trust uses a provisions matrix approach to determine the value of provisions in respect of all financial instruments. The only financial instrument the Trust has is its trade receivables. The Trust has had to estimate its irrecoverable debt value using the matrix for 2019/20.

Note 1.29 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

An estimate of the redundancy and legal claims costs has been made and included in the Trust's expenditure for 2019/20 as required under IAS 37. The estimated value of this is £565k for redundancies and £209k for legal claims.

Note 2 Operating Segments

All activity at Leeds Community Healthcare NHS Trust is healthcare related and the majority of the Trust's revenue is received from within UK government departments.

The main proportion of operating expenses are payroll related and are for the staff directly involved in the provision of healthcare and the indirect and overhead costs associated with that provision. It is deemed that the business activities that earn revenues for the Trust, and in turn incur the expenses, are therefore one broad provision on which it is deemed appropriate to identify as only one segment, namely healthcare.

Monthly operating results are published for assessment and review by the Trust's Chief Operating Decision Maker, which is the overall Trust Board that includes Executive and Non-Executive Directors. The financial position of the Trust to date, the Trust's Statement of Financial Position and Cash Flow and projections of future performance are assessed as a whole Trust rather than individual component parts that make up the sum total. In addition, all reporting of the position of the Trust is presented on a whole Trust basis that again implies a single operating segment under IFRS 8. As all decisions affecting the Trust's future direction and viability are made based on the overall total presented to Board, the Trust is satisfied that the single segment of healthcare is appropriate and consistent with the principles of IFRS 8.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	**2019/20**	**2018/19**
	£000	**£000**
Acute services		
Elective income	-	-
Non elective income	-	-
First outpatient income	-	-
Follow up outpatient income	-	-
A & E income	-	-
High cost drugs income from commissioners (excluding pass-through costs)	-	-
Other NHS clinical income	-	1,071
Mental health services		
Cost and volume contract income	-	-
Block contract income	1,620	1,598
Clinical partnerships providing mandatory services (including S75 agreements)	-	-
Clinical income for the secondary commissioning of mandatory services	-	-
Other clinical income from mandatory services	-	-
Community services		
Community services income from CCGs and NHS England	124,663	111,071
Income from other sources (e.g. local authorities)	31,041	29,676
All services		
Private patient income	-	-
Agenda for Change pay award central funding*	-	1,546
Additional pension contribution central funding**	4,893	-
Other clinical income	180	314
Total income from activities	**162,397**	**145,276**

*Additional costs of the Agenda for Change pay reform in 2018/19 received central funding. From 2019/20 this funding is incorporated into tariff for individual services.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

	2019/20	**2018/19**
Income from patient care activities received from:	**£000**	**£000**
NHS England	16,960	9,020
Clinical commissioning groups	114,396	104,719
Department of Health and Social Care	-	1,546
Other NHS providers	2	319
NHS other	-	-
Local authorities	29,725	28,550
Non-NHS: private patients	-	-
Non-NHS: overseas patients (chargeable to patient)	-	-
Injury cost recovery scheme	-	-
Non NHS: other	1,314	1,122
Total income from activities	**162,397**	**145,276**
Of which:		
Related to continuing operations	162,397	145,276
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

The Trust made no charges relating to patients who are overseas visitors.

Note 4 Other operating income

	2019/20			2018/19		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	387	-	**387**	391	-	**391**
Education and training	2,006	109	**2,115**	1,801	73	**1,874**
Non-patient care services to other bodies	287	-	**287**	334	-	**334**
Provider sustainability fund (PSF)	1,138	-	**1,138**	3,953	-	**3,953**
Income in respect of employee benefits accounted on a gross basis	1,115	-	**1,115**	967	-	**967**
Receipt of capital grants and donations	-	-	**-**	-	-	**-**
Charitable and other contributions to expenditure	-	-	**-**	-	-	**-**
Support from the Department of Health and Social Care for mergers	-	-	**-**	-	-	**-**
Rental revenue from finance leases	-	-	**-**	-	-	**-**
Rental revenue from operating leases	-	507	**507**	-	481	**481**
Amortisation of PFI deferred income / credits	-	-	**-**	-	-	**-**
Other income *	3,303	-	**3,303**	2,364	-	**2,364**
Total other operating income	**8,299**	**616**	**8,915**	**9,810**	**554**	**10,364**
Of which:						
Related to continuing operations			**8,915**			**10,364**
Related to discontinued operations			**-**			**-**

* Other contract income totalled £3.3m; of which £755k was rental income, £197k was lease car income, £1,730k was income to fund projects supporting the transformation of care pathways.

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2019/20	2018/19
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	380	316
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 5.2 Transaction price allocated to remaining performance obligations

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	31 March 2020	31 March 2019
	£000	£000
within one year	-	-
after one year, not later than five years	-	-
after five years	-	-
Total revenue allocated to remaining performance obligations	**-**	**-**

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 6.1 Fees and charges

HM Treasury requires disclosure of fees and charges income. The following disclosure is of income from charges to service users where income from that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

The Trust has no income associated with fees and charges.

Note 7.1 Operating expenses

	2019/20 £000	2018/19 £000
Purchase of healthcare from NHS and DHSC bodies	-	-
Purchase of healthcare from non-NHS and non-DHSC bodies	1,968	1,563
Purchase of social care	-	-
Staff and executive directors costs	119,922	107,034
Remuneration of non-executive directors	67	53
Supplies and services - clinical (excluding drugs costs)	13,932	10,511
Supplies and services - general	5,072	5,026
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	888	854
Inventories written down	-	-
Consultancy costs	57	-
Establishment	3,519	3,330
Premises *	6,997	5,508
Transport (including patient travel)	1,985	1,951
Depreciation on property, plant and equipment	2,029	1,956
Amortisation on intangible assets	9	17
Net impairments	343	-
Movement in credit loss allowance: contract receivables / contract assets	4	(59)
Movement in credit loss allowance: all other receivables and investments	-	-
Increase/(decrease) in other provisions	(44)	(30)
Change in provisions discount rate(s)	-	-
Audit fees payable to the external auditor:		
audit services- statutory audit	47	48
other auditor remuneration (external auditor only)	-	-
Internal audit costs	94	96
Clinical negligence	227	260
Legal fees	24	36
Insurance	100	116
Research and development	27	19
Education and training	662	642
Rentals under operating leases *	8,308	8,207
Early retirements	-	-
Redundancy	376	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	-	-
Charges to operating expenditure for off-SoFP PFI / LIFT schemes	-	-
Car parking & security	250	250
Hospitality	-	-
Losses, ex gratia & special payments	64	50
Grossing up consortium arrangements	-	-
Other services, eg external payroll	838	817
Other **	1,287	1,027
Total	**169,052**	**149,282**
Of which:		
Related to continuing operations	169,052	149,282
Related to discontinued operations	-	-

* In advance of the adoption of IFRS 16; during 2019/20 the Trust has been establishing formal leases for all premises. Whilst this work has not been fully completed all building rental costs have been transferred from premises, where historically they have been reported, to rentals under operating leases. The prior year figures have been adjusted by £6,876k in respect of this change to provide comparators.

** Other expenditure includes £825k relating to external recharges in respect of joint operations and £300k for services commissioned from South West Yorkshire Partnership NHS FT and Bradford District Care NHS FT using New Care Models resources.

Note 7.2 Other auditor remuneration

The Trust has no other auditor remeuneration in 2019/20.

Note 7.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1m (2018/19: £1m).

Note 8 Impairment of assets

	2019/20	2018/19
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	-	-
Over specification of assets	-	-
Abandonment of assets in course of construction	-	-
Unforeseen obsolescence	-	-
Loss as a result of catastrophe	-	-
Changes in market price	343	-
Other	-	-
Total net impairments charged to operating surplus / deficit	**343**	**-**
Impairments charged to the revaluation reserve	1,112	-
Total net impairments	**1,455**	**-**

The District Valuer indicated an anticipated movement in property values of 13% since the last valuation was undertaken; in line with the Trust's policy, an asset valuation was commissioned from the District Valuer as at 31 March 2020 to ensure the carrying values reflect market prices. This has resulted in impairments totalling £1,455k of which £1,112k was taken through the revaluation reserve and a net £343k as an expense; being £589k and the reversal of prior year impairments of £246k.

Note 9 Employee benefits

	2019/20	2018/19
	Total	Total
	£000	£000
Salaries and wages	90,717	84,009
Social security costs	8,419	7,803
Apprenticeship levy	421	390
Employer's contributions to NHS pensions	16,106	10,366
Pension cost - other	50	31
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	376	(690)
Temporary staff (including agency)	4,472	5,516
Total gross staff costs	**120,561**	**107,425**
Recoveries in respect of seconded staff	-	-
Total staff costs	**120,561**	**107,425**
Of which		
Costs capitalised as part of assets	263	391

Note 9.1 Retirements due to ill-health

During 2019/20 there were 5 early retirements from the Trust agreed on the grounds of ill-health (5 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £300k (£309k in 2018/19).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 10 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Other pension costs

NEST (National Employment Savings Trust) is an alternative pension scheme set up to comply with new legislation which provides that employees fulfilling certain criteria must auto-enrol into a pension scheme. When they do not qualify for or wish to join the NHS Pension Scheme this is the Trust's mandatory alternative scheme. NEST Corporation is the Trustee body that has overall responsibility for running NEST. It is a non-departmental public body that operates at arm's length from government and is accountable to Parliament through the Department of Work and Pensions (DWP). The Trust has expensed £50k during the year in respect of contributions for employees under the NEST scheme.

Note 11 Operating leases

Note 11.1 Leeds Community Healthcare NHS Trust as a lessor

This note discloses income generated in operating lease agreements where Leeds Community Healthcare NHS Trust is the lessor.

Leasing arrangements where the Trust is a lessor relate to the sub-letting of health centres and clinics, where the lessee is generally a GP practice or other healthcare provider.

	2019/20	2018/19
	£000	£000
Operating lease revenue		
Minimum lease receipts	507	481
Contingent rent	-	-
Other	-	-
Total	**507**	**481**

	31 March 2020	31 March 2019
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	491	507
- later than one year and not later than five years;	1,243	1,289
- later than five years.	34	95
Total	**1,768**	**1,891**

Note 11.2 Leeds Community Healthcare NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Leeds Community Healthcare NHS Trust is the lessee.

The Trust has leases in respect of accommodation, vehicles and photocopiers.

	2019/20	2018/19
	£000	£000
Operating lease expense		
Minimum lease payments	8,308	8,207
Contingent rents	-	-
Less sublease payments received	-	-
Total	**8,308**	**8,207**

	31 March 2020	31 March 2019
	£000	£000
Future minimum lease payments due:		
- not later than one year;	8,100	8,148
- later than one year and not later than five years;	28,656	29,891
- later than five years.	46,058	52,570
Total	**82,814**	**90,609**
Future minimum sublease payments to be received	-	-

Note 12 Finance income

Finance income represents interest received on assets and investments in the period.

	2019/20	2018/19
	£000	£000
Interest on bank accounts	206	153
Interest income on finance leases	-	-
Interest on other investments / financial assets	-	-
Other finance income	-	-
Total finance income	**206**	**153**

Note 13.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2019/20	2018/19
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	-	-
Other loans	-	-
Overdrafts	-	-
Finance leases	-	-
Interest on late payment of commercial debt	-	-
Main finance costs on PFI and LIFT schemes obligations	-	-
Contingent finance costs on PFI and LIFT scheme obligations	-	-
Total interest expense	**-**	**-**
Unwinding of discount on provisions	-	-
Other finance costs	-	-
Total finance costs	**-**	**-**

Note 13.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2019/20	2018/19
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 14 Other gains / (losses)

	2019/20	2018/19
	£000	£000
Gains on disposal of assets	-	-
Losses on disposal of assets	(12)	(140)
Total gains / (losses) on disposal of assets	**(12)**	**(140)**
Gains / (losses) on foreign exchange	-	-
Fair value gains / (losses) on investment properties	-	-
Fair value gains / (losses) on financial assets / investments	-	-
Fair value gains / (losses) on financial liabilities	-	-
Recycling gains / (losses) on disposal of financial assets mandated as fair value through OCI	-	-
Other gains / (losses)	-	-
Total other gains / (losses)	**(12)**	**(140)**

Assets disposed of during the year relate to the write off of equipment no longer in use and not saleable.

Note 15 Discontinued operations

The Trust has no discontinued operations.

Note 16.1 Intangible assets - 2019/20

	Software licences	Total
	£000	£000
Valuation / gross cost at 1 April 2019	**47**	**47**
Transfers by absorption	-	-
Additions	208	**208**
Impairments	-	-
Reversals of impairments	-	-
Revaluations	-	-
Reclassifications	-	-
Transfers to / from assets held for sale	-	-
Disposals / de-recognition	-	-
Valuation / gross cost at 31 March 2020	**255**	**255**
Amortisation at 1 April 2019	**17**	**17**
Transfers by absorption	-	-
Provided during the year	9	**9**
Impairments	-	-
Reversals of impairments	-	-
Revaluations	-	-
Reclassifications	-	-
Transfers to / from assets held for sale	-	-
Disposals / de-recognition	-	-
Amortisation at 31 March 2020	**26**	**26**
Net book value at 31 March 2020	**229**	**229**
Net book value at 1 April 2019	**30**	**30**

Note 16.2 Intangible assets - 2018/19

	Software licences £000	Total £000
Valuation / gross cost at 1 April 2018	**259**	**259**
Transfers by absorption	-	-
Additions	-	-
Impairments	-	-
Reversals of impairments	-	-
Revaluations	-	-
Reclassifications	-	-
Transfers to / from assets held for sale	-	-
Disposals / de-recognition	(212)	**(212)**
Valuation / gross cost at 31 March 2019	**47**	**47**
Amortisation at 1 April 2018	**206**	**206**
Transfers by absorption	-	-
Provided during the year	17	**17**
Impairments	-	-
Reversals of impairments	-	-
Revaluations	-	-
Reclassifications	-	-
Transfers to / from assets held for sale	-	-
Disposals / de-recognition	(206)	**(206)**
Amortisation at 31 March 2019	**17**	**17**
Net book value at 31 March 2019	**30**	**30**
Net book value at 1 April 2018	**53**	**53**

Note 17.1 Property, plant and equipment - 2019/20

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	IT	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2019	**10,241**	**16,294**	**-**	**2,076**	**5,305**	**189**	**34,105**
Transfers by absorption	-	-	-	-	-	-	**-**
Additions	-	735	359	138	542	-	**1,774**
Impairments	(785)	(999)	-	-	-	-	**(1,784)**
Reversals of impairments	124	106	-	-	-	-	**230**
Revaluations	128	1,889	-	-	-	-	**2,017**
Reclassifications	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	**-**
Disposals / de-recognition	-	-	-	(128)	-	-	**(128)**
Valuation/gross cost at 31 March 2020	**9,708**	**18,025**	**359**	**2,086**	**5,847**	**189**	**36,214**
Accumulated depreciation at 1 April 2019	**-**	**911**	**-**	**1,572**	**2,158**	**154**	**4,795**
Transfers by absorption	-	-	-	-	-	-	**-**
Provided during the year	-	766	-	198	1,050	15	**2,029**
Impairments	-	(83)	-	-	-	-	**(83)**
Reversals of impairments	-	(16)	-	-	-	-	**(16)**
Revaluations	-	(1,231)	-	-	-	-	**(1,231)**
Reclassifications	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	**-**
Disposals / de-recognition	-	-	-	(116)	-	-	**(116)**
Accumulated depreciation at 31 March 2020	**-**	**347**	**-**	**1,654**	**3,208**	**169**	**5,378**
Net book value at 31 March 2020	**9,708**	**17,678**	**359**	**432**	**2,639**	**20**	**30,836**
Net book value at 1 April 2019	**10,241**	**15,383**	**-**	**504**	**3,147**	**35**	**29,310**

Note 17.2 Property, plant and equipment - 2018/19

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	IT	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2018	**10,241**	**15,670**	**-**	**2,169**	**4,898**	**589**	**33,567**
Transfers by absorption	-	-	-	-	-	-	**-**
Additions	-	664	-	120	1,306	-	**2,090**
Impairments	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	**-**
Disposals / de-recognition	-	(40)	-	(213)	(899)	(400)	**(1,552)**
Valuation/gross cost at 31 March 2019	**10,241**	**16,294**	**-**	**2,076**	**5,305**	**189**	**34,105**
Accumulated depreciation at 1 April 2018	**-**	**217**	**-**	**1,493**	**2,018**	**529**	**4,257**
Transfers by absorption	-	-	-	-	-	-	**-**
Provided during the year	-	705	-	277	949	25	**1,956**
Impairments	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	**-**
Disposals / de-recognition	-	(11)	-	(198)	(809)	(400)	**(1,418)**
Accumulated depreciation at 31 March 2019	**-**	**911**	**-**	**1,572**	**2,158**	**154**	**4,795**
Net book value at 31 March 2019	**10,241**	**15,383**	**-**	**504**	**3,147**	**35**	**29,310**
Net book value at 1 April 2018	**10,241**	**15,453**	**-**	**676**	**2,880**	**60**	**29,310**

Note 17.3 Property, plant and equipment financing - 2019/20

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	IT	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020							
Owned - purchased	9,708	17,090	359	432	2,639	20	**30,248**
Finance leased	-	-	-	-	-	-	**-**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	**-**
Off-SoFP PFI residual interests	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	**-**
Owned - donated	-	588	-	-	-	-	**588**
Net book value total at 31 March 2020	**9,708**	**17,678**	**359**	**432**	**2,639**	**20**	**30,836**

Note 17.4 Property, plant and equipment financing - 2018/19

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	IT	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019							
Owned - purchased	10,241	15,215	-	504	3,147	35	**29,142**
Finance leased	-	-	-	-	-	-	**-**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	**-**
Off-SoFP PFI residual interests	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	**-**
Owned - donated	-	168	-	-	-	-	**168**
Net book value total at 31 March 2019	**10,241**	**15,383**	**-**	**504**	**3,147**	**35**	**29,310**

Note 18 Donations of property, plant and equipment

The Trust received no donations of property, plant and equipment during 2019/20.

Note 19 Revaluations of property, plant and equipment

Revaluation of property and land

- these were revalued as at 31 March 2020
- the valuation was under taken by the District Valuer
- all the Trust's buildings are specialised assets and are valued and depreciated at replacement cost. Modern equivalent assets values were used but not alternative site basis as buildings are situated in line with service requirements
- one building previously designated as a non-specialised asset has been reclassified as a specialised asset on advice from the District Valuer.
- as part of the revaluation the District Valuer updated the useful economic lives of building assets.

The valuation exercise was carried out in February 2020 with a valuation date of 31 March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19.

The District Valuer reports "The outbreak of the Novel Coronavirus (COVID-19), declared by the World Health Organisation as a "Global Pandemic" on 11 March 2020, has impacted global financial markets. Travel restrictions have been implemented by many countries. Market activity is being impacted in many sectors. As at the valuation date, we consider that we can attach less weight to previous market evidence for comparison purposes, to inform opinions of value. Indeed, the current response to COVID-19 means that we are faced with an unprecedented set of circumstances on which to base a judgement."

The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

Revaluation of plant and equipment

- the Trust does not revalue its plant and equipment. The carrying value is depreciated annually and this is considered sufficient to ensure asset values are up to date.

Note 20 Investment Property

The Trust has no investment property.

Note 21 Investments in associates and joint ventures

The Trust has no investments in associates and joint ventures.

Note 22 Other investments / financial assets (non-current)

The Trust has no non-current other investments / financial assets.

Note 22.1 Other investments / financial assets (current)

The Trust has no current other investments / financial assets.

Note 23 Disclosure of interests in other entities

The Trust has no interests in unconsolidated subsidiaries, joint ventures, associates or unconsolidated structured entities.

Note 24 Inventories

The Trust has no inventories.

Note 25.1 Receivables

	31 March 2020 £000	31 March 2019 £000
Current		
Contract receivables	8,217	8,395
Contract assets	-	-
Capital receivables	-	-
Allowance for impaired contract receivables / assets	(6)	(8)
Allowance for other impaired receivables	-	-
Deposits and advances	-	-
Prepayments (non-PFI)	1,089	490
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
PDC dividend receivable	17	30
VAT receivable	423	489
Corporation and other taxes receivable	-	-
Other receivables	42	53
Total current receivables	**9,782**	**9,449**
Non-current		
Contract receivables	-	-
Contract assets	-	-
Capital receivables	-	-
Allowance for impaired contract receivables / assets	-	-
Allowance for other impaired receivables	-	-
Deposits and advances	-	-
Prepayments (non-PFI)	-	-
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
VAT receivable	-	-
Corporation and other taxes receivable	-	-
Other receivables	-	-
Total non-current receivables	**-**	**-**
Of which receivable from NHS and DHSC group bodies:		
Current	3,378	5,182
Non-current	-	-

Note 25.2 Allowances for credit losses

	2019/20		2018/19	
	Contract receivables and contract assets	**All other receivables**	**Contract receivables and contract assets**	**All other receivables**
	£000	**£000**	**£000**	**£000**
Allowances as at 1 April	**8**	**-**	**-**	**100**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	-	-	100	(100)
Transfers by absorption	-	-	-	-
New allowances arising	11	-	65	-
Changes in existing allowances	-	-	(33)	-
Reversals of allowances	(7)	-	(91)	-
Utilisation of allowances (write offs)	(6)	-	(33)	-
Changes arising following modification of contractual cash flows	-	-	-	-
Foreign exchange and other changes	-	-	-	-
Allowances as at 31 March 2020	**6**	**-**	**8**	**-**

Note 25.3 Exposure to credit risk

NHS debt is resolved through the agreement of balances process and, as such, is not considered to be a credit risk. In line with IFRS 9 the Trust uses a provision matrix to categorise the debts and review historical losses over a two year period. The historical debt rates of non-NHS debt were determined by calculating invoices written off as a percentage of total non-NHS debt. Forward looking macro-economic factors were considered and the final credit losses rates were calculated.

The main credit risk to the Trust is from ex-employee debt and the credit loss rate to be applied to this type of debt was calculated as 26.75%. Overall a £6k credit loss allowance has been recognised for non-NHS receivables in 2019/20.

Note 26 Other assets

The Trust has no other assets.

Note 27.1 Non-current assets held for sale and assets in disposal groups

The Trust has no non-current assets held for sale and assets in disposal groups to disclose for the accounting period.

Note 27.2 Liabilities in disposal groups

The Trust has no liabilities in disposal groups.

Note 28.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2019/20	2018/19
	£000	£000
At 1 April	**26,483**	**23,244**
Transfers by absorption	-	-
Net change in year	6,603	3,239
At 31 March	**33,086**	**26,483**
Broken down into:		
Cash at commercial banks and in hand	3	3
Cash with the Government Banking Service	33,083	26,480
Deposits with the National Loan Fund	-	-
Other current investments	-	-
Total cash and cash equivalents as in SoFP	**33,086**	**26,483**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**33,086**	**26,483**

Note 28.2 Third party assets held by the Trust

The Trust holds no third party assets.

Note 29.1 Trade and other payables

	31 March 2020	31 March 2019
	£000	£000
Current		
Trade payables	2,505	2,628
Capital payables	277	126
Accruals	7,862	3,478
Receipts in advance and payments on account	-	-
PFI lifecycle replacement received in advance	-	-
Social security costs	1,393	1,265
VAT payables	-	-
Other taxes payable	849	793
PDC dividend payable	-	-
Other payables	1,590	1,484
Total current trade and other payables	**14,476**	**9,774**
Non-current		
Trade payables	-	-
Capital payables	-	-
Accruals	-	-
Receipts in advance and payments on account	-	-
PFI lifecycle replacement received in advance	-	-
VAT payables	-	-
Other taxes payable	-	-
Other payables	-	-
Total non-current trade and other payables	**-**	**-**
Of which payables from NHS and DHSC group bodies:		
Current	2,795	1,552
Non-current	-	-

Note 29.2 Early retirements in NHS payables above

There are no early retirements included in NHS payables.

Note 30 Other liabilities

	31 March 2020	31 March 2019
	£000	£000
Current		
Deferred income: contract liabilities	985	1,099
Deferred grants	-	-
Deferred PFI credits / income	-	-
Lease incentives	-	-
Other deferred income	-	-
Total other current liabilities	**985**	**1,099**
Non-current		
Deferred income: contract liabilities	-	-
Deferred grants	-	-
Deferred PFI credits / income	-	-
Lease incentives	-	-
Other deferred income	-	-
Net pension scheme liability	-	-
Total other non-current liabilities	**-**	**-**

Note 31.1 Borrowings

The Trust has no borrowings.

Note 31.2 Reconciliation of liabilities arising from financing activities - 2019/20

There were no financial liabilities arising from financing activities for 2019/20.

Note 31.3 Reconciliation of liabilities arising from financing activities - 2018/19

There were no financial liabilities arising from financing activities for 2018/19.

Note 32 Other financial liabilities

The Trust has no other financial liabilities.

Note 33 Finance leases

The Trust has no finance leases,

Note 34.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Equal Pay (including Agenda for Change)	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2019	-	-	266	-	-	314	-	580
Transfers by absorption	-	-	-	-	-	-	-	-
Change in the discount rate	-	-	-	-	-	-	-	-
Arising during the year	-	-	8	-	-	531	-	539
Utilised during the year	-	-	(13)	-	-	(125)	-	(138)
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-	-	-
Reversed unused	-	-	(52)	-	-	(155)	-	(207)
Unwinding of discount	-	-	-	-	-	-	-	-
At 31 March 2020	-	-	209	-	-	565	-	774
Expected timing of cash flows:								
- not later than one year;	-	-	209	-	-	565	-	774
- later than one year and not later than five years;	-	-	-	-	-	-	-	-
- later than five years.	-	-	-	-	-	-	-	-
Total	-	-	209	-	-	565	-	774

In respect of legal claims the uncertainty as to amounts and timings relates to the time taken to determine whether or not the Trust is liable and if so, what the value of that liability will be.

In respect of redundancy and other provisions, the uncertainty as to amounts and timings relates to the time that will need to be taken to complete the formal processes.

Note 34.2 Clinical negligence liabilities

At 31 March 2020, £2,908k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Leeds Community Healthcare NHS Trust (31 March 2019: £619k).

Note 35 Contingent assets and liabilities

The Trust has no contingent assets and liabilities.

Note 36 Contractual capital commitments

The Trust has no contractual capital commitments.

Note 37 Other financial commitments

The Trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

	31 March 2020	31 March 2019
	£000	£000
not later than 1 year	5,946	1,390
after 1 year and not later than 5 years	4,115	1,373
paid thereafter	-	-
Total	**10,061**	**2,763**

Note 38 Defined benefit pension schemes

The Trust has no defined benefit pension schemes.

Note 39 On-SoFP PFI, LIFT or other service concession arrangements

The Trust has no on-SoFP PFI, LIFT or other service concession arrangements.

Note 40 Off-SoFP PFI, LIFT and other service concession arrangements

The Trust has no off-SoFP PFI, LIFT or other service concession arrangements.

Note 41 Financial instruments

Note 41.1 Financial risk management

In accordance with IFRS 7, trusts should disclose information that enables users of the accounts to evaluate the nature and extent of risks arising from financial instruments to which the Trust is exposed at the end of the reporting period. Because of the continuing service provider relationship that the Trust has with commissioners and the way those commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. In addition financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Trust Board. The Trust's treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations.

The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust currently has no borrowings.

The Trust may borrow from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings would be for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan.

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health and Social Care, the lender, at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

The majority of the Trust's revenue comes from contracts with other public sector bodies, therefore, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2020 are in receivables from customers, as disclosed in note 25.3.

Liquidity risk

The majority of the Trust's operating costs are incurred under contracts with Clincial Commissioning Groups, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit.

The Trust is not therefore exposed to significant liquidity risks.

Note 41.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	8,253	-	-	**8,253**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	33,086	-	-	**33,086**
Total at 31 March 2020	**41,339**	**-**	**-**	**41,339**

Carrying values of financial assets as at 31 March 2019	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	8,440	-	-	**8,440**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	26,483	-	-	**26,483**
Total at 31 March 2019	**34,923**	**-**	**-**	**34,923**

Note 41.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	-	-	**-**
Obligations under finance leases	-	-	**-**
Obligations under PFI, LIFT and other service concession contracts	-	-	**-**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	10,668	-	**10,668**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2020	**10,668**	**-**	**10,668**

Carrying values of financial liabilities as at 31 March 2019	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	-	-	**-**
Obligations under finance leases	-	-	**-**
Obligations under PFI, LIFT and other service concession contracts	-	-	**-**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	6,289	-	**6,289**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2019	**6,289**	**-**	**6,289**

Note 41.4 Maturity of financial liabilities

	31 March 2020	31 March 2019
	£000	£000
In one year or less	10,668	6,289
In more than one year but not more than two years	-	-
In more than two years but not more than five years	-	-
In more than five years	-	-
Total	**10,668**	**6,289**

Note 41.5 Fair values of financial assets and liabilities

The book value (carrying value) of financial assets and liabilities is a reasonable approximation of fair value.

Note 42 Losses and special payments

	2019/20		2018/19	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	1	16	3	-
Fruitless payments	-	-	-	-
Bad debts and claims abandoned	17	8	31	36
Stores losses and damage to property	-	-	1	1
Total losses	**18**	**24**	**35**	**37**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	10	40	7	13
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**10**	**40**	**7**	**13**
Total losses and special payments	**28**	**64**	**42**	**50**
Compensation payments received		-		-

There are no cases which exceed £300k to disclose.

Note 43 Gifts

There are no gifts to disclose.

Note 44 Related parties

Details of related parties transactions must be disclosed in accordance with IAS 24; these are as follows:

	Expenditure with Related Party	Revenue from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£	£	£	£
University of Leeds Jane Madeley (Non-Executive Director) *Chief Financial Officer, University of Leeds*	65,780	11,851	13,372	-
Care Quality Commission Thea Stein (Chief Executive Officer) *Executive Reviewer*	109,251	-	-	-
Royal College of Psychiatrists Dr Tony Dearden (Non-Executive Director) *Fellow*	3,174	-	-	-
University of Huddersfield Helen Thompson (Non-Executive Director) *Council member*	-	29,376	-	8,647
Leeds GP Confederation Jenny Allen (Director of Workforce) *Director of Workforce, Leeds GP Confederation* Ruth Burnett (Medical Director) *Medical Director, Leeds GP Confederation* Stephanie Lawrence (Executive Director of Nursing) *Director of Nursing, Leeds GP Confederation* Laura Smith (Director of Workforce) *Director of Workforce, Leeds GP Confederation*	250,000	68,601	250,000	64,694
Age UK Jenny Allen (Director of Workforce) *Husband is trustee*	100	-	-	-

The Department of Health & Social Care is regarded as a related party. During the year 2019/20 the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department as listed below:

Airedale NHS Foundation Trust
Barnsley Hospital NHS Foundation Trust
Bradford District Care NHS Foundation Trust
Bradford Teaching Hospitals NHS Foundation Trust
Care Quality Commission
Central & North West London NHS Foundation Trust
Department of Health & Social Care
East Lancashire Hospitals NHS Trust
East of England Ambulance Service NHS Trust
Great Ormond Street Hospital for Children NHS Foundation Trust
Greater Manchester West Mental Health NHS Foundation Trust
Harrogate and District NHS Foundation Trust
Health Education England
Hull University Teaching Hospitals NHS Trust
Leeds and York Partnership NHS Foundation Trust
Leeds Teaching Hospitals NHS Trust
London North West University Healthcare NHS Trust
Manchester University NHS Foundation Trust
Mid Yorkshire Hospitals NHS Trust
NHS Airedale, Wharfedale and Craven CCG
NHS Barnsley CCG
NHS Bolton CCG
NHS Bradford City CCG
NHS Bradford Districts CCG
NHS Calderdale CCG
NHS Camden CCG
NHS Cannock Chase CCG
NHS Doncaster CCG
NHS Ealing CCG
NHS East and North Hertfordshire CCG
NHS East Lancashire CCG
NHS England
NHS Greater Huddersfield CCG
NHS Harrogate and Rural District CCG
NHS Herts Valleys CCG
NHS Heywood, Middleton and Rochdale CCG
NHS Horsham and Mid Sussex CCG
NHS Hull CCG
NHS Improvement
NHS Lambeth CCG
NHS Leeds CCG
NHS Leicester City CCG
NHS Liverpool CCG
NHS Newcastle Gateshead CCG
NHS North Kirklees CCG
NHS North Lincolnshire CCG
NHS North Norfolk CCG
NHS North of England Commissioning Support Unit
NHS Northumberland CCG
NHS Nottingham City CCG
NHS Resolution
NHS Rotherham CCG
NHS Scarborough and Ryedale CCG
NHS Sheffield CCG
NHS Somerset CCG
NHS South East Staffs and Seisdon Peninsula CCG
NHS Stoke on Trent CCG
NHS Sunderland CCG
NHS Thanet CCG
NHS Trafford CCG
NHS Vale of York CCG
NHS Wakefield CCG
NHS Warrington CCG
NHS Wolverhampton CCG
Nottinghamshire Healthcare NHS Foundation Trust
Oxford Health NHS Foundation Trust
Pennine Care NHS Foundation Trust
Public Health England
Rotherham Doncaster and South Humber NHS Foundation Trust
Royal Free London NHS Foundation Trust
Royal Liverpool & Broadgreen University Hospitals NHS Trust
Salford Royal NHS Foundation Trust
Sandwell and West Birmingham Hospitals NHS Trust
Sheffield Teaching Hospitals NHS Foundation Trust
South West Yorkshire Partnership NHS Foundation Trust
Tavistock & Portman NHS Foundation Trust
The Christie NHS Foundation Trust
The Newcastle Upon Tyne Hospitals NHS Foundation Trust
The Rotherham NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
University Hospitals of Derby & Burton NHS Foundation Trust
West Midlands Ambulance Service NHS Trust
York Teaching Hospital NHS Foundation Trust
Yorkshire Ambulance Service NHS Trust

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies as listed below:

Abertawe Bro Morgan ULHB
Aneurin Bevan Local Health Board
Community Health Partnerships Ltd
East Riding of Yorkshire Council
HM Revenue and Customs
Humberside Police and Crime Commissioner and Chief Constable
Leeds City Council
National Employment Savings Trust
NHS Pension Authority
NHS Property Services
West Yorkshire Police and Crime Commissioner and Chief Constable

The Trust has received receipts from Leeds Community Healthcare Charitable Trust and Related Charities for which the Trust Board is Corporate Trustee. These are solely to reimburse the Trust for purchases made for the Charity as an agent.

The audited accounts of the Charity are available from the Trust's Communications Team.

Note 45 Transfers by absorption

There are no transfers by absorption to disclose.

Note 46 Prior period adjustments

There are no prior period adjustemnts to disclose.

Note 47 Events after the reporting date

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. Given this relates to liabilities that existed at 31 March 2020, DHSC has updated its Group Accounting Manual to advise this is considered an adjusting event after the reporting period for providers.

The Trust has no outstanding loans with DHSC and therefore this change will not impact on the organisation.

The current Chair ended his term of office 7 May 2020. Due to the Coronavirus outbreak the recruitment of a new Chair had to be postponed. NHSE/I asked the current Vice Chair to take on the role of Interim Chair and this will commence 8 May 2020.

Note 48 Better Payment Practice code

	2019/20	2019/20	2018/19	2018/19
Non-NHS Payables	**Number**	**£000**	**Number**	**£000**
Total non-NHS trade invoices paid in the year	16,214	33,147	14,946	29,364
Total non-NHS trade invoices paid within target	15,729	32,536	14,523	28,833
Percentage of non-NHS trade invoices paid within target	97.0%	98.2%	97.2%	98.2%
NHS Payables				
Total NHS trade invoices paid in the year	1,115	19,427	988	16,551
Total NHS trade invoices paid within target	1,104	19,166	980	16,337
Percentage of NHS trade invoices paid within target	99.0%	98.7%	99.2%	98.7%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 49 External financing limit

The Trust is given an external financing limit against which it is permitted to underspend.

	2019/20	2018/19
	£000	**£000**
Cash flow financing	(6,557)	(3,100)
Finance leases taken out in year	-	-
Other capital receipts	-	-
External financing requirement	**(6,557)**	**(3,100)**
External financing limit (EFL)	597	(3,100)
Under / (over) spend against EFL	**7,154**	**-**

Note 50 Capital Resource Limit

	2019/20	2018/19
	£000	**£000**
Gross capital expenditure	1,982	2,090
Less: Disposals	(12)	(140)
Less: Donated and granted capital additions	-	-
Plus: Loss on disposal from capital grants in kind	-	-
Charge against Capital Resource Limit	**1,970**	**1,950**
Capital Resource Limit	2,067	2,051
Under / (over) spend against CRL	**97**	**101**

Note 51 Breakeven duty financial performance

	2019/20
	£000
Adjusted financial performance surplus / (deficit) (control total basis)	2,045
Remove impairments scoring to Departmental Expenditure Limit	-
Add back income for impact of 2018/19 post-accounts PSF reallocation	-
Add back non-cash element of On-SoFP pension scheme charges	-
IFRIC 12 breakeven adjustment	-
Breakeven duty financial performance surplus / (deficit)	**2,045**

Note 52 Breakeven duty rolling assessment

	2011/12	2012/13	2013/14	2014/15	2015/16
	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	2,577	1,809	1,425	2,007	2,985
Breakeven duty cumulative position	2,577	4,386	5,811	7,818	10,803
Operating income	134,978	139,906	142,863	146,668	156,367
Cumulative breakeven position as a percentage of operating income	1.9%	3.1%	4.1%	5.3%	6.9%

	2016/17	2017/18	2018/19	2019/20
	£000	£000	£000	£000
Breakeven duty in-year financial performance	3,350	4,655	5,661	2,045
Breakeven duty cumulative position	14,153	18,808	24,469	26,514
Operating income	148,654	149,526	155,640	171,312
Cumulative breakeven position as a percentage of operating income	9.5%	12.6%	15.7%	15.5%

Certificate on summarisation schedules

Trust Accounts Consolidation (TAC) Summarisation Schedules for Leeds Community Healthcare NHS Trust

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2019/20 have been completed and this certificate accompanies them.

Finance Director Certificate

1. I certify that the attached TAC schedules have been compiled and are in accordance with:
   - the financial records maintained by the NHS trust
   - accounting standards and policies which comply with the Department of Health and Social Care's Group Accounting Manual and
   - the template accounting policies for NHS trusts issued by NHS Improvement, or any deviation from these policies has been fully explained in the Confirmation questions in the TAC schedules**.**
2. I certify that the TAC schedules are internally consistent and that there are no validation errors.

Signed …………………………………….

Bryan Machin, Executive Director of Finance & Resources

Date…………………………………………

Chief Executive Certificate

1. I acknowledge the accompanying TAC schedules, which have been prepared and certified by the Finance Director, as the TAC schedules which the Trust is required to submit to NHS Improvement.
2. I have reviewed the schedules and agree the statements made by the Director of Finance above.

Signed…………………………………….

Thea Stein, Chief Executive

Date……………………………………….

Trust Accounts Consolidation Schedules

Uncompleted confirmations: **0**

	Confirmation question	Response
	Basis of preparation and status of TACS	
1	Has the organisation departed from the accounting requirements of IFRS or the accounting policies / requirements set out in the Group Accounting Manual 2019/20 as it applies to 2018/19 and 2019/20?	No
	If yes, please set out the implications of the non-compliance in the free-text schedule (TAC34 Free text)	Go to Freetext
2	Have the comparatives included in the TACS been revised from those disclosed in the final 2018/19 audited TACs?	Yes - disclosure only
	If yes, please provide details of any other prior period adjustments in the free-text schedule - prior period adjustments (TAC33 PPAs). Failure to do so will likely lead to follow-up questions from NHS Improvement.	Go to PPA sheet
	If your restatement relates solely to disclosure, presentation or reclassification then please explain below.	
	Presentation: movement of rental expenditure to operating leases in support of IFRS 16 implementation work, 2018/19 re-presented to give meaningful comparators as value is £6.9m	
3	Is the information in this form based on audited accounts (respond 'No' if this is your unaudited submission or at month 9)?	Yes - audited
	Group structure and charities	
4	Has the organisation accounted for an interest in a non-consolidated subsidiary, joint venture or associate (excluding any charitable funds)?	No
	If yes, please provide the details of the joint venture, associate or non-consolidated subsidiary on TAC15 Investments & groups.	Go to TAC15
	Please also complete questions 4.1 to 4.3 on TAC34 Free text where applicable.	Go to Freetext
5	Has the organisation submitted TACs which consolidates any subsidiaries (excluding any charitable funds)?	No
	If yes, please provide details of the consolidated bodies on TAC15 Investments & groups.	Go to TAC15
	Also please detail any non-controlling interests (and note the subsidiary these relate to):	
	Please also complete questions 5.1 to 5.3 on TAC34 Free text where applicable.	Go to Freetext
6	Has the organisation consolidated an NHS charitable fund within these TACs?	No
	If yes, please ensure sheet TAC40 Charity - consol has been completed in full.	Go to TAC40
6a	Does the organisation have any linked charities not consolidated within these TACs?	Yes
6b	If yes to 6a, does the charity / all non-consolidated linked charities have arrangements to report directly to the Department of Health and Social Care as an independent charity with non-corporate trustees?	No
	If no to 6b, please ensure summary financial information is provided on TAC41 Charity - non-consol.	Go to TAC41
	If yes to 6b, do NOT complete sheet TAC41 Charity - non-consol, as the information will be collected directly from the charity by the Department of Health and Social Care.	
	Transactions	
7	Has the organisation entered into any transactions not on an arm's length basis?	No
	If yes, please provide details in the free-text schedule (TAC34 Free text).	Go to Freetext
8	Has the organisation completed a transfer of services, either divesting or receiving, accounted for as a 'transfer by absorption' in the year?	No
	If yes, please provide details on worksheet TAC30 Transfers.	Go to TAC30
9	Has the organisation been involved with any mergers or other business combinations during the year (excluding transfers by absorption - see q8 above)?	Yes
	If yes, please provide details of any transactions in the free-text schedule (TAC34 Free text).	Go to Freetext
10	Has the organisation been dissolved prior to 31 Mar 2020?	No
11	Has the organisation made any significant judgements in the application of IFRS 15 to income outside of the NHS standard contract, relating to:	
	a) the timing of satisfaction of performance obligations	No
	b) the transaction price and the amounts allocated to performance obligations	No
	If yes to either question, please provide details in freetext including the nature of the income (e.g. R&D, education and training etc)	Go to Freetext

Financial instruments

12	Has the organisation entered into any arrangements involving the provision of a financial guarantee, the commitment to provide a loan or embedded derivatives?	No
	If yes, please provide details of such arrangements in the free-text schedule (TAC34 Free text).	Go to Freetext
13	Has the organisation offset financial assets and liabilities in accordance with paragraph 42 of IAS 32?	No
	If yes, please provide details in the free-text schedule (TAC34 Free text).	Go to Freetext
14	Has the organisation negotiated modifications to contractual cash flows on financial assets in the reporting period?	No
	If yes, please quantify the impact in the free-text schedule (TAC34 Free text).	Go to Freetext
15	Has the organisation entered into any arrangements involving the pledging of financial assets as collateral?	No
	If yes, please provide details in the free-text schedule (TAC34 Free text).	Go to Freetext
16	Has the organisation accepted collateral or other credit enhancements to reduce the credit risk of financial assets?	No
	If yes, please provide details of these collaterals or other credit enhancements in the free-text schedule (TAC34 Free text).	Go to Freetext
16a	If yes to 16, has the organisation taken possession of any pledged financial or non-financial assets in the reporting period?	n/a
	If yes, please provide details of these assets in the free-text schedule (TAC34 Free text).	Go to Freetext
17	For loans payable as at 31 March 2020, has the organisation defaulted during the reporting period or breached any other loan agreement terms?	No
	If yes, please provide details in the free-text schedule (TAC34 Free text).	Go to Freetext
18	Do the financial statements disclose significant exposure to the following types of financial risk?	
	a) Credit risk:	No
	b) Liquidity risk:	No
	c) Market risk:	No
	d) Foreign currency risk:	No
	If yes to a,b,c or d please provide details in the free-text schedule (TAC34 Free text). Where the answer to any of the above risks was "Yes", quantitative disclosures should be made in local accounts as required by paragraph 34A of IFRS 7	Go to Freetext

Other accounting arrangements

19	Is the organisation an admitted member of a defined benefit scheme other than the NHS Pension Scheme e.g. a Local Government Pension Scheme?	No
19a	If yes, does the organisation account for it as a defined benefit scheme in the accounts and these TACs (i.e. on SoFP)?	n/a
	If yes to both 19 and 19a, please complete worksheet TAC26 Pension and provide the name of the pension fund(s) here (e.g. Leicestershire County Council Pension Fund):	
	If yes to 19 and no to 19a, i.e. the organisation is a member of such a scheme but does not account for it as such, please give details in the free-text schedule (TAC34 Free text).	Go to Freetext
20	Other than PFI, LIFT and other service concession arrangements disclosed in TAC25 Off-SoFP PFI, has the organisaction entered into any other off balance sheet arrangements?	No
	If yes, please provide details in the free-text schedule (TAC34 Free text).	Go to Freetext

For M12 audited submission only (instructions updated for 2019/20): please have this sheet signed by the Chief Executive to confirm these are the final TAC schedules. It should either be printed, signed and scanned or signed electronically (printing name is sufficient where it may not allow a signature to be pasted) and uploaded to the NHSI portal with the audited TAC and accounts submission.

Please ensure the final fixer has been run before having this signed by the chief executive.

Leeds Community Healthcare NHS Trust

Chief Executive:

I confirm that these schedules are the final audited TAC schedules submitted to NHSI via the trust portal which have been updated with the latest fixer and upon which I have separately certified consistency with the audited accounts.

Signature: (For 2019/20 the accounting officer's name can be typed into the signature box below for practicality)

Print name:

Thea Stein

Validation summary

0	Validation fails
0	JoCs requiring explanation

Version number

1.19.12.2B

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Clare Partridge
Partner
KPMG LLP
1 Sovereign Square
Sovereign Street
Leeds LS1 4DA

19 June 2020

Dear Clare

This representation letter is provided in connection with your audit of the Trust financial statements of Leeds Community Healthcare NHS Trust ("the Trust"), for the year ended 31 March 2020, for the purpose of expressing an opinion:

- as to whether these financial statements give a true and fair view of the state of the financial position of the Trust as at 31 March 2020 and of the Trust's income and expenditure for the financial year then ended; and
- whether the Trust's financial statements have been prepared in accordance with the Department of Health Group Accounting Manual (GAM).

These financial statements comprise the Trust Statement of Financial Position, the Statement of Comprehensive Income, the Statement of Cash Flows, the Statement of Changes in Equity and notes, comprising a summary of significant accounting policies and other explanatory notes.

The Board confirms that the representations it makes in this letter are in accordance with the definitions set out in the Appendix to this letter.

The Board confirms that, to the best of its knowledge and belief, having made such inquiries as it considered necessary for the purpose of appropriately informing itself:

Financial statements

1. The Board has fulfilled its responsibilities for the preparation of financial statements that:

   i. give a true and fair view of the financial position of the Trust as at 31 March 2020 and of the Trust's income and expenditure for that financial year; and

   ii. have been prepared in accordance with the GAM 2019/20.

   The financial statements have been prepared on a going concern basis.

2. Measurement methods and significant assumptions used by the Board in making accounting estimates, including those measured at fair value, are reasonable.

3. All events subsequent to the date of the financial statements and for which IAS 10 Events After the Reporting Period requires adjustment or disclosure have been adjusted or disclosed.

4. The effects of uncorrected misstatements are immaterial, both individually and in aggregate, to the financial statements as a whole.

Information provided

5. The Board has provided you with access to all information of which it is aware, that is relevant to the preparation of the financial statements, such as records, documentation and other matters;

   i. additional information that you have requested from the Board for the purpose of the audit; and

   ii. unrestricted access to persons within the Trust from whom you determined it necessary to obtain audit evidence.

6. All transactions have been recorded in the accounting records and are reflected in the financial statements.

7. The Board confirms the following:

   i. The Board has disclosed to you the results of its assessment of the risk that the financial statements may be materially misstated as a result of fraud.

      Included in the Appendix to this letter is the definition of fraud, including misstatement arising from fraudulent financial reporting and from misappropriation of assets.

   ii. The Board has disclosed to you all information in relation to:

      a) fraud or suspected fraud that it is aware of and that affects the Trust and involves:

         - management;
         - employees who have significant roles in internal control; or
         - others where the fraud could have a material effect on the financial statements; and

b) allegations of fraud, or suspected fraud, affecting the Trust's financial statements communicated by employees, former employees, analysts, regulators or others.

In respect of the above, the Board acknowledges its responsibility for such internal control as it determines necessary for the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In particular, the Board acknowledges its responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud and error.

8. The Board has disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.

9. The Board has disclosed to you and has appropriately accounted for and/or disclosed in the financial statements, in accordance with IAS 37 Provisions, Contingent Liabilities and Contingent Assets, all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.

10. The Board has disclosed to you the identity of the Trust's related parties and all the related party relationships and transactions of which it is aware. All related party relationships and transactions have been appropriately accounted for and disclosed in accordance with IAS 24 Related Party Disclosures. Included in the Appendix to this letter are the definitions of both a related party and a related party transaction as we understand them and as defined in IAS 24.

11. The Board confirms that all intra-NHS balances included in the Statement of Financial Position (SOFP) at 31 March 2020 in excess of £100,000 have been disclosed to you and that the Trust has complied with the requirements of the Intra NHS Agreement of Balances Exercise. The Board confirms that Intra-NHS balances includes all balances with NHS counterparties, regardless of whether these balances are reported within those SOFP classifications formally deemed to be included within the Agreement of Balances exercise.

12. The Board confirms that:

    a) The financial statements disclose all of the key risk factors, assumptions made and uncertainties surrounding the Trust's ability to continue as a going concern as required to provide a true and fair view. No events or conditions have been identified that may cast significant doubt on the ability of the Trust's to continue as a going concern.

    b) Any uncertainties disclosed are not considered to be material and therefore do not cast significant doubt on the ability of the Trust to continue as a going concern. This letter was tabled and agreed at the meeting of the Board of Directors on 19 June 2020.

Yours sincerely

Brodie Clark
Interim Chair, for and on behalf of the Board of Leeds Community Healthcare NHS Trust

Appendix to the Board Representation Letter of Leeds Community Healthcare NHS Trust: Definitions

Financial Statements

IAS 1.10 states that a complete set of financial statements comprises:

- a statement of financial position as at the end of the period;
- a statement of comprehensive income for the period;
- a statement of changes in equity for the period;
- a statement of cash flows for the period;
- notes, comprising a summary of significant accounting policies and other explanatory information;
- comparative information in respect of the previous period; and
- a statement of financial position as at the beginning of the earliest comparative period when an entity applies an accounting policy retrospectively or makes a retrospective restatement of items in its financial statements, or when it reclassifies items in its financial statements.

Material Matters

Certain representations in this letter are described as being limited to matters that are material.

IAS 1.7 and IAS 8.5 state that:

"Material omissions or misstatements of items are material if they could, individually or collectively, influence the economic decisions that users make on the basis of the financial statements. Materiality depends on the size and nature of the omission or misstatement judged in the surrounding circumstances. The size or nature of the item, or a combination of both, could be the determining factor."

Fraud

Fraudulent financial reporting involves intentional misstatements including omissions of amounts or disclosures in financial statements to deceive financial statement users.

Misappropriation of assets involves the theft of an entity's assets. It is often accompanied by false or misleading records or documents in order to conceal the fact that the assets are missing or have been pledged without proper authorisation.

Error

An error is an unintentional misstatement in financial statements, including the omission of an amount or a disclosure.

Prior period errors are omissions from, and misstatements in, the entity's financial statements for one or more prior periods arising from a failure to use, or misuse of, reliable information that:

a) was available when financial statements for those periods were authorised for issue; and

b) could reasonably be expected to have been obtained and taken into account in the preparation and presentation of those financial statements.

Such errors include the effects of mathematical mistakes, mistakes in applying accounting policies, oversights or misinterpretations of facts, and fraud.

Management

For the purposes of this letter, references to "management" should be read as "management and, where appropriate, those charged with governance".

Related parties

A related party is a person or entity that is related to the entity that is preparing its financial statements (referred to in IAS 24 *Related Party Disclosures* as the "reporting entity").

a) A person or a close member of that person's family is related to a reporting entity if that person:

   i. has control or joint control over the reporting entity;

   ii. has significant influence over the reporting entity; or

   iii. is a member of the key management personnel of the reporting entity or of a parent of the reporting entity.

b) An entity is related to a reporting entity if any of the following conditions applies:

   i. The entity and the reporting entity are members of the same group (which means that each parent, subsidiary and fellow subsidiary is related to the others).

   ii. One entity is an associate or joint venture of the other entity (or an associate or joint venture of a member of a group of which the other entity is a member).

   iii. Both entities are joint ventures of the same third party.

   iv. One entity is a joint venture of a third entity and the other entity is an associate of the third entity.

   v. The entity is a post-employment benefit plan for the benefit of employees of either the reporting entity or an entity related to the reporting entity. If the reporting entity is itself such a plan, the sponsoring employers are also related to the reporting entity.

   vi. The entity is controlled, or jointly controlled by a person identified in (a).

   vii. A person identified in (a) (i) has significant influence over the entity or is a member of the key management personnel of the entity (or of a parent of the entity).

   viii. The entity, or any member of a group of which it is a part, provides key management personnel services to the reporting entity or to the parent of the reporting entity.

Related party transaction

This is defined as a transfer of resources, services or obligations between a reporting entity and a related party, regardless of whether a price is charged.

AGENDA ITEM 2020-21 (32)

Meeting: Trust Board 19 June 2020	**Category of paper**	
Report title: Compliance with NHS Provider Licence	**For approval**	✓
Responsible director: Chief Executive **Report author:** Company Secretary	**For assurance**	
Previously considered by Not applicable	**For information**	

Purpose of the report

Organisations which provide an NHS service must hold a provider licence and are therefore legally subject to the equivalent of certain provider licence conditions. NHS Improvement is required to ensure that NHS trusts comply with the licence conditions as it deems appropriate. NHS trusts must self-certify under these licence provisions. This report sets out the self-certification framework and describes how the Trust has met the requirements of the provider licence.

Main considerations

In particular, providers need to publish a statement that they are comply with the following two conditions after the financial year-end:

- The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (condition **G6**)
- The provider has complied with the required governance arrangements (condition **FT4**)

The Trust must publish a statement on its external website declaring compliance with condition G6 and must also confirm that it complies with condition FT4. This is the statement that will appear on the Trust's website if the Board is in agreement:

'NHS Trusts are required to self-certify against the NHS provider licence and are specifically required to publish the declaration for general condition 6.

The Board considered the evidence to support compliance against this condition at its meeting held on 19 June 2020 and confirmed that it was compliant. More detail on the process and evidence considered by the Board when declaring compliance can be found in the Board papers for the 19 June 2020 meeting (link to papers).

General Condition 6

Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

The licensee also confirms that it has complied with the requirements for governance arrangements set out in condition FT4'

Recommendations

The Board is recommended to:

Confirm that the Board agree that the self-certification against required NHS provider licence conditions is accurate (noting particularly sections G6 and FT4) and that a statement of compliance with condition G6 and FT4 as described above may be published on the Trust's website.

Compliance with NHS provider licence: self-certification

1.1 The Health and Social Care Act 2012 introduced the requirement for organisations which provide an NHS service to hold a provider licence. Although NHS trusts (which are not NHS foundation trusts) are exempt from holding the NHS provider licence (as required for foundation trusts), NHS Improvement is required to ensure that NHS trusts comply with the licence conditions as it deems appropriate. NHS Improvement's single oversight framework bases its oversight on the NHS provider licence. NHS trusts are therefore legally subject to the equivalent of certain provider licence conditions and must self-certify under these licence provisions.

1.2 In particular, providers need to publish a statement of compliance of the following two conditions after the financial year-end:

- The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (condition **G6**)
- The provider has complied with required governance arrangements (condition **FT4**)

1.3 The document attached at **Appendix A** is a tabulation showing an assessment of compliance with the provider licence's conditions; including the two conditions (G6 and FT4) against which the Trust is required to self-certify. It should be noted that a limited number of conditions are not applicable as they apply to foundation trusts only.

1.4 Evidence of self-certification must be published on the Trust's website within a month of Board sign-off. The Trust will publish its statement once the Board has approved this.

1.5 When reviewing the document, the Board will note that the Trust is recording compliance against all applicable conditions.

Leeds Community Healthcare NHS Trust
NHS Provider Licence: compliance assessment

Section 1: general conditions

Condition	Compliance
G1: Provision of information *The Licensee shall furnish such information and documents, and shall prepare or procure and furnish to NHS Improvement such reports as NHS Improvement may require.*	Compliant. The Trust has systems and processes in place to ensure compliance with all information requests whether routine, regular or ad-hoc in such form as requested and in a timely manner.
G2: Publication of information *The Licensee shall comply with any direction from NHS Improvement to publish information about health care services, in a manner that is accessible to the public.*	Compliant. The Trust determines that it is compliant with this condition as a wide variety of routine information published on website and in hard copy documents, including: Board and associated papers; annual reports and information and advice to the public and referrers about services. The Trust is committed to openness and making information available in accessible formats.
G3: Payment of fees to NHS Improvement *The Act gives NHS Improvement the ability to charge fees, the Licensee shall pay all fees to NHS Improvement in each financial year of such an amount as NHS Improvement may determine.*	Not applicable. Fee requirement did not transfer from Monitor to NHS Improvement The Trust pays all other fees as due (eg to the Care Quality Commission and to NHS Resolution).
G4: Fit and proper persons *The Licensee shall ensure that no person who is unfit may become or continue as a governor (FTs only) or as a director.* *The Licensee shall not appoint as a director any person who is an unfit person.*	Compliance with requirements reported to Board on 27 March 2020. On appointment and annually thereafter, all directors are subject to a fit and proper persons' declaration process. Information is validated externally where possible. All directors complete an annual declaration of interests' statement.
G5: NHS Improvement guidance *The Licensee shall at all times have regard to guidance issued by NHS Improvement.*	The Trust complies with this requirement and has full regard to guidance as promulgated. Guidance notified to the Trust is reviewed on receipt by the relevant director and a lead is assigned in accordance with subject matter to enact the guidance as appropriate.

Condition	Compliance

G6: Systems for compliance with licence conditions and related obligations *The Licensee shall take all reasonable precautions against the risk of failure to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have regard to the NHS Constitution, including: processes and systems to identify risk and guard against occurrence and regular review of the effectiveness of these processes and systems* ***The Licensee must self-certify that:*** *'Following a review, the directors of the Licensee are satisfied that, in the financial year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have regard to the NHS Constitution.'*	Compliant. The Trust is compliant with requirements to take all necessary steps to manage the risk of failure to comply with conditions; there are robust processes are in place to identify and manage risks to compliance. The Trust utilises the Datix® risk management system to create and populate its risk registers. Strategic and operational risks are scrutinised at each meeting of the Trust Board and at Board sub-committees, as well as regular review at executive director and service level. The Audit Committee scrutinises the risk management process and provides assurance to the Trust Board. Risk management training is provided to all staff at induction, and ongoing training and support is provided by a full-time, qualified and experienced risk manager. Additional risk management resources are available for staff on the Trust intranet and in the production of a quarterly risk management newsletter. The Trust reviews and revises its board assurance framework annually and mid-year to ensure continued alignment with the operational plan and strategic goals. The board assurance framework includes: identification of strategic risks that would otherwise impede delivery of Trust's objectives, the level of risk in terms of likelihood and consequence, controls to mitigate the risks and the sources of assurance available for committee oversight and assessment. The Trust Board receives board assurance reports at each meeting which provides details of the current assurance level for each strategic risk. The Trust has an up to date risk management policy and procedure which is accessible to all staff via the policy library on the Trust's intranet. The Trust's risk appetite statement is appended to the risk management policy and procedure and describes parameters within which risk is managed. The risk appetite statement is reviewed annually by the executive team.

	The effectiveness of risk management processes was audited during 2019/20 and gained an opinion of reasonable assurance.
G7: Registration with the Care Quality Commission *The Licensee shall at all times be registered with the Care Quality Commission.*	Compliant. The Trust is registered without conditions. The Trust was rated Good in its 2019 inspection by the Care Quality Commission (CQC. The Trust has a quality governance approach including quality assessment visits which is fully aligned to the Care Quality Commission's domains.
G8:Patient eligibility and selection criteria *Licence holders are required to set transparent eligibility and selection criteria for patients and apply these in a transparent manner.*	Compliant. Service information is published on the Trust's website and in patient information material. Service eligibility and selection information is detailed in service specifications and is available readily to 'Choose and Book' referrers. The Trust investigated the potential for extending service information published on NHS Choices and this is not to be pursued. Published material is comparable to that available from other trusts.
G9: Application of Section 5 (continuity of services) *The condition applies where the Licensee is subject to a contractual obligation to provide a commissioner requested service and relates to maintenance of continuity of services.*	Compliant. The Trust is aware of services which the commissioners deem to be commissioner requested services; also known as essential services. The Trust achieves a good level of compliance with commissioned contractual requirements. Contract management arrangements between the Trust and its commissioners provide oversight of service delivery in line with contractual requirements.

Section 2: Pricing

Condition	Compliance
P1: Recording of information *The Licensee shall obtain, record and maintain sufficient information about costs of providing services.*	Compliant. Finance systems and processes are set up to meet all internal and external reporting requirements. Board approved annual budgets and financial plan in place. Reference costs are reported annually.
P2: Provision of information *The Licensee shall furnish to NHS Improvement such information and documents, and shall prepare or procure and furnish to NHS Improvement such reports, as NHS Improvement may require.*	Compliant. Trust complies with all requests to supply information as requested. The information collected and recorded in relation to condition P1 is made available as requested.
P3: Assurance report on submissions to NHS Improvement	Trust will fully comply with any such request as and when the requirement

If required by NHS Improvement, the Licensee shall, as soon as reasonably practicable, obtain and submit to NHS Improvement an assurance report in relation to the accuracy of costing and pricing.	arises.
P4: Compliance with national tariff *The Licensee shall only provide health care services for the NHS at prices which comply with, or are determined in accordance with, the national tariff.*	This condition is not generally applicable to community trusts. The Trust only provides one service which is part of the national tariff with which it is fully compliant.
P5: Constructive engagement concerning local tariff modifications *The Act allows for local modifications to prices. The Licensee shall engage constructively with commissioners to reach agreement locally.*	Not applicable. The Trust operates under a block contract. Only one service is subject to national tariff and is supplied at national tariff.

Section 3: Choice and competition

Condition	**Compliance**
C1: The right of patients to make choices *The Licensee shall ensure that at every point where a person has a choice of provider under the NHS Constitution or a choice of provider conferred locally by commissioners, he or she is notified of that choice and told where information can be found.*	Compliant. The Trust offers choice where applicable. Choice and 'choose and book' approaches in place in relation to applicable services, namely those described as 18 week reportable services.
C2: Competition oversight *The Licensee shall not enter into or maintain any agreement or other arrangement which has the object or which has (or would be likely to have) the effect of preventing, restricting or distorting completion in the provision of health care.*	Compliant. The Trust would pursue service opportunities within statutory and accepted procurement, bidding and contracting practices; this ensures that competition is not prevented, restricted or distorted by the Trust. Procurement and contract bid processes have been the subject of internal audits. No compliance issues identified.
Section 4: Integrated care	

Condition	Compliance
IC1: Provision of integrated care *The Licensee shall not do anything that would reasonably be regarded as against the interests of people who use health care services for the purposes of the NHS to be integrated with the provision of such services.*	Compliant. The Trust is a significant leader in the development of integrated care approaches as reflected by the role played in the West Yorkshire Health and Care Partnership, Leeds Health and Care Plan, the development of new models of care and initiatives to effect closer integration. Key initiatives, service and pathway developments are captured in the Trust's operational plan.. Stakeholder engagement underpins the development of integrated approaches.

Section 5: Continuity of services

Condition	Compliance
COS1: Continuing provision of commissioner requested services *The Licensee shall not cease to provide, or materially alter the specification or means of provision of, any commissioner requested service except where permitted to do so in the contract.*	Compliant. Contract management arrangements in place between the Trust and its commissioners; any material changes agreed through contract management board. Trust achieves good level of compliance with commissioned contractual requirements including those services deemed to be commissioner requested services. Contracts and service specifications are in place and as agreed with commissioners.
COS2: Restriction on the disposal of assets *The Licensee shall establish, maintain and keep up to date, an asset register of assets relevant to commissioner requested services and have due regard to consent before disposal.*	Compliant. No issues identified in the disposal of assets related to commissioner requested services without consent of NHS Improvement. Asset register processes have been the subject of scrutiny by internal and external audit.
COS3: Standards of corporate governance and financial management *The Licensee shall at all times adopt and apply systems and standards of corporate governance and of financial management which reasonably would be regarded as:* *(a) suitable for a provider of the commissioner requested*	Compliant. The Trust has robust systems for corporate and financial management including standing orders, standing financial instructions, and schemes of reservation and delegation of powers. Compliance is monitored through Audit Committee, recorded in the annual governance statement and 'going concern statement' and has been subject to internal and external audit.

service provided by the Licensee, and *(b) providing reasonable safeguards against the risk of the Licensee being unable to carry on as a going concern.*	
COS4: Undertaking from the ultimate controller *The Licensee shall procure from each company or other person which the Licensee knows or reasonably ought to know is at any time its ultimate controller, a legally enforceable undertaking in favour of the Licensee.*	Not applicable.
COS5: Risk pool levy *The Licensee shall pay any sums required to be paid in consequence of any requirement imposed on providers by way of a levy.*	Not applicable. No NHS Improvement risk pool levy system in place. The Trust would comply with this condition when any requirement arose. The Trust participates in NHS Resolution's clinical negligence scheme for trusts.
COS6: Co-operation in the event of financial stress *The Licensee shall provide such information as NHS Improvement may direct and co-operate with such persons as NHS Improvement may appoint to assist in the management of the Licensee's affairs, business and property.*	The Trust would comply with this condition as and when any requirement arises.
COS7: Availability of resources *The Licensee shall at all times act in a manner calculated to secure that it has, or has access to the required resources.*	Compliant. Evidenced through: annual contract negotiations, approval of operational plan and associated financial plan and annual budgets, approval of going concern statement and regular monthly monitoring of performance against plan.

Section 6: NHS foundation trust conditions

Condition	Compliance
FT1: Information to update the register of NHS foundation trusts *The Licensee shall ensure that NHS Improvement has available to it written and electronic copies of the following documents:* *(a) the current version of the Licensee's constitution;* *(b) the Licensee's most recently published annual accounts and any report of the auditor on them, and* *(c) the Licensee's most recently published annual report*	Compliant where applicable. All information as required to be supplied to NHS Improvement from NHS trusts supplied in accordance with requirements. Constitution applies to foundation trusts only.
FT2: Payment to NHS Improvement in respect of registration and related costs *The Licensee must pay NHS Improvement a fee in respect of NHS Improvement's exercise of its functions.*	Applicable to foundation trusts only.
FT3: Provision of information to advisory panel *The Licensee shall comply with any request for information or advice made of it.*	Not applicable. Advisory panel provisions apply to governors of foundation trusts only.

Condition	Compliance
FT4: NHS foundation trust governance arrangements 1. *The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health services to the NHS.*	Compliant. The Trust develops an annual governance statement which is scrutinised by a Board sub-committee prior to Board approval (19 June 2020). The annual governance statement is reviewed by auditors as part of the process for finalising the Trust's report and accounts. The Trust has satisfactory opinion reports from the Head of Internal Audit (TIAA Limited) and from the Trust's external auditors (KPMG) The Trust operates at all times within a framework of standing orders, standing financial instructions, and schemes of reservation and delegation of powers and approved policies and procedures.
2. The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.	Compliant. The Trust's governance arrangements are developed with due regard of all guidance as issued by NHS Improvement from time to time. The Trust also regularly reflects on guidance information provided by the Good Governance Institute. Governance arrangements are reviewed annually,

	including a review of the standing orders, reservation and delegation of powers, and standing financial instructions.
3. The Board is satisfied that the Licensee has established and implements: *(a) Effective Board and Committee structures* *(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees* *(c) Clear reporting lines and accountabilities throughout its organisation.*	Compliant. The Trust has a fully constituted Board and five sub-committees. The terms of reference for all committees have been reviewed in early 2020; ensuring appropriate membership, lines of accountability and clear areas of delegated responsibility. The Board and committees operate to annual cycles of business. Board and committee effectiveness is reviewed annually (and reported to Audit Committee and the Board). Each committee produces an annual report. There is a robust process for recording assurances provided by committees to the Board against matters contained in the board assurance framework. Details of the Trust's governance arrangements are displayed on the intranet, accessible to all staff. A number of sub-groups have been aligned with an appropriate committee. Each sub-group escalates issues to committees as necessary.
4.The Board is satisfied that the Licensee has established and effectively implemented systems and/or processes: *(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively* *(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations* *(c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions* *(d) For effective financial decision-making, management and control including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern* *(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making* *(f) To identify and manage (including but not restricted to*	Compliant. The Board gains assurance that the Trust operates efficiently, economically and effectively through its standing orders and financial instructions, schemes of reservation, delegation of reporting to Board and its sub committees and the following established organisational processes: The review and approval of The Trust's operational plan involved consideration of key areas of risk in respect of quality of services, financial performance (as recorded in board assurance framework), national and local standards and requirements and delivery of key strategies. Areas of risk have been reported to Board through risk assurance reports and monitoring of delivery of the operational plan; the latter having been considered in detail by the Trust's Quality and Business Committees. Assurances are provided by committees to the Board against matters contained in the board assurance framework. Performance management framework allows the timely monitoring of main operational, quality, workforce, contractual and financial indicators. Performance reporting is fully aligned to the Care Quality Commission's five domains. Monthly performance data (quality, activity, contractual and financial) is reported to the sub-committees and Board for scrutiny. There are also

manage through forward plans) material risks to compliance with the Conditions of its Licence *(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery* *(h) To ensure compliance with all applicable legal requirements.*	regular reports on key issues (eg patient safety, clinical effectiveness, patient experience, demand and capacity, recruitment and retention etc). Monthly finance reports track actual performance against plan. The Board sets an annual budget to meet the Trust's financial obligations and through detailed monthly monitoring at the Business Committee and bi-monthly at the Board ensures that the plan is adhered to. An annual 'going concern' review is undertaken by Audit Committee and approved by Board. Quality priorities are recorded in the Trust's Quality Strategy. Annual Quality priorities are agreed as part of the annual planning process aligned to the operational plan. Actions to enhance quality are contained in improvement plans; performance against which is monitored by Quality Committee and Board. The Trust is registered with the CQC without conditions. The Care Quality Commission inspected the Trust in 2019 and concluded an overall rating of 'Good'. To ensure compliance with standards set by regulators of health care professionals the Trust has the following arrangements: • On appointment of new staff, status checks are completed with professional bodies. • Periodic checks are made to ensure registrations are renewed appropriately • There is ongoing monitoring of clinical supervision to ensure staff access this. • The Trust has a system of medical revalidation. • Annual appraisals are monitored and cover the professional standards set by the relevant governing body. • The Trust supports continual professional development. Monthly performance and finance reports are scrutinised by Business Committee and Trust Board. The Audit Committee provides oversight of systems of internal control including efficacy of financial reporting.

	The risk appetite statement is reviewed annually. The board assurance framework is updated annually to align with the Trust's operational plan. Timely and robust risk reporting processes are in place with scheduled reports to committees and Board. A programme of internal and external audit is in place aligned to strategic risks. An annual business planning cycle produces operational plans aligned with the Trust's key strategies, system plans (West Yorkshire and Harrogate Health and Care Partnership Plan and the Leeds Health and Care Plan) and commissioner plans. Business Committee and Board receive progress reports on delivery of plans. The Trust has policies and procedures in place to ensure it complies with legislation both as an employer and as a provider of NHS services.
5. The Board is satisfied that the systems and/ or processes referred to in paragraph 4 (above) should include but not be restricted to systems and /or processes to ensure: *(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided* *(b) That the Board's planning and decision making processes take timely and appropriate account of care considerations* *(c) The collection of accurate , comprehensive, timely and up to date information on quality of care* *(d) That the Board receives and takes into account accurate , comprehensive, timely and up to date information of the quality of care* *(e) That the Licensee, including its Board, actively engages on quality of care with patient, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources* **(f)** *That there is clear accountability for quality of care*	Compliant. The Board has strong complementary skill sets amongst non-executive and executive Board members. There is a clear distinction of 'portfolios' whilst remaining fully operational as a unitary board. The 2019 CQC inspection report described the Trust as having 'stable leadership, which appeared cohesive and worked collectively. The leadership were aware of the challenges to provide a good quality service and identify the actions needed to address these. Leaders were visible and accessible'. Essential leadership of the quality agenda is provided by medical and nursing directors. Board approved quality strategy sets out strategic action areas enacted through action plans and monitored through quality and safety reports to Quality Committee and Board. Annual Quality priorities are agreed as part of the annual planning process. Quality Committee receives a comprehensive Clinical Governance Report. Quality account, quality challenge+ and the clinical audit programme all require

throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate	measurement, evaluation and reporting of essential quality data. These are scrutinised by the Quality Committee, which communicates the level of assurance these provide to the Trust Board. Internal audit investigations on data quality have indicated reasonable assurance in all instances. There is an active programme of Board members engagement with patients and staff through visits and leadership initiatives. All Board meetings include a 'patient story', which involves a patient and or a carer either attending or recording their story on video to provide the Board meeting with their account of the quality of care they have experienced. The Trust has multiple means to raise concerns related to quality of care including communicating issues to the patient experience team, stakeholder meetings, staff forums and 'freedom to speak up' activities. The Trust engages with Healthwatch and other key stakeholders in developing and agreeing Quality priorities and the Quality Account A revised Quality Impact Assessment process was agreed in-year to be completed for all service changes that have potential to impact on patient care, including service and pathway improvement, service development and transformation and service offers developed in response to tenders.
6. *The Board is satisfied that there are systems in place to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of the NHS provider licence.*	Compliant. Trust Board is satisfied that all Directors are appropriately qualified to discharge their functions effectively, including setting strategy, monitoring and managing performance, and ensuring management capacity and capability. The Trust has a fully constituted Board and committees each with full and active membership. Ongoing Board development includes workshops, networking events and training opportunities. Full line management structure linked to each executive director's portfolio. The Chief Executive is subject to formal review by the Chair. Executive Directors are subject to annual appraisals by the Chief Executive, and Non-

	Executives are subject to annual appraisals by the Chair, these will inform individual development plans for all Board members. All appointments to senior management positions are subject to rigorous and transparent recruitment processes. The Trust develops its leadership capability through its coaching strategy which supports the development of staff. Continuous professional development of clinical staff, including medical staff, supports the delivery of high quality clinical services. Trust Board is fully apprised at each meeting of key quality, workforce and financial indicators. Workforce indicators include compliance with safe staffing ratios, vacancy rates, staff turnover, retention, agency staff deployment, sickness absence, appraisal rates, professional revalidation and training compliance. Business Committee has oversight of workforce issues; extensive consideration of areas of challenge (eg recruitment and retention in clinical services, health and safety issues) through a suite of reports including the performance brief and the risk register report, which are received at each meeting. Business Committee communicates the level of assurance these provide directly to the Board.

AGENDA ITEM 2020-21 (32ai)

Meeting Trust Board 19 June 2020	**Category of paper** *(please tick)*	
Report title Performance Brief annual report 2019-20	**For decision**	
Responsible director **Report author**	**For assurance**	✓
Previously considered by N/A	**For information**	

Purpose of the report

This report provides a high level summary of performance within the Trust during the Financial year 2019/20.

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.

Recommendations
The Board is recommended to:

- Note levels of performance

Performance Brief – Year End 2019/20

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 – 10th June 2020
Board – 19th June 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

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

In 2019/20 in the **Safe** domain a total of 7984 incidents were reported by LCH staff onto the Datix system in 2019/20, compared to 6499 in 2018/19. LCH patient safety incident reporting has increased mainly due to additional categories of skin damage being added to the Datix system, these include Deep Tissue Injury (DTI) Moisture Associated Skin Damage (MASD) and Other Skin Damage.

In December 2019 a formal process to support the early identification of learning and actions as well as the requirement for full investigation and external reporting requirements was introduced. These weekly Serious Incidents Decision Meetings (SIDM) are now taking place for all moderate and above incidents (excluding patient deaths). This is also supporting compliance with the Duty of Candour process.

The serious incident investigation report template was updated during 2019/20 to capture themes identified during serious incident investigation and review. This is to help support wider learning and identification of any training requirements.

Measures to address recurring themes are a focus of the work plan for the Falls Reduction Steering Group and Pressure Ulcer Steering Group. As a result of an increase in pressure ulcer serious incidents in the last quarter of 2019/20 a pressure ulcer summit has taken place and actions are in place to be undertaken in Quarter 1 of 2020/21.

For 2019/20 in the **Caring** domain 95.5% of Community patients would recommend the service to family and friends (12, 106 out of 12,663 total respondents).Of inpatient services, 92.7% would recommend (83 out of 88 total respondents). Through the course of the year, 203 complaints are recorded as being received. At the end of the year, 200 were dealt with as complaints; the remaining three were changed to concerns.

In the **Effective** domain during 2019-20 financial year, there has been improvement in the clinical audit activity within the Trust compared to 2018/19. There has been steady progress made across the year in line with set target dates. Fewer services (39/60) than expected have submitted their completed Record Keeping Audit (priority 1), at the end of Q4 due to COVID-19. A further 18 services have commenced their Record Keeping Audit and these will be submitted during Q1 of 2020-21.

There are 2 Clinical and Corporate Policies identified at the end of Q4 that remain overdue but each of these has a plan in place and a timeframe for completion. The delay is due to Covid-19. The 100% target identified for Clinical and Corporate Policies that are fit for purpose has not been met due to the overdue policies but stands at 98%. Feedback from the recent HSE inspection highlighted that the “roles and responsibilities” and “monitoring compliance and effectiveness” sections of some policies could be more robust. These sections have been monitored more closely.

All services had submitted their Quality Challenge+ self-assessments (100%) for 2019-20. The performance indicator of above 80% of services reporting themselves as good or outstanding on their self-assessments has been achieved. The number of Quality Walks undertaken between 16 May 2019 and 31 December 2019 was 68.3% (41/60). Due to the Quality Challenge+ being placed on hold due to COVID-19 in Q4 the 100% target was not achieved. Five services have received a rating of ‘outstanding’ following a quality walk; Community Gynaecology, 0-19 PHINS, Diabetes Service, Nutrition and Dietetics Service and CAMHS Intensive Positive Behaviour Support Service.

In the **Responsive** domain performance has been good overall. Activity has been consistent with profile however in 2019/20 NHS Leeds CCG signalled a move away from monitoring contacts as a measure of contract achievement. As contract management moves to measurement against outcomes it is recommended that the Board considers whether activity monitoring should be included in this report in the future

Performance against nationally mandated waiting times has been sustained throughout the year with the exception of the 6-week wait for diagnostic testing.

Despite overall good performance in this domain there remain a number of hotspot areas which need constant attention including waiting time performance in IAPT and CAMHS.

It is worth noting that the COVID-19 situation adversely affected all waiting standards in the final month of 2019/20 due to the stand down of non-essential services and patient choice in attending clinics. The recovery of waiting time performance will be a significant objective in 2020/21 as part of the reset and recovery programme.

In the **Well Led** domain the overall trend for turnover throughout the year has been positive with it continuing to reduce to 12.6% which is below the 2019/20 outturn target of 14.5%.

The stability rate has also been positive and has continued to increase throughout the year to 88.8% which is above the target of 85%.

The percentage of Staff leaving the trust within the first 12 months of employment continues to report at a higher rate of 19.9% at year end, but is just below the target of 20%. We continue to monitor reasons for leaving closely and develop retention initiatives in response to the latest findings.

In relation to sickness absence and health and wellbeing; the year-end sickness absence rate was 5.7%, consisting of 1.6% short-term and 4.1% long-term absence. This end of year figure includes the initial impact of COVID-19 in late February and March. For 8 months of the year, the sickness absence was below the 5.8% target, and 4 of these months fell to below 5%. Progress has been made throughout the year on a range of HWB initiatives, such as the Employee Assistance Programme, Mental Health First Aiders (MHFAs) trained, Time to Change pledge, training for managers on reasonable adjustments/Equality Act and increase on disability awareness through implementation of the WDES Action plan.

As a result of regular monitoring and targeted support, together with a range of initiatives such as an improved Appraisal support package with tools and launch of the wider Talent Management approach, there has been good progress in the appraisal rate throughout the year, achieving a high of 90% compliance rate in February 2020. At the year-end, 88.3% of our staff have had an appraisal.

Regarding Statutory & Mandatory Training; good progress has been made around the Core Skills Training Framework (CSTF) Compliance project, with 7 out of 13 areas completed. This work paused during the COVID period and will resume as part of the Reset programme. Throughout most of the year and at year end, over 90% of staff are up to date with their statutory and mandatory training.

There is continued improvement in staff engagement as shown by the number of staff who recommend LCH as a place to work (10% + increases from 2019/20). This is also reflected in the Staff Survey results for this question (up 5.5% since 2019, and benchmarking above average for our peer group). The Trust for the second year running was within the upper quartile of all Trusts across England in terms of our Staff Survey results.

The results for support from immediate line managers have improved over the year as a result of a redesigned leadership development offer, health and wellbeing developments, and the people before process approach: the Staff Survey 2019 measure was 75.2%, up 2% since last year and benchmarking above average for our peer group. Our leadership offer has evaluated very positively with participants on it.

To promote and improve Equality, Diversity and Inclusion during the year we have engaged with our BAME workforce through a variety of means, such as through the Black, Asian, Minority Ethnic (BAME) staff network group, Reverse Mentoring programme between BAME staff and Trust Board members, Race for Equality event and training for leaders around unconscious bias awareness. Some of which has led to marginal improvements in two of the WRES indicators; % of BME staff in the overall workforce has increased from 9.6% to 10.3% and % of BME staff in Bands 8-9 & VSM has increased from 3.2% to 3.5%. Additionally we are working hard as a Trust to have clear risk assessment conversations with our BAME colleagues during this COVID period and importantly to support staff well.

We have continued to develop and promote inclusion across other areas of work such as LGBT ambassadors, Disability network and Mental health and our progress was recognised by ranking 14th best in the country as Top 50 Inclusive Companies.

In the **Finance** domain the Trust has met or exceeded all its statutory financial targets for 2019/20. The control total surplus was exceeded to support the West Yorkshire and Harrogate ICS financial position. The cash position remains very strong, the better payments practice code has been achieved for all measures and the use of resources risk rating is 1 overall, the lowest risk. The Trust has not breached either the external financing limit (EFL) or the capital resource limit (CRL) set by NHS England/Improvement. The Trust incurred £4,350k agency costs during the year which is more than £2m less than the agency cap that had been set.

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	Target	Year End	Fin. Year	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	Time Series
Overall Safe Staffing Fill Rate - Inpatients	>=97%	-	2019/20	92.3%	94.2%	97.6%	94.7%	97.5%	98.3%	95.3%	97.1%	97.7%	98.3%	94.9%	97.0%	92.1%	82.6%	-	87.2%	
			2018/19	99.7%	101.0%	102.4%	101.0%	104.0%	104.3%	95.1%	101.1%	97.5%	99.5%	96.3%	97.8%	97.1%	100.7%	97.1%	98.3%	
Patient Safety Incidents Reported in Month Reported as Harmful	1.05 to 1.8	1.40	2019/20	1.10	1.21	1.23	1.18	1.46	1.44	1.31	1.40	1.28	1.52	1.41	1.40	1.72	1.74	1.38	1.62	
			2018/19	0.91	0.83	0.85	0.86	0.92	0.75	0.87	0.85	1.01	0.83	0.81	0.88	0.84	0.86	0.99	0.90	
Serious Incident Rate	0 to 0.11	0.06	2019/20	0.02	0.02	0.07	0.04	0.06	0.04	0.02	0.04	0.05	0.09	0.05	0.06	0.06	0.06	0.14	0.09	
			2018/19	0.05	0.03	0.04	0.04	0.08	0.05	0.02	0.05	0.02	0.05	0.05	0.04	0.05	0.00	0.02	0.02	
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	7	14	2019/20	0	0	2	2	0	0	0	0	0	2	3	5	1	2	4	7	
			2018/19	1	0	0	1	0	1	1	2	0	0	0	0	0	3	1	4	
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	0	3	2019/20	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	3	
			2018/19	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	

Overview – 2019/20 Incidents Reported

A total of 7984 incidents were reported by LCH staff onto the Datix system in 2019/20, compared to 6499 in 2018/19. This is an increase in reporting of 22.9% with the increase seen in reported patient safety incidents.

The increase in the overall reported patient safety incidents is mainly seen in the minimal harm category due to additional categories of skin damage being added to the Datix system, and these are Deep Tissue Injury (DTI) Moisture Associated Skin Damage (MASD) and Other Skin Damage.

Patient safety incidents account for 85% (6798/7984) of all reported incidents in 2019/20, with 30% (2040/6798) of these relating to another organisation. Patient safety incidents related to other organisations are shared with the relevant organisation for learning and action where required.

A further review of all pressure ulcer incidents shows comparable reporting of pressure ulcer incidents (Category 2, 3, 4 and unstageable) in 2018/19 and 2019/20 reporting period from 537 to 544. However, there has been an increase in Category 3 and 4 pressures ulcers in 2019/20 where lapses in care were identified. There will be targeted actions to aim to reduce avoidable pressure damage in 2020/21 led by the Pressure Ulcer Steering Group and following a targeted pressure ulcer prevention summit.

Incident Reporting (*figures exclude deaths)

The Adult Business Unit (ABU) is the highest reporter of patient safety incidents with 62% (2813/*4543), Specialist Business Unit (SBU) and Children's Business Unit (CBU) account for 17% and 19% (784 and 884) respectively. There were 62 (2%) reported patient safety incidents associated with corporate and operational support services which related to access to appointments, abusive behaviour and information governance.

There has been an increase of incidents reported in the CBU which also links with the increase seen in patient safety incidents related to abusive, violent, disruptive or self-harming behaviour from 184 reported in 18/19 to 522 in 19/20. The majority of these have been reported in Little Woodhouse Hall which has reported 429/522 (82%) of all these types of incidents.

The Children's Business Unit (CBU) highlight that there have been changes in governance arrangements with a strong emphasis of incident reporting and sharing learning from incidents within Littlewood House Hall with a spate of incidents reported over Q4 related to a small cluster of patients with complex presentation. There is a piece of work ongoing to understand this further and to establish themes and trends to ensure learning.

Levels of Harm Reported in 2019/20

We have seen an increase in minimal harm LCH patient safety incidents from 959 reported in 2018/19 to 1663 in 2019/20 reporting period. This is also attributed to the introduction of the additional skin damage categories as described above. There has been a slight increase in no harm incidents reported from 1971 in 2018/19 to 2290 in 2019/20 and comparable reporting in moderate and above harm incidents across the two year period.

Lapses in Care Identified during 2019/20 (*figures exclude deaths)

In the 2019/20 reported patient safety incidents, 20% (897/*4543) found lapses in care attributed to LCH. The remaining 80% (3615/4543) found no lapses in care attributable to LCH. This is slightly lower than the 2018/19 reporting period. All moderate and above incidents go through a robust review process as described below. For low and no harm incidents where lapses in care are identified, these are reviewed and shared within teams and services with actions identified to mitigate the risk of reoccurrence. Further work will be explored within 2020/21 on wider organisation learning related to themes of no harm/no harm incidents.

Serious Incident Investigations

All LCH moderate and above patient safety incidents undergo a 72 review excluding deaths as these undergo a separate review process

A total of 82 serious incidents have been reported on StEIS for the 2019/20 reporting period. This is a slight increase from the 68 reported in 2018/19. Of these, 12 / 82 (15%) were concluded as no lapses in care attributable to LCH and a request to delog from the StEIS system was made to the CCG. This is comparable with the 2018/19 where 18% (12/68) were delogged following investigation.

The majority of the StEIS reportable incidents were pressure ulcer incidents (Category 3,4 and unstageable) with 53% (44/82), 13% (11/82) were falls and 9% (7/82) self-harm incidents as the next top reporting categories.

Caring – Year End 2019/20

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

Caring - staff involve and treat people with compassion, kindness, dignity and respect	Target	Year End	Fin. Year	Apr	May	Jun	Q1	Jul	Aug	Sept	Q2	Oct	Nov	Dec	Q3	Jan	Feb	March	Q4	Time Series
Percentage of Respondents Recommending Care - Inpatient and Community (FFT)	>=95%	95.5%	2019/20	96.8%	95.8%	97.4%	96.7%	97.0%	97.1%	95.3%	96.6%	91.8%	97.6%	97%	94.5%	90.8%	95.4%	-	-	
			2018/19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Percentage of Respondents Recommending Inpatient Care (FFT)	>=95%	92.7%	2019/20	81.8%	83.3%	100.0%	85.7%	0.0%	100.0%	83.0%	90.7%	100.0%	83.3%	100%	95.7%	100.0%	100.0%	-	-	
			2018/19	100.0%	100.0%	75.0%	91.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.0%	98.3%	100.0%	100.0%	100.0%	100.0%	
Percentage of Respondents Recommending Community Care (FFT)	>=95%	95.5%	2019/20	96.9%	95.9%	97.4%	96.7%	97.0%	97.1%	95.4%	96.6%	91.7%	97.8%	97%	94.5%	90.7%	95.3%	-	-	
			2018/19	95.6%	96.5%	95.5%	95.9%	96.8%	96.8%	97.0%	96.9%	96.0%	94.4%	94.5%	95.0%	96.2%	94.9%	97.0%	96.0%	
Total Number of Formal Complaints Received	No Target	203	2019/20	16	21	25	62	29	15	15	59	20	12	16	48	7	17	10	34	
			2018/19	14	16	13	43	10	17	13	40	22	11	4	37	5	8	11	24	
Total Number of Formal Complaints Received Related to COVID-19	No Target	0	2019/20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	
			2018/19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Number of Formal Complaints Upheld	No Target	93	2019/20	5	8	6	19	10	9	18	37	12	8	5	25	3	4	5	12	
			2018/19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Number of Formal Complaints Responded to within timeframe	No Target	161	2019/20	11	8	14	33	14	12	24	50	23	13	15	51	5	10	12	27	
			2018/19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Patient Experience

Friends and Family Test (FFT) - Overall for the year, 95.5% patients would recommend LCH services to their family or friends. This is above the annual target of 95%.

The percentage of respondents recommending community care at year end is 95.5% (12, 106 out of 12,663 total respondents).

The percentage of patients recommending inpatient care at year end is 92.7% (83 out of 88 total respondents); this is under the target of 95%. The cumulative percentage is low due to a period of months where recommendation rate for inpatient care ranged between 80-91% (April, May, September

and November 19). As there were only 88 total respondents for inpatient services for 2019/20, this means that any 'would not recommend' or 'neither good nor poor' responses have impacted significantly on the overall percentage. There were a total of four 'would not recommend' responses for the year (4.5%), and two 'neither good nor poor' responses (2.3%).

In September and November, there was one negative response each month accompanied by a positive comment. There are a number of 'Would not recommend' responses recorded during 2019/20 that were accompanied by positive comments, suggesting the responses are not truly reflective of people's experiences. To help ensure clarity and to make the FFT cards more accessible, we now include face 'emoji's' underneath each response option, ranging from very good to very poor.

Complaints, Concerns and Claims

Through the course of the year, 203 complaints were received of which 3 were changed to concerns. 26 cases that were received did not go through the entire process and are marked as withdrawn by LCH; due to the complainant not being the patient and we have not received sufficient consent to proceed or in line with legislation a decision is made not to proceed with an investigation. At the time of the report, 174 complaints had been managed within the complaints process; the Trust has provided responses to 171 and 3 are on hold or in response review. 15 (8%) of the 171 responses have required further review and/or response due to being re-opened after the initial response.

98% of complaints received in 2019/2020 were acknowledged within 3 working days. Three complaints missed the timeframe during the year. (Two were acknowledged immediately to the referring organisation but not the complainant until days 4 and 5 respectively; the third was a concern that escalated and the documentation surrounding the acknowledgement is not sufficiently clear to confirm it was acknowledged in the 3 day timeframe.)

100% complaints were responded to within 180 days.

Drop in complaints for Q3 and Q4

The pattern in the number of complaints received in the last year follows a similar one to that of the year before with a drop in complaints for Q3 and Q4. Over the past three years we have seen the number of reported concerns increase; this has been identified as a possible reason for a the drop in complaints and that issues are being managed through a more informal process. This will be monitored and tested as part of the review of the Complaint policy.

Overview of PHSO

At the start of 2019-20, the PHSO was reviewing or investigating two cases relating to care provided by LCH. Throughout the year, one of the cases was finalised with a mixed finding. The Ombudsman upheld an element of the complaint surrounding the referral process used by the service involved. This led to Ombudsman recommendations that the Trust apologise and pay compensation totalling £750.00.
Two further cases have been referred to the PHSO during 2019-20 but only one relates to a complaint received by the Trust in this financial year. At this time, there are 3 LCH cases with the PHSO; these are currently on hold due to the Covid-19 pandemic.

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.

Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Target	Year End	Fin. Year	Q1	Q2	Q3	Q4
Audit: number of mandatory must do (priority 1) and should do (priority 2) audits started *(n = 88)*							
due to start in Q	20		2019/20	52	22	17	4
started in Q	100%		2019/20	57.7%	63.6%	52.9%	75.0%
Clinical outcome measures: service self-reporting as achieving *(n = 47)*							
step 2 (outcome measures for service identified)	100%		2019/20	40.4%	Not collected	57%	
step 3 (outcome measures available in clinical system)	75%		2019/20	40.4%		55%	
Medicines Management: Medicines Control Assurance Check (n=144)							
completed at team level within last 24 months	100%		2019/20	96.5%	97.2%	97%	87%
meeting all required standards	100%		2019/20	95.1%	96.6%	96%	
NICE guidance: compliance with guidance published during 2017/18 *(n = 42)*							
full compliance	> 90%		2019/20	95.2%	80.8%	74%	68%
action plan in place	> 5%		2019/20	4.8%	11.5%	13%	32%
not due yet	-		2019/20	21	16	10	

Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Target	Year End	Fin. Year	Q1	Q2	Q3	Q4
Clinical and Corporate Policies *(n = 100)*							
fit for purpose	100%		2019/20	96.0%	96.0%	91%	93%
overdue for review	< 5%		2019/20	4.0%	4.0%	9%	7%
Quality Challenge+ (QC+) Programme: services *(n = 54)*							
rated as 'good' or 'outstanding' on self assessment	> 80%		2019/20	79.3%	90.7%	93%	93%
who have received a QC+ Walk during 2019/20	100%		2019/20	17.2%	37.0%	50%	68%
who have had a change in rating following QC+ Walk	< 10%		2019/20	10.0%	6.3%	14%	9%
Research and Development *(n = 720)*							
patients recruited into studies	100%		2019/20	13.6%	36.4%	59%	71%

Clinical Audit End of Year Update

During 2019-20 financial year, it should be noted that there has been improvement to the performance of the clinical audit activity within the Trust which is not reflected in the data reported each quarter in the effectiveness domain table above as priority level 3 (local audits, clinician preference) are not reported.

Clinical audit projects are allocated a priority level 1-3 as well as a proposed start and end date. The information is submitted by services as part of forward planning clinical audit activity for the forthcoming year and included as part of the Trust annual rolling clinical audit programme ratified by Quality Committee at the beginning of each financial year. The number of audits due to commence each quarter can increase or decrease due to a number of reasons such as national audit provider date altered, audit registration plan confirms correct start and end date, new national audits commenced throughout the year. However, there has been steady progress made across the year in line with set target dates.

Quarter 4 has been significantly impacted by Covid-19 with all national clinical audits suspended until further notice. Also, there have been fewer services than expected who have submitted their Record Keeping Audit (priority 1) and the Clinical Audit & Effectiveness Team are in the process of contacting teams to offer support to progress these audits. For a number of audits, it has not been possible to obtain a status update due to COVID-19 pressures. These services will continue to be contacted throughout Q1 2020-21 to request updates.

At the end of Quarter 4 2019-20, 16 audits rated as priority 1 or priority 2 had been abandoned. There are valid reasons for these abandonments.

Of the nine priority 1 and 2 audits marked as 'not started' as at the end of Q4 2019-20, 7 have been carried forward onto the 2020-21 audit programme as these remain relevant to complete. Of these 4/7 has been due to COVID-19, 2/7 are awaiting updates confirming reason for the audit being carried forward to 2020-21 with a further 1/7 had commenced according to the consultant in the correct timeframe but awaiting confirmation that this has been carried forward due to COVID-19. This has impacted on achieving the overall target each quarter and for the end of year data. Risk assessments are being completed for audits identified to commence during COVID-19, to understand and identify any risk to the organisation. Since 1/7 clinical audits identified as a re-audit and therefore the risk is low as the improvement plan is still being embedded. Of the remaining 6 audits, 2 have been allocated as a priority 1 by the service. As part of mitigating the risk during this period, the Clinical Audit & Effectiveness Manager will identify the level of support required to progress audits commenced.

Clinical Outcome Measures

Target = 100% of services at step 2 of the outcome measures ladder (outcome measures for service identified). Actual proportion of service in 2019/20 up to Q3 = 57%

Target = 75% of services at step 3 of the outcome measures ladder (outcome measures available in clinical system). Actual proportion of services up to Q3 = 55%

- Staffing issues impacted on the programme at the beginning of the year: the Project Manager did not take up position until August 2019 and there were also delays and disruption to recruitment to the Project Support Officer role, which mean this post was vacant for a significant proportion of the year
- During the COVID-19 pandemic, the programme of work relating to clinical outcome measures was re-prioritised as services were stood down and clinical staff redeployed. This resulted in no evaluation of Q4 data.
- The clinical outcome measures programme has changed significantly as a result of COVID-19, with many work streams being stood down as C2 and C3 services were paused.
- However, a number of new work streams have opening up since the end of March/beginning of April, including work on health inequalities, mortality, use of video consultations and patient self-care.
- A review of Clinical Outcome Measures will be incorporated into the Reset and Recovery plans for each service.

NICE Guidance

Target compliance with guidance published during 2017/18 = >90% full compliance. Actual compliance in 2019/20 = 68%

- 20 services achieved full compliance with all relevant recommendations within 2 years; a further 8 services achieved full compliance with all relevant recommendations, but it took longer than two years to achieve
- As at 31 March 2020, 4 services were in the process of implementing action plans to ensure full compliance. However, in response to the COVID-19 pandemic, as services were stood down and staff redeployed, reporting on compliance against NICE recommendations was suspended across the Trust. This included 9 services that would have been due to report on their position for guidance published during 2017/18. These will be followed up as services move to a Reset and Recovery position.
- In March 2020, the programme of work for NICE was re-focused to allow rapid review of the emerging evidence base to support care and treatment of patients with COVID-19.

Research & Development

Target number of accruals = 720. Actual number of accruals in 2019/20 = 513

- Recruitment of participants to studies was lower than the target set by the Clinical Research Network. Delays in recruiting to the SECURE Stairs study significantly impacted on the number of patients recruited into research studies during 2019/20. Lower than expected recruitment numbers were seen across all secure environments nationally.
- The Board approved the refreshed Research and Development strategy in February 2020, signalling a renewed focus on priority areas and research ambition for the organisation over the next five years.
- However, in March 2020, all Non-COVID-19 studies were "paused" in line with NIHR guidance to allow a focus on delivery of Urgent Public Health (UPH) research. This will impact on the range and type of research that will be carried out during 2020/21.

Medicines Management

Target proportion of services completing a Medicines Code Assurance Check (MCAC) within the last 24 months = 100%. Actual proportion in 2019/20 = 87%

- A number of teams (18) were due to return their completed Medicines Code Assurance Check self-monitoring statement by the end of March 2020. These have been delayed due to the standing down of C2 and C3 services and the redeployment of staff during March 2020.
- During the pandemic, the programme of work relating to medicines management was re-prioritised as services were stood down and clinical staff redeployed.
- As services developed new ways of working during the pandemic, the processes and procedures involving medicines have been adapted and revised to reflect the current situation. Once services being to Reset and Recover, the work stream will be further adapted to ensure that the safe and secure handling of medicines continues to be achieved for patients, and that services can evidence this.
- A refresh of the self-assessment MCAC tool during Reset and Recovery is recommended.

Clinical and Corporate Policies End of Year Update

There are 2 policies identified at the end of Q4 that remain overdue but each of these has a plan in place and a timeframe for completion. The delay is due to Covid-19. These 2 policies have resulted in a shortfall of the 100% target for Clinical and Corporate Policies that are fit for purpose, with the current achievement at 98%.

Feedback from the recent HSE inspection has highlighted that the "roles and responsibilities" and "monitoring compliance and effectiveness" sections of some policies could be more robust. These sections have been monitored more closely by the Clinical Governance Team and within the Clinical and Corporate policy group (CCPG) to ensure these are fit for purpose prior to ratification by SMT.

Quality Challenge+ End of Year Update

All services submitted their Quality Challenge+ self-assessments (100%) for 2019-20. The self-assessments received from each service underwent quality assurance prior to being recorded onto a central database.

To ensure that all services receive an annual Quality Walk during the year, fifteen (15) Quality Walks would have to be undertaken each quarter. The number of Quality Walks undertaken up to the end of 31 December 2019 was **68.3% (41/60)** but is an improvement when compared with the same time period for 2018-19 which was only 18.6% (11/59). This has fallen short of the target of 100% and could not be recovered during Quarter 4 as planned due to Quality Challenge+ being placed on hold due to COVID-19.

The quarterly quality walk schedule is now shared with Non-Executive Directors so that they have the opportunity to join quality walks.
Following the services Quality Walk being completed, a report is completed and ratings for the individual domains are recorded and mapped against their self-assessment rating for any changes.

5 services have received a rating of 'outstanding' following a quality walk; Community Gynaecology, 0-19 PHINS, Diabetes Service, Nutrition and Dietetics Service and CAMHS Intensive Positive Behaviour Support Service.

Community Care Bed Deaths

CCB deaths have continued to be reviewed during the COVID-19 period. All CCB deaths are case reviewed within the Adult Mortality review meetings. The number of deaths occurring across all the cities CCBs had increased towards the end of Q4 and during April and May 2020 exceeding the upper SCP control limits. This trend has not continued and the numbers of Alliance and Non Alliance CCB deaths has reduced considerably to be below the lower control limit in June2020. The CCB case reviews have been undertaken by a Consultant Geriatrician and have not shown any specific trends, reported incidents or concerns. Also of note that within Q4 none where found to be related to a COVID-19 diagnosis.

Sudden Unexpected Deaths of Children (SUDICs)

There were 12 Sudden Unexpected Deaths of Children resident in Leeds where a SUDIC investigation was completed in 2019/20. All deaths have been reviewed internally by the LCH Children's Mortality Group. All have had a completed SUDIC investigation and 3 have been reviewed by the Leeds CDOP, there rest are planned for 2020/21.

LCH Children's Mortality Group discussion highlighted:

- Sleep position in 4 deaths as a possible factor. In all cases the family were given the relevant written information about safe sleeping and had discussions with their named health care professional around safe sleeping.
- One child drowned in the bath.

LCH children's services have worked with LSCP to produce health promotion posters for families on safe sleeping and safer bathing. In all unexpected deaths the family are offered bereavement support and staff offered additional support and supervision.

Responsive – Year End 2019/20

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	Target	Year End	Fin. Year	Apr	May	Jun	Q1	Jul	Aug	Sept	Q2	Oct	Nov	Dec	Q3	Jan	Feb	March	Q4	Time Series
Patient Contacts - Variance from Profile	0 to ± 5%	1.8%	2019/20	-0.6%	0.8%	-0.7%	-0.2%	4.5%	-6.0%	2.2%	0.2%	4.7%	3.6%	-1.6%	2.3%	6.0%	10.3%	-0.6%	5.1%	
			2018/19	-4.4%	-1.7%	-3.0%	-3.0%	-4.7%	-9.3%	-5.3%	-6.4%	0.9%	0.0%	-10.1%	-3.1%	3.7%	-1.0%	-1.0%	0.6%	
Patient Contacts	No Target	1,431,189	2019/20	114,002	122,367	117,886	354,255	125,053	111,744	117,720	354,517	124,826	121,020	115,645	361,491	126,995	118777	115155	360927	
			2018/19	125,132	136,631	130,931	392,694	129,534	122,169	122,199	373,902	133,983	128,965	116,971	379,919	138,325	118,483	128,631	385,439	
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	>=92%	98.3%	2019/20	98.7%	99.4%	99.3%	99.3%	99.2%	99.1%	98.7%	98.7%	97.1%	97.6%	97.6%	97.6%	97.1%	95.3%	94.4%	94.4%	
			2018/19	96.1%	97.2%	97.5%	97.0%	98.1%	98.0%	97.4%	97.8%	96.8%	96.9%	96.4%	96.7%	97.5%	97.4%	95.6%	96.8%	
Number of patients waiting more than 52 Weeks (Consultant-Led)	0	0	2019/20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
			2018/19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	>=99%	97.8%	2019/20	100.0%	100.0%	100.0%	100.0%	100.0%	93.5%	94.1%	94.1%	97.9%	100.0%	100.0%	100.0%	100.0%	100.0%	88.0%	88.0%	
			2018/19	100.0%	99.1%	100.0%	99.7%	98.1%	98.5%	94.5%	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
% Patients waiting under 18 weeks (non reportable)	>=95%	97.7%	2019/20	97.5%	97.7%	97.9%	97.9%	97.7%	98.2%	98.4%	98.4%	97.8%	97.8%	97.7%	97.7%	98.1%	97.8%	95.5%	95.5%	
			2018/19	98.9%	98.9%	98.8%	98.9%	98.8%	98.4%	98.1%	98.4%	98.1%	98.3%	98.2%	98.2%	98.2%	97.9%	97.2%	97.8%	
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	>=95%	99.2%	2019/20	100.0%	100.0%	99.8%	99.9%	99.8%	99.0%	98.9%	99.3%	98.2%	98.7%	99.3%	98.7%	98.5%	99.3%	99.2%	99.0%	
			2018/19	99.2%	99.2%	99.6%	98.9%	99.4%	99.6%	99.8%	99.6%	99.5%	99.6%	99.0%	99.3%	99.5%	99.8%	99.6%	99.6%	
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	>=75%	45.6%	2019/20	61.8%	56.8%	53.7%	57.4%	54.1%	48.9%	41.5%	48.0%	41.1%	42.8%	36.6%	40.4%	38.7%	37.2%	36.0%	37.2%	
			2018/19	99.2%	99.2%	99.6%	98.9%	99.4%	99.6%	99.8%	99.6%	99.5%	99.6%	99.0%	99.3%	99.5%	99.8%	99.6%	99.6%	
IAPT - Proportion of people accessing IAPT services aged 65+	>=13.6%	3.4%	2019/20	4.7%	3.6%	4.6%	4.2%	4.1%	3.9%	3.1%	3.8%	3.8%	2.9%	2.1%	2.9%	3.4%	2.3%	4.2%	2.8%	
			2018/19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
IAPT - Percentage of people who complete treatment and recover	>=50%	48.0%	2019/20	51.1%	48.1%	50.9%	50.0%	47.1%	53.3%	47.3%	49.1%	50.2%	48.1%	47.9%	48.8%	46.6%	49.7%	51.5%	49.4%	
			2018/19	49.7%	49.2%	50.7%	49.9%	52.8%	46.9%	45.6%	48.4%	57.7%	51.3%	47.1%	52.0%	49.1%	55.7%	54.5%	53.1%	
IAPT - Recovery rate of people accessing IAPT services identified as BAME	>=49.8%	40.0%	2019/20	37.4%	49.4%	44.9%	43.6%	37.8%	41.8%	33.3%	37.3%	33.0%	46.0%	37.5%	39.1%	38.6%	48.8%	44.9%	44.0%	
			2018/19																	

Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Target	Year End	Fin. Year	Apr	May	Jun	Q1	Jul	Aug	Sept	Q2	Oct	Nov	Dec	Q3	Jan	Feb	March	Q4	Time Series
CAHMS - Percentage of children and young people with an eating disorder seen within 24 hours of a request for rapid assessment	100%	-	2019/20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			2018/19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
CAHMS - Percentage of children and young people with an eating disorder seen within 1 week of an urgent referral	>=95%	100.0%	2019/20	-	-	-	-	100.0%	-	-	100.0%	-	100.0%	100.0%	100.0%	100.0%	100.0%	-	100.0%	
			2018/19	-	0.0%	-	0.0%	0.0%	-	-	0.0%	100.0%	100.0%	0.0%	66.6%	100.0%	100.0%	-	100.0%	
CAHMS - Percentage of children and young people with an eating disorder seen within 4 weeks of a routine referral	>=95%	72.2%	2019/20	85.7%	83.3%	100.0%	89.5%	71.4%	75.0%	85.7%	77.8%	100.0%	75.0%	58.3%	73.1%	25.0%	69.2%	69.2%	58.8%	
			2018/19	66.7%	100.0%	100.0%	92.9%	100.0%	60.0%	75.0%	75.0%	37.5%	100.0%	80.0%	64.7%	100.0%	100.0%	100.0%	100.0%	
CAMHS - Percentage of appropriately referred next steps patients seen in <12 weeks	100%	48.0%	2019/20	17.9%	51.2%	72.4%	45.0%	70.0%	88.5%	38.1%	61.2%	3.0%	5.6%	23.3%	10.1%	72.7%	65.3%	76.9%	71.1%	
			2018/19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
ICAN - Initial contacts to take place within 12 weeks for OT and PT	>=80%	79.3%	2019/20	77.4%	75.0%	68.1%	73.4%	70.4%	69.4%	78.9%	73.5%	86.7%	93.5%	92.5%	90.1%	81.4%	83.6%	84.3%	83.2%	
			2018/19	71.6%	70.7%	65.9%	69.4%	73.9%	72.4%	69.3%	71.7%	73.9%	60.8%	75.9%	69.2%	78.8%	75.7%	69.0%	74.3%	

Activity overall has been consistent with profile. However the overall picture masks variances on service lines. The variances are rarely associated with over/under performance but reflect changes in service offer or outdated profiles. In 2019/20 NHS Leeds CCG agreed to move away from monitoring contacts as a measure of contract achievement. As contract management moves to measurement against outcomes it is recommended that the Board considers whether activity monitoring should be included in this report

Performance against nationally mandated waiting times has been sustained throughout the year with 98.3% of patient being seen with 18 weeks (relates to referral to treatment for consultant-led pathways). Whilst not mandated nationally the Trust uses the same 18-week wait standard for non-reportable waits and again performance was good with outturn at 97.7%.

There is a requirement for 99% of patients referred for a diagnostic test to be seen within 6 weeks of referral; in LCH this applies to children's audiology which receives around 260 referrals per month. Performance in 2019/20 was 97.8%. The size of the service has historically meant that any sudden sickness resulting in cancelled clinics has led to under-performance against this standard. During the year the service introduced an additional weekly "discretionary" clinic to ensure there was always sufficient capacity to see children from clinics that had to be cancelled at short notice.

Despite overall good performance in this domain there remain a number of hotspot areas which need constant attention.

The IAPT targets have proved very challenging over the last few years. In 2019/20 the Trust and its partners created an alliance called Leeds Mental Wellbeing Service (LMWS) and secured a contract to provide IAPT and primary care liaison services for the next *** The contract started on 1 November 2019. Bidding for the revised contract enabled the alliance to ensure there was sufficient resource to meet clinical need and meet the required waiting time standards.

In 2019/20 99.2% of patients referred to IAPT were seen within 18 weeks but only 45.6% were seen within the supplementary standard of 6 weeks. This information 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 is now less than two weeks. The improvement in initial waits since the introduction of the new contract will be reflected in 2020/21 data.

The new contract focuses on ensuring the service is easy to access for people who have not always used the service and there are specific action plans in place to improve uptake in women in the perinatal period, veterans, BAME groups, asylum seekers and refugees, LGBT+ and older people. These action plans are being led by our partners in Touchstone who have significant experience in reaching communities that are less engaged with services. The action plans are monitored at the monthly Partnership Board meetings and will have direct impact on increasing the number of people from those communities accessing the service.

Similarly the performance in our CAMHS service has not always met expectations. In 2019/20 only 48% of children referred for a routine appointment in CAMHS were seen within 12 weeks. There was considerable improvement in this performance in quarter 4 with 71% of children seen within 12 weeks. However it should be noted that the poor performance in quarter 3 was associated with a waiting list initiative to see the longest waiters and this inevitably brought performance against 12-weeks down. The average wait by year end was 10 weeks (longest wait 17 weeks). There is a weekly monitoring meeting in place to ensure performance against this standard.

All urgent referrals to the eating disorder service were seen within the 1-week standard but performance was poor against the 4-week standard for routine referrals. This situation was similar to the one described in Children's audiology with a small service being unable to respond effectively to sudden increases in demand or reduction in staff capacity. The service has learned from audiology and has introduced the "discretionary" clinic which can be cancelled if not required but also ensures additional capacity is available if needed.

The ICAN service has been evolving over the last year. The introduction of a robust triage service has meant that children have seen the most appropriate clinician at their first appointment; previously all children were routed through a Consultant Paediatrician at first contact. The standard of a 12 week wait for Physiotherapy and/or Occupational Therapy was introduced locally to ensure first waits were timely but also if a child did see the Paediatrician first they didn't then have long waits for therapy. Performance against this standard has steadily improved over the year and whilst year end outturn was 79.3% in quarters 3 and 4 it was over the 80% target

It is worth noting that the COVID-19 situation adversely affected all waiting standards in the final month of 2019/20 due to the stand down of non-essential services. The recovery of waiting time performance will be a significant objective in 2020/21 as part of the reset and recovery programme.

Well-Led – Year End 2019/20

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	Target	Fin. Year	Year End	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Time Series
Staff Turnover	<=14.5%	2019/20	12.0%	13.3%	13.2%	13.1%	12.7%	13.0%	13.0%	13.3%	13.5%	13.1%	12.9%	12.4%	12.0%	
		2018/19	13.6%	13.9%	13.6%	14.6%	14.4%	14.5%	14.4%	14.5%	13.9%	13.6%	13.4%	13.6%	13.6%	
Reduce the number of staff leaving the organisation within 12 months	<=20.0%	2019/20	19.9%	16.8%	17.2%	20.1%	16.8%	18.4%	17.3%	17.8%	18.1%	17.8%	18.4%	19.0%	19.9%	
		2018/19	18.3%	13.0%	13.0%	13.2%	13.6%	14.4%	15.2%	15.7%	15.5%	13.4%	17.5%	17.3%	18.3%	
Stability Index	>=85%	2019/20	88.8%	87.0%	87.7%	87.6%	87.5%	87.4%	85.7%	86.4%	87.2%	87.6%	87.9%	88.2%	88.8%	
		2018/19	87.5%	85.6%	85.2%	85.6%	85.9%	85.9%	86.2%	86.0%	86.3%	86.7%	86.8%	86.7%	87.5%	
Short term sickness absence rate (%)	<=2.2%	2019/20	1.6%	1.4%	1.7%	1.5%	1.5%	1.2%	1.5%	1.5%	2.1%	2.1%	1.3%	1.7%	2.2%	
		2018/19	1.5%	1.9%	1.6%	2.2%	1.5%	1.6%	1.8%	1.9%	2.2%	2.3%	2.4%	2.1%	1.7%	
Long term sickness absence rate (%)	<=3.6%	2019/20	4.1%	3.4%	3.5%	3.9%	3.3%	3.7%	3.4%	3.9%	4.2%	3.8%	3.9%	4.2%	4.0%	
		2018/19	4.2%	3.5%	3.5%	3.3%	3.8%	4.1%	3.6%	3.6%	3.4%	4.0%	3.7%	3.6%	3.4%	
Total sickness absence rate (Monthly) (%)	<=5.8%	2019/20	5.7%	4.8%	5.2%	5.4%	4.8%	4.8%	4.9%	5.3%	6.3%	5.9%	5.3%	5.9%	6.2%	
		2018/19	5.7%	5.4%	5.1%	5.5%	5.3%	5.6%	5.3%	5.5%	5.6%	6.4%	6.2%	5.7%	5.1%	
AfC Staff Appraisal Rate	>=95%	2019/20	88.3%	81.1%	83.7%	84.6%	85.4%	87.2%	85.6%	86.2%	87.0%	85.2%	89.2%	90.0%	88.3%	
		2018/19	82.9%	81.9%	80.2%	79.9%	78.5%	83.6%	84.9%	87.5%	88.2%	86.3%	85.4%	84.2%	82.9%	
6 universal Statutory and Mandatory training requirements	>=95%	2019/20	90.6%	93.5%	94.4%	93.8%	85.3%	87.4%	90.9%	91.5%	91.4%	92.0%	92.5%	85.6%	90.6%	
		2018/19	92.5%	91.4%	89.9%	89.6%	89.6%	88.7%	88.4%	90.3%	90.0%	90.6%	92.7%	93.5%	92.5%	
Medical staff appraisal rate (%)	100%	2019/20	-		100.0%			100.0%			100.0%			90.9%		
		2018/19			100.0%			100.0%			100.0%			100.0%		

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Target	Year End	Fin. Year	Apr	May	Jun	Q1	Jul	Aug	Sept	Q2	Oct	Nov	Dec	Q3	Jan	Feb	March	Q4	Time Series
Percentage of Staff that would recommend LCH as a place of work (Staff FFT)	>=52.0%	-	2019/20		71.1%		71.1%		81.6%		81.6%		Staff Survey		-		79.2%		79.2%	
			2018/19		63.0%		63.0%		60.3%		60.3%				-		68.0%		68.0%	
Percentage of staff who are satisfied with the support they received from their immediate line manager	>=52.0%	-	2019/20		73.3%		73.3%		61.2%		61.2%		Staff Survey		-		-		-	
			2018/19		64.0%		64.0%		65.1%		65.1%				-		69.0%		69.0%	
WRES indicator 1 - Percentage of BME staff in the overall workforce	No Target	-	2019/20	9.6%	9.8%	9.8%	9.8%	9.9%	9.9%	10.0%	10.0%	9.7%	10.1%	10.0%	10.0%	10.2%	10.3%	10.3%	10.3%	
			2018/19						10.1%	9.7%		9.8%	9.7%	9.6%	9.7%	9.6%	9.4%	9.6%	9.5%	
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	No Target	-	2019/20	3.2%	3.2%	3.3%	3.3%	3.2%	3.2%	3.7%	3.7%	3.6%	3.7%	3.6%	3.6%	3.6%	3.6%	3.5%	3.5%	
			2018/19						3.1%	3.2%		3.2%	3.3%	3.2%	3.2%	2.7%	2.6%	2.7%	2.7%	
Total agency cap (£k)	6542	4350	2019/20	392	306	460	1158	384	424	413	1220	358	316	351	1025	275	310	362	947	
			2018/19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Percentage Spend on Temporary Staff	No Target	6.2%	2019/20	6.1%	5.1%	7.1%	6.2%	6.1%	6.8%	6.0%	6.2%	5.8%	6.0%	6.0%	5.9%	5.2%	5.6%	5.7%	5.5%	
			2018/19	7.1%	7.5%	8.8%	7.8%	5.0%	7.0%	7.1%	7.1%	6.1%	6.3%	7.5%	6.9%	6.2%	6.5%	6.1%	6.8%	

In the **Well Led** domain the overall trend for turnover throughout the year has been positive with it continuing to reduce to 12.6% which is below the 2019/20 outturn target of 14.5%.

The stability rate has also been positive and has continued to increase throughout the year to 88.8% which is above the target of 85%.

The percentage of Staff leaving the trust within the first 12 months of employment continues to report at a higher rate of 19.9% at year end, but is just below the target of 20%. We continue to monitor reasons for leaving closely and develop retention initiatives in response to the latest findings.

In relation to sickness absence and health and wellbeing; the year-end sickness absence rate was 5.7%, consisting of 1.6% short-term and 4.1% long-term absence. This end of year figure includes the initial impact of COVID-19 in late February and March. For 8 months of the year, the sickness absence was below the 5.8% target, and 4 of these months fell to below 5%. Progress has been made throughout the year on a range of HWB initiatives, such as the Employee Assistance Programme, Mental Health First Aiders (MHFAs) trained, Time to Change pledge, training for managers on reasonable adjustments/Equality Act and increase on disability awareness through implementation of the WDES Action plan.

As a result of regular monitoring and targeted support, together with a range of initiatives such as an improved Appraisal support package with tools and launch of the wider Talent Management approach, there has been good progress in the appraisal rate throughout the year, achieving a high of 90% compliance rate in February 2020. At the year-end, 88.3% of our staff have had an appraisal.

Regarding Statutory & Mandatory Training; good progress has been made around the Core Skills Training Framework (CSTF) Compliance project, with 7 out of 13 areas completed. This work paused during the COVID period and will resume as part of the Reset programme. Throughout most of the year and at year end, over 90% of staff are up to date with their statutory and mandatory training.

There is continued improvement in staff engagement as shown by the number of staff who recommend LCH as a place to work (10% + increases from 2019/20). This is also reflected in the Staff Survey results for this question (up 5.5% since 2019, and benchmarking above average for our peer group). The Trust for the second year running was within the upper quartile of all Trusts across England in terms of our Staff Survey results.

The results for support from immediate line managers have improved over the year as a result of a redesigned leadership development offer, health and wellbeing developments, and the people before process approach: the Staff Survey 2019 measure was 75.2%, up 2% since last year and benchmarking above average for our peer group. Our leadership offer has evaluated very positively with participants on it.

To promote and improve Equality, Diversity and Inclusion during the year we have engaged with our BAME workforce through a variety of means, such as through the Black, Asian, Minority Ethnic (BAME) staff network group, Reverse Mentoring programme between BAME staff and Trust Board members, Race for Equality event and training for leaders around unconscious bias awareness. Some of which has led to marginal improvements in two of the WRES indicators; % of BME staff in the overall workforce has increased from 9.6% to 10.3% and % of BME staff in Bands 8-9 & VSM has increased from 3.2% to 3.5%. Additionally we are working hard as a Trust to have clear risk assessment conversations with our BAME colleagues during this COVID period and importantly to support staff well.

We have continued to develop and promote inclusion across other areas of work such as LGBT ambassadors, Disability network and Mental health and our progress was recognised by ranking 14th best in the country as Top 50 Inclusive Companies.

Finance – Year End 2019/20

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

Finance	Target	Year End	Fin. Year	Apr	May	Jun	Q1	Jul	Aug	Sept	Q2	Oct	Nov	Dec	Q3	Jan	Feb	March	Q4
Net surplus (-)/Deficit (+) (£m) - YTD	-1.7	-2.0	2019/20	0.5	-0.1	0.0	0.0	-0.2	-0.3	-0.7	-0.7	-0.8	-0.8	-1.0	-1.0	-1.7	-2.1	-2.0	-2.0
Capital expenditure in comparison to plan (£k)	2046	1969	2019/20	0	147	76	223	90	114	26	230	229	109	62	400	407	205	504	1116
CIP delivery (£k)	2315	2115	2019/20	177	176	176	529	176	176	177	529	176	176	176	528	176	177	176	529
COVID specific costs identified and submitted (£k)	-	180	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	180	180

Overall Summary

The Trust has met or exceeded all its statutory financial targets for 2019/20. The control total surplus was exceeded to support the West Yorkshire and Harrogate ICS financial position. The cash position remains very strong, the better payments practice code has been achieved for all measures and the use of resources risk rating is 1 overall, the lowest risk. The Trust has not breached either the external financing limit (EFL) or the capital resource limit (CRL) set by NHS England/Improvement. The Trust incurred £4,350k agency costs during the year which is more than £2m less than the agency cap that had been set.

Key Financial Data Statutory Duties	Outturn	Variance from plan	Performance
Income & Expenditure retained surplus £1.7m	£2.0m*	£0.3m	G
Remain with EFL of £0.597m	-£6.657m	£7.154m	G
Remain within CRL of £2.067m	£1.969m	£0.098m	G
Capital Cost Absorption Duty 3.5%	3.5%	-	G
BPPC NHS Invoices Number 95%	99%	4%	G
BPPC NHS Invoices Value 95%	99%	4%	G
BPPC Non NHS Invoices Number 95%	97%	2%	G
BPPC Non NHS Invoices Value 95%	98%	3%	G
Agency control total	£6,542k	£2,192k	G
Trust Specific Financial Objectives			
CIP Savings £1.68m recurrent in year	£1.7m	-	G
CIP Savings £0.64m planned non recurrent in year	£0.4m	-31%	R

Income & Expenditure Summary

The Trust has a surplus for 2019/20 of £1.7m before technical adjustments. When the fixed asset impairment and donated asset costs are added back the surplus for control total performance is £2m which is £0.3m more than the original plan. The over-achievement was delivered to support the aggregate financial positon of the ICS in order to maximise the resources available to the ICS. The Trust will have the £0.3m available in a future year.

Income

The Trust has received £1.2m provider sustainability and financial recovery funding from NHSE/I as it exceeded the surplus performance target.

Pay

Pay budgets were £1m underspent at the end of the financial year. This includes agency staff costs of £4.4m, well within the agency cap of £6.5m se by regulators.

Delivery of Cost Improvement Plans

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

Capital Expenditure

The Trust had a CRL, permission to spend, of £2m on capital assets; during the year a further £46k PDC backed capital was issued for Little Woodhouse Hall improvements bringing the total available to spend of £2.1m. The Trust spent a total of £2m during the year, within the CRL.

Capital expenditure included:

- EPR £0.3m
- Estates £1.0m
- IT £0.5m
- Clinical equipment £0.1m
- Little Woodhouse Hall £0.05m

The Trust disposed of assets with a value of £12k.

Cash and Payments

The Trust has maintained a very strong cash position throughout the year and had £33.1m in the bank at the end of March; this is £6.3m more than planned. This is as a result of a number of factors but, as year end accruals for expenditure incurred but not yet invoiced were £4.4m more than last year, it appears suppliers' ability to issue invoices in March were impacted by Covid-19 with a consequent reduction in Trust cash outflows.

The Trust remained within its external financing limit. The Better Payments Practice Code target of 95% was achieved for all four measures.

Statement of Financial Position

The Trust's fixed asset land and buildings values were adjusted for a revaluation exercise undertaken by the District Valuer. This led to a net increase in values of £1.8m of which £0.3m was included in expenditure for the year in respect of previous value changes and £2.1m is included in the revaluation reserve.

Since the revaluation exercise was undertaken the District Valuer has advised the Trust that the asset values maybe affected by the impact of the Covid-19 pandemic and this has been noted in the 2019/20 Annual Accounts.

Conclusion

The Trust has met or exceeded all of its statutory financial targets for 2019/20 despite a challenging financial environment. Overall a surplus of 1.2% was achieved from a turnover of £171m; the cash earned from the surplus is retained by the Trust for future capital investment.

AGENDA ITEM 2020-21 (34i)

Meeting Trust Board 19 June 2020	**Category of paper** *(please tick)*	
Report title Report on Delivery of 2019/20 Operational Plan Priorities	**For approval**	
Responsible director Executive Director of Finance and Resources **Report author** Business Planning Manager	**For assurance**	✓
Previously considered by N/A	**For information**	

Purpose of the report

This report provides an overview of delivery at the year-end of the Trust's 15 priorities for 2019/20 which drive achievement of the Trust's 4 strategic goals. Business Committee receive quarterly reports on progress, the Board receive a reports at the end of quarter 2 and at year-end.

Main issues for consideration

Year-end performance

Each priority has one or more success measures, defined in SMART terms wherever possible / appropriate. An overall RAG status is indicated which reflects an overall assessment of progress and performance in relation to the priority, not solely the component success measure RAG ratings.

At year-end:

- 13 of the 15 priorities were achieved (green)
- 2 remained either on track to be achieved but not within the timescale achieved or were not fully delivered, missed – timeframe, delivery requirements (amber)

Priorities rated amber overall:

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

- Priority 14. Understand and reduce unwarranted variation.

Recommendations

The Board is asked to note progress at year-end in delivering the 2019/20 priorities

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

Priority 1	Improve overall engagement levels across the organisation through initiatives on creating the working lives that we want: H&WB, Diversity & inclusion,cultural initiatives, leadership & management development, training & development

What we aim to achieve in FY 19/20

- There is a clear health and wellbeing offer for staff to access.
- The Board's knowledge and understanding of experiences and challenges BAME staff from different backgrounds face, is increased.
- Equality & Diversity training offer to LCH staff is improved
- Sickness absence levels remain within tolerance, achieving an equal or improved position by the end of 19/20 compared with 18/19
- #peoplebeforeprocess and #justandfairculture concepts are understood and in use across the organisation
- LCH's new Leadership & Development programme is fully implemented
- Learning & development opportunities are increasingly aligned with organisational need
- There is clarity over access to development

Overall Year-end RAG Status - may differ to RAG status of the success measures	Green

Green	Achieved	Amber	Slight under performance &/or risk of not achieving priority (where relevant: 5% adverse variance)	Red	Not achieved/expected to achieve

Progress update. Overall: **ACHIEVED.** Good progress across all workstreams. National staff survey staff engagement indicators improved in 8 of the 9 areas, 1 stayed the same. We benchmark well against peer organisations, and are in the top quartile for key indicators

Progress overview

- Good progress made in developing our health and wellbeing offer for staff across a range of HWB initiatives and equipping leaders to work in an inclusive and compassionate way, including Employee Assistance Programme, introducing MH First Aiders (16 volunteers trained), Time to Change pledge, training managers on reasonable adjustments/Equality Act and increasing disability awareness through implementation of the WDES Action plan. We believe this has all contributed to year-end sickness absence rate being below target at year-end: 5.7%,
- 'people before process' culture grows, open staff conversations/stories about their HWB issues becoming 'the norm'.
- **Equality, Diversity and Inclusion:** During the year we engaged with our BAME workforce through a variety of means, such as through the BAME staff network group, launching our 3rd Reverse Mentoring programme cohort, a Race for Equality event attended by 100 staff and training for leaders around unconscious bias awareness. There have been marginal improvements in two of the WRES indicators; % of BME staff in the overall workforce has increased from 9.6% to 10.3% and % of BME staff in Bands 8-9 & VSM has increased from 3.2% to 3.5%.
- We deliver a 'Compassionate and Inclusive Leadership' session as part of the 'Leading LCH' management development programme and have continued to develop and promote inclusion across other areas of work such as LGBT ambassadors, Disability network and Mental health and our progress was recognised by ranking 14th best in the country as Top 50 Inclusive Companies and retained Disability Confident Employer accreditation.

Success Measures	Year-end RAG
Sickness absence <5.8%	Green
Improvements in HWB staff survey question results	Green
Improvements in experience of BAME staff: staff survey results	Green
WRES: Increase (%) in BME staff in workforce	Green
WRES: increase (%) in BME staff in Band 8-9,VSM	Green

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

What we aim to achieve in FY 19/20

- Organisational workforce plan aligned with BU operational plans
- Clear resourcing plan to support BUs in identifying and addressing resourcing needs
- Continued implementation of e-rostering to plan
- Fill rate for roles is higher and vacancy rates reduced
- Number of "hard to recruit" roles is reduced
- Apprenticeships are aligned with workforce needs and plans

Overall Year-End RAG Status - may differ to RAG status of the success measures	

	Achieved		Slight under performance &/or risk of not achieving priority (where relevant: 5% adverse variance)		Not achieved/expected to achieve

Progress update:
Overall: **AMBER.** reflecting that the rapid changes required in our resourcing approach, linked with an urgent need to prioritise maximising workforce supply and meeting business continuity plans brought about by the COVID-19 pandemic, impacted on plans to introduce our new workforce planning approach in Q4.
Progress overview
Recruitment:

- There was a 21% increase in number of posts advertised in 19/20 which led to streamlining of recruitment processes.
- **Recruitment to 'hard to recruit' roles:** the fill rate for recruiting newly qualified nurses was 70% which exceeded the target: 60%, and 73% for the 0-19 service. Temporary Digital marketing expertise was sourced and supported recruitment to hard to recruit' roles. The 'LCH Bus Tour' which is part of our strategy to attract newly qualified nurses to the organisation, was a finalist in the Nursing Times Awards 2019 in the Best Recruitment Experience category. The bus tour is now an annual event. Focus was sustained on recruiting to other hard to fill roles including within the Wetherby YOI unit, Dental Services and Psychological Wellbeing Practitioners.
- Further work required to develop reporting on vacancy rates.

Apprenticeships:

- The Trust started implementing the District Nursing Apprenticeship to support nurses who would like to develop their careers in the community. The Adult Business Unit also introduced new Nursing Associate roles, aimed at people wanting to develop a career in community nursing.

Retention: positive overall trend throughout the year. Turnover at year-end was 12.6%: below the target: 14.5%. **Staff leaving the trust within the first 12 months of employment** remained just below the target: 19.9% but was higher than in 2018/19. We continue to monitor reasons for leaving closely and develop retention initiatives in response.
E-Rostering: Over the year we successfully rolled out a new e-rostering system across the majority of the Adult Business Unit which allows clinical and support services to manage all temporary staff bookings.

Success Measures	**Year-end RAG**
Drop in vacancy rates – baseline & quantify RAG thresholds	
Improvement in fill rate for 'hard to recruit' roles: baseline 60%	
Retention in <12 months service improves: <20%	

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

What we aim to achieve in FY 19/20

- Increasing numbers of leaders and aspiring leaders have the skills to lead across LCH and wider system
- Embedding and expanding the new Leadership & Management development offer.
- Launch of LCH Leadership Competency Framework
- Development of Talent Management approach

Overall Year-End RAG Status - may differ to RAG status of the success measures	

	Achieved		Slight under performance &/or risk of not achieving priority (where relevant: 5% adverse variance)		Not achieved/expected to achieve

Progress update

Overall: **ACHIEVED:** Good progress in further expanding and embedding leadership and management development. We believe that our strategy of empowering managers is reflected in the NHS Staff Survey, 75% of our staff said they were satisfied with the support they got from their manager - above the national rate of 71%; while 44% of LCH staff said their manager acted on feedback, well above the national average of 34.5%.

Progress overview

Leadership & Management:

- By the end of quarter 3 198 managers had participated in leadership development since April 2019, exceeding the annual target.
- Further progress made on evaluation of leadership training – all components of programme demonstrating positive impact at the end of training and 3 / 6 months post completion (qualitative and quantitative scores)
- Shadow Board programme completed: positive participant evaluation and organisational benefits. LCH members of ICS, city and LCH Shadow Programme Boards to continue as a Shadow Board, providing additional scrutiny and management perspective for a further 12 months when a 2nd cohort will be recruited

Appraisal Rate:

- Continued emphasis on development culture and key role of appraisal. As a result of regular monitoring and targeted support, together with a range of initiatives such as an improved Appraisal support package with tools and launch of the wider Talent Management approach – including sessions with BAME Talent Management group, there has been good progress throughout the year, achieving a high of 90% compliance rate in February 2020. At the year-end, 88.3% of our staff has had an appraisal.

Statutory & Mandatory Compliance Project

- Good progress made around the CSTF Compliance project, with 7 out of 13 areas completed. This work paused during the COVID period and will resume as part of the Reset programme. Throughout most of the year and at year end, over 90% of staff up to date with their statutory and mandatory training.

Success Measures	**Year-end RAG**
Increased leadership training uptake: baseline 180	
Stat mand training compliance improves: 95% or higher	
Improvement in staff survey leadership questions results	

<table>
<tr><td>Priority 4</td><td colspan="5">Work effectively as a system partner in the development and implementation of workforce and HR strategies, systems and plans across Primary Care, the city of Leeds and the West Yorkshire and Harrogate ICS</td></tr>
<tr><td colspan="6">What we aim to achieve in FY 19/20
• Leadership & launch of Leeds citywide statutory & mandatory training project; to smooth flow of workforce across organisational boundaries
• Design and delivery of GP Confederation employment / engagement model
• Introduction of bank arrangements for GP Nurse / HCA opportunities
• We will be instrumental in the development and delivery of the Leeds One Workforce Strategic Priorities
• Strong Leeds voice in WY&H workforce considerations</td></tr>
<tr><td colspan="5">Overall Year-end RAG Status - may differ to RAG status of the success measures</td><td>[Green]</td></tr>
<tr><td>[Green]</td><td>Achieved</td><td>[Amber]</td><td>Slight under performance &/or risk of not achieving priority (where relevant: 5% adverse variance)</td><td>[Red]</td><td>Not achieved/expected to achieve</td></tr>
<tr><td colspan="4" rowspan="4">Progress update
Overall: ACHIEVED: good progress made developing and implementing innovative workforce and HR strategies and solutions to respond to system and ICS challenges and opportunities.
Progress overview
GP Confederation & PCNs:
• The LCH employ / deploy SLA has been taken up by 8 PCNs. 13 Clinical Pharmacists recruited under the SLA and took up post in 19/20. The PCNs plan to use the Trust's employ and deploy model for recruiting to Social Prescriber roles. There is significant potential for this offer to grow, particularly in light of the recently released GP Contract with further mandated roles and funding for them now agreed.
• Work continues to ready the GP Confederation to directly employ staff. Approval was given for many of its workers to join the NHS Pension Scheme and a substantial piece of work on resourcing and employment began which will deliver results in 2020
• External business analysis of Leeds' requirement for a GPN / HCA bank suggested demand from primary care at that time did not warrant proceeding. However, prior to the COVID pandemic, discussions resumed in response to PCN Clinical Director discussions.
Leeds One Workforce:
• LCH continues to be instrumental on this agenda, taking the strategic lead on one of the seven strategic workforce priorities agreed in the autumn for the city (staff flow across organisational boundaries). Consideration is being given to a further priority which is linked to integration of workforces, being led by LCH.
• Engagement is ongoing as part of the WY&H ICS, with recent examples including involvement in a successful collaborative bid for e-job planning.</td><td>Success Measures</td><td>Yr-end RAG</td></tr>
<tr><td>Citywide Statutory & Mandatory training project</td><td>[Green]</td></tr>
<tr><td>Delivery of GP Confed / PCN employment models</td><td>[Green]</td></tr>
<tr><td>Introduction of bank arrangement for GPN / HCA</td><td>[Amber]</td></tr>
</table>

Strategic goal 2: Deliver outstanding care

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

What we aim to achieve in FY 19/20

- Timely implementation of action plans to address improvement requirements from external reviews
- Review Quality Challenge + process to ensure it is fit for purpose and provides required information.
- Systemisation of outcome measurement and reporting and robust processes for central oversight.
- Strengthen and embed internal QIA process and work with commissioners on joint process

Overall Year-end RAG Status - may differ to RAG status of the success measures	Green

Green	Achieved	Amber	Slight under performance &/or risk of not achieving priority (where relevant: 5% adverse variance)	Red	Not achieved/expected to achieve

Progress update

Overall: **ACHIEVED**. The CQC inspected our sexual health service, community CAMHS, inpatient CAMHS, community dental service and children, young people and families services in May-June 2019 and completed a Trust-wide inspection under the well-led framework. Their report was published in October which rated LCH 'good' overall and for each of the 5 CQC domains. We have made good progress implementing the action plan to address 23 'must-do' and 14 'should-do' actions: at the end of March 2020, 17 of the must do actions were complete, 2 on track to complete within the time scale agreed with the CQC, 4 on hold due to COVID-19. Of the should do actions 9 were complete and 5 on track to complete within the agreed time scale.

Progress overview

- **Quality Challenge Plus**: at the end of quarter 3, 54 self-assessments completed; 48 services rated themselves Good, 2 Outstanding and 4 Requires Improvement. In Q1-Q3, 26 of the 27 (96%) Quality Walks rated services Good or Outstanding; 1 rated Requires Improvement. We have increased significantly the number of staff available to undertake Quality Walks: 35 staff trained.
- **QIAs**: QIAs routinely undertaken and KPIs monitored by services and escalated via the BU performance review process.
- **Outcome Measurement & Reporting Development:** good progress in progressing work with partners on developing outcome measures for pathways and the city-wide population health management programme. LCH's year 1 aim of 75% of services agreeing centrally reportable outcome measures: achieved. Year 2 plan developed which aligns with national and local systems outcomes work. Focus on assessing outcomes where operational changes made in response to COVID-19.

Success Measures	**Year-end RAG**
Implementation of external review action plans	Green
At least 80% of services rated good / outstanding following Q Walk visit	Green
Increase in number of actively engaged peer reviewers	Green
QIAs are timely & monitoring embedded in performance review process	Green
Outcome development against plan	Green

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

What we aim to achieve in FY 19/20

- Identify and share the learning from QI projects
- Further develop the culture of Continuous Quality Improvement CQI through:
- Delivery of QI training, evaluation training, Effective decision making and compassionate leadership sessions (as part of LCH leadership offer)
- Increase in numbers of staff attending training in house and with the Improvement Academy
- Stronger connection and commitment at all levels to our CQI approach (Making Stuff Better), to ensure this underpins development and improvement work across the organisation
  - Develop the interface with QPD, Business teams, Research & Development Team , to align all involved in CQI
  - Review and strengthen audit and quality challenge plus processes in collaboration with QPD to ensure CQI is underpinning philosophy

Overall Year-end RAG Status - may differ to RAG status of the success measures	(Green)

(Green)	Achieved	(Amber)	Slight under performance &/or risk of not achieving priority (where relevant: 5% adverse variance)	(Red)	Not achieved/expected to achieve

Progress update: Overall: **ACHIEVED**. Good progress made implementing the year 2 CQI strategy, agreed in August 2019, which outlines our approach to 'Making Stuff Better' and celebrating sharing improvement work across the organisation, regardless of scale. The national staff survey results give us confidence to continue embedding the strategy.

Progress Overview:

- **National staff survey results:** scores increased for the 2 questions directly relating to staff feeling able to influence improvement - in their team department (77.8%, up 4%); and area of work (58.7%, up 6%) which is in line with our high performing national benchmarking group
- **ICAN Transformation Programme**: QI Rapid Improvement approach was used for 5 workstreams: solutions co-produced by staff, patients and other key stakeholders. A new triage system went live in November, Community Paediatric Clinic pathways went live in December. Work put on hold in quarter 4 due to COVID-19. Implementation not sufficiently progressed to report on flow, capacity and patient experience
- **QI Training**: achieved106 staff attended training in quarters 1-3
- **Ensuring QI underpins audit, R & D & quality monitoring and align QI resource**: good progress embedding QI approach in quality improvement organisation-wide e.g. Therapy Led Discharge Trial
- **Hits on Elsie QI hub**: in quarter 3 there were 86 views on the QI Hub: 56 were unique views and the Making Stuff Better page created which received 142 views by 42 users.
- **Sharing improvement stories:** the 3 Business Units celebration events and successful award applications showcase and share improvement initiatives. The QI team presented at the Admin Staff Celebration Event and CBU Celebration Event:'15s30m' speakers spoke about their improvement approach at the Admin Event. In quarter 3 we launched the Making Stuff Better viral campaign.

Success Measures	Yr-end RAG
staff survey - increase in staff reporting feel able to influence improvement	(Green)
Increased flow, capacity & patient experience in ICAN as a result of QI methodology in the Transformation Prog	(Grey)
Train 60 people in QI	(Green)
Increase in QI projects initiated through audit, R & D & quality monitoring	(Green)
100 hits per quarter on Elsie QI hub & increasing trend of return hits	(Green)
Regular sharing of improvement stories via a variety of media / fora	(Green)

<table>
<tr><td>Priority 7</td><td colspan="6">Strengthen organisational approach to service user engagement and experience at all stages of care delivery</td></tr>
<tr><td colspan="7">What we aim to achieve in FY 19/20
• Strengthen strategic focus on patient engagement and experience with appointment to a new patient engagement lead role.
• Development of a Patient Engagement and Experience (PEE) strategy and delivery plan once new staff in place
• Experience and Engagement framework in place to measure progress
• Work with our partners to support and benefit from engagement work across the City
• Consider how we ensure patient engagement in the incident investigation process
• Organisation-wide roll out of ‘Hello my name is…’ Campaign
• Phased approach to implementing ‘Always Events’ in all 3 Business Units</td></tr>
<tr><td colspan="6">Overall Year-end RAG Status - may differ to RAG status of the success measures</td><td>[Green]</td></tr>
<tr><td>[Green]</td><td>Achieved</td><td>[Amber]</td><td>Slight under performance &/or risk of not achieving priority (where relevant: 5% adverse variance)</td><td>[Red]</td><td colspan="2">Not achieved/expected to achieve</td></tr>
<tr><td colspan="5" rowspan="4">Progress update
Overall: ACHIEVED following recruitment to the Patient Engagement Team, the Patient Engagement Strategy was approved by October 2019 Board and the operational plan approved by January 2020 Quality Committee. Work to progress and embed ‘Hellomynameis…’ and Always Events across the Organisation halted in quarter 4 due to COVID-19 Year one priorities embedded in Business Unit plans for 2020/21.
Progress overview
• Patient Engagement strategy: Strategy implementation update to March 2020 Board reported good progress. Patient/Carer involvement in incident investigations to be progressed in 20/21 as part of implementation of the national Patient Safety Strategy over a 2 year period. A patient safety strategy working group has been established and developed a gap analysis and initial action plan.
• Patient Engagement Staff Champions: The PET actively recruited to have 1 champion per service: 65 PEG champions recruited to date. Champions meet regularly to share good practice and support Patient Engagement strategy implementation.
• ‘#Hellomynameis… ’: this was the theme for the AGM which was received well. The campaign continues to be embedded.
• The Always Events: work progressed to raise awareness of Always Events within Business Units and to identify Business Unit focus for Always Events. CBU and SBU identified potential focus, ABU identified the focus within Continence and Urology Service which was to be implemented in quarter 4 but put on hold due to Covid-19.</td><td>Success Measures</td><td>Year-end RAG</td></tr>
<tr><td>By end of Q2 develop PEE Strategy; process & support structure; operational plan. By end of Q4 agree process & support structure to facilitate patient / carer involvement in incident investigations</td><td>[Amber]</td></tr>
<tr><td>Implement PEE Framework by end of Q3</td><td>[Amber]</td></tr>
<tr><td>Develop PEE service staff champion role & quarterly meetings</td><td>[Green]</td></tr>
</table>

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

What we aim to achieve in FY 19/20

- Successful implementation of new contracts e.g. dental, 0-19 and effective oversight of quality governance within these.
- Integrated care pilots and pathways established and effective oversight of quality governance within these.
- Identifying all sub-contracting arrangements within the organisation and ensuring robust governance processes are in place.

Overall Year-end RAG Status - may differ to RAG status of the success measures	(Green)

(Green)	Achieved	(Amber)	Slight under performance &/or risk of not achieving priority (where relevant: 5% adverse variance)	(Red)	Not achieved/expected to achieve

Progress update

Overall: **ACHIEVED.** Good progress in developing robust frameworks and standards to support robust quality governance when working across boundaries. Board signed off the Partnership Governance Standards which incorporates the Clinical Governance Framework and work progressing to develop common standards and frameworks with primary care.

Progress overview

- For services won through tenders that are delivered through partnerships MoUs are developed which incorporate the Partnership Governance Standards and signed off at Partnership Boards. The MOU (partnership agreement) for LMWS has been signed off by all partners. Finalisation of the MOU for Tier 3 and L&D has been delayed due to COVID-19 and is being restarted in May.
- Integrated care pilots and pathways quality governance: respective organisational standards and frameworks are currently being used. The Integrated Care Steering Group's Governance Task & Finish Group continues to progress work to develop common standards and frameworks, focussing on integrated nursing, which will enable wider integration and collaborative working. Learning will be scaled up, applied to other integrated work & inform strategy.
- **Sub-contracting**: the contract database and standardised authorisation, contract governance and performance management arrangements were implemented in all 3 Business Units. Contract management training has been incorporated into the Business Masterclass; delivered for the 1st time in December 2019. Production of a SOP has been delayed but will be finalised in 2020/21 alongside a review of the resource implications of this more robust contract management process.

Success Measures	Yr-end RAG
QIA / post completion review indicates quality maintained / improved	(Green)
Clinical governance structures fully functioning when service delivery commences • Agree model • Implement model & documentation for all developments & tenders since 1 April 19	(Green)
Clinical governance structures fully functioning across all sub-contracts	(Green)

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

Priority 9	**Engage fully as a key partner in the development of LCPs and their plans and ensure service responsiveness in implementing new models of care and pathway redesign**					
What we aim to achieve in FY 19/20 • Engage fully in LCPs, PCNs and Child & Family H & WB Hubs and support their development • Participate in the development and implementation of Population Health Management (PHM) approach • Engage fully in the development of integrated care pathways: stroke, diabetes, respiratory, neuro, cardiac, gynae • Ensure the development and implementation of First Contact Practitioners • Participate in development of Urgent Treatment Centres, the Virtual Frailty Ward and further development of the Virtual Respiratory Ward						
Overall Year-end RAG Status - may differ to RAG status of the success measures						(Green)
(Green)	Achieved	(Amber)	Slight under performance &/or risk of not achieving priority (where relevant: 5% adverse variance)	(Red)	Not achieved/expected to achieve	
rogress update Overall: **ACHIEVED.** fully engaged across all workstreams. Establishment of PCNs impacted pace of LCP development **Progress overview:** • **LCPs and PHM**: NT participate as core members of LCPs citywide: other ABU & SBU services input dependent on PHM and Integrated Care initiatives. Funding secured for additional capacity. Wave 2 PHM started in October 2019 (7 LCPs): progress was more challenging than Wave 1 as these LCPs are less mature. The remaining LCPs commenced in January 2020. • **Child and Family Health & WellBeing Hubs –** 3 Hubs established: Pudsey Hub has been extended to Bramley • **Virtual Ward (Frailty)** went live in November 2019 in Middleton North supporting admission avoidance • **Virtual Respiratory Ward**: evaluation completed. Additional cohorts now being taken from LTHT • **MSK FCP model**: In quarter 4 LCH circulated its final offer and costings to PCNs. Pre COVID-19, 10 PCNs confirmed that they wished to go with LCH's FCP model. Discussions are recommencing with PCNs • **Diabetes:** SPA went live 1 September; joint triage is proving very effective and integrated working relationship between LTHT and LCH teams extremely positive. • **Community Stroke**: length of stay reduced to 15-17 days. Physio and OT rotation and recruitment as an integrated team established. Work progressed to further develop the pathway, determine the community offer. • **Community Neurological Discharge Team** in the 1st year of operation > 400 bed days saved. Evaluation being completed. Citywide work continues to develop the pathway, outcome measures and determine the community offer					**Success Measures**	**Year-end RAG**
					Active participation in all LCPs & PHM	(Green)
					LCH engagement in NMoC and pathway redesign in line with agreed implement-ation plans	(Green)

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

What we aim to achieve in FY 19/20

- NT self-management roll out depending on success of transformation fund bid
- 0-19 contract implementation
- Successful outcome of IAPT procurement
- Continue roll-out of health coaching and motivational interviewing across services
- Develop a 3rd sector strategy to support and drive closer working with the 3rd sector

Overall Year-End RAG Status - may differ to RAG status of the success measures: Green

Green	Achieved	Amber	Slight under performance &/or risk of not achieving priority (where relevant: 5% adverse variance)	Red	Not achieved/expected to achieve

Progress update

Overall: **ACHIEVED.** Good progress across key workstreams that will enable left shift through their focus on prevention, early intervention, pro-active care and self-management.

Progress overview

- **NT self-management development**: NT self-management roll out on track. The 22 Self-Management Facilitators are in post in every NT. Over 80% of patients who have a self-management intervention demonstrate an improvement in activation. Project in Yeadon NT has focussed on opportunities to embed self-management and patient activation across NT work. Exploring opportunities to use PAMS on patients with type 2 diabetes, aligning with PCN led work.
- **0-19 contract implementation - Chat Health and HENRY delivery:** successful mobilisation. Chathealth is being actively promoted in schools and well received. It was shortlisted for a Yorkshire Evening Post Mental Health & Wellbeing Award Up to the end of quarter 3, 91 HENRY groups booked. The CQC cited Chat Health and HENRY as outstanding practice in their Well Led inspection report.
- **IAPT procurement** the Trust was successful in its bid, as lead provider, with seven local partners to retain and grow the IAPT service
- **Health Coaching training:** 238 staff trained from April '19–February '20. Training scheduled for March '20 for a further 25 staff was cancelled due to COVID-19. It was agreed to align health coaching training with the wider city Personalised Care work programme which encompasses a range of strengths based coaching approaches. A review of uptake and application of strengths based coaching training over the past 3 years planned for quarter 4 was put on hold due to COVID-19
- **3rd sector strategy development:** 3rd sector strategy developed with strong engagement with Forum Central and the 3rd sector. Submission to Board for approval delayed as a result of: COVID-19

Success Measures	Year-end RAG
self-management roll out against plan	Green
0-19 mobilisation	Green
success measure TBA re Health Coaching once organisational plan agreed	Amber

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

What we aim to achieve in FY 19/20

- Progress development of integrated pathways and roll out integrated nursing models including
  - wound care formulary
  - establish joint clinics – wound care, leg clubs
  - expand catheter care in the community
  - establish OT First Contact Practitioners
  - establish a nurse bank for primary and community care in Leeds Community Healthcare
  - develop a preceptorship programme for nurses new to primary care
- Work with the GP Confed to develop a different organisational model to support Primary Care Network and LCPs

Overall Year-end RAG Status - may differ to RAG status of the success measures	Green

Green	Achieved	Amber	Slight under performance &/or risk of not achieving priority (where relevant: 5% adverse variance)	Red	Not achieved/expected to achieve

Progress update

Overall: **ACHIEVED.** Good progress in working with PCNs in a flexible and responsive way to changing organisational relationships, developing and implementing integrated approaches to meet patient needs and enable more efficient use of resource.

Progress overview

- The LCH **employ / deploy SLA** has been taken up by 8 PCNs. 13 Clinical Pharmacists recruited and in post.
- **Integrated Wound Clinics**:13 locations citywide: 34 clinic sessions per week available from February '20 creating 350 additional appointments for patients who require wound care. 9 NTs have access to clinics in their area, additional 2 NT's have some access. Wound care formulary is being used across integrated wound clinics and wider primary and community care
- **Integrated pathways:** caseload reviews were undertaken to identify overlap between practice nursing and community nursing / specialist teams and efficiencies from working differently. Integrated home visiting tested.
- Review of "referrals" between primary and community care and working towards ensuring there is a smooth transition process between services and referral not required in the future
- **Preceptorship programme** designed and introduced to support the transition from student to staff nurse over a 12 month period. At the end of quarter 3 14 preceptees were being supported
- **GP Nursing / Community Bank**: work was underway to test this principle and halted due to COVID-19
- **Local training for RNs, AHPs & other non medical staff across LCH and primary care:** primary care is now able to access immunisation and vaccination training. Other shared training was in development in the final quarter of the year

Success Measures	Year-end RAG
Tangible examples of more effectively working together & using clinical capacity & skill across the partnership	Green
Different organisational model with the GP Confed to support PCN & LCPs under-stood & being developed	Green

Strategic goal 4: Use our resources wisely and efficiently

<table>
<tr><td>Priority 12</td><td colspan="5">Develop an innovative and viable model for the new CAMHS Tier 4 service to the agreed time-frame</td></tr>
<tr><td colspan="6">What we aim to achieve in FY 19/20
• Achieve all milestones to enable contract award and contractor mobilisation by March 2020</td></tr>
<tr><td colspan="5">Overall year-end RAG Status - may differ to RAG status of the success measures</td><td>(green)</td></tr>
<tr><td>(green)</td><td>Achieved</td><td>(amber)</td><td>Slight under performance &/or risk of not achieving priority (where relevant: 5% adverse variance)</td><td>(red)</td><td>Not achieved / expected to achieve</td></tr>
</table>

Progress update	Success Measures	Year-end RAG
Progress update. Overall: **ACHIEVED .** Construction has commenced on the site at St Mary's Hospital in West Leeds following receiving approval of our Full Business Case and planning permission for the new 22 bed West Yorkshire CAMHS Unit **Progress overview** The full business case was submitted to NHSE-I in December following approval by LCH and LYPFT Boards. Leeds City Council gave planning approval for the new CAMHS inpatient Unit in December 2019 which allowed groundworks to begin in January 2020 ready for the contractor, Interserve Construction Ltd, to begin building the 22 bed unit. Young people were consulted about the design, décor and facilities for the new Unit and an engagement event was held in July 2019 to give local people feedback on how their response to earlier engagement had been used to develop the final plans. The project is led by through a partnership between LYPFT and LCH to support the West Yorkshire and Harrogate Care Partnership Mental Health Collaborative.	NHSE/I approve the FBC by 31 March '20	(green)

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

What we aim to achieve in FY 19/20

- By 1 April 2019 operationalise
  - 0-19 PHINs service
  - Liaison & Diversity service
  - Tier 3 Weight Management service
- Watching brief to ensure all 3 services are embedded
- Consultation on dental bid April – June 2019 and operationalise by 1 October 2019
- Continue with negotiations in relation to IAPT April - June 2019 to develop an effective, integrated and viable model and, if successful, operationalise by 1 October 2019
- Mobilise services from other successful bids and maintain watching brief to ensure service embedded

Overall Year-End RAG Status - may differ to RAG status of the success measures	Green

Green	Achieved	Amber	Slight under performance &/or risk of not achieving priority (where relevant: 5% adverse variance)	Red	Not achieved/expected to achieve

Progress update

Overall: ACHIEVED: excellent progress mobilising new services. COVID-19 impacted on LWMS full service launch and the transition to the new Community Dental Service.

Progress overview

PHINS: the 0-19 PHINS service, which brought together Health Visiting, School Nursing and Oral Health Promotion as an integrated service, was operational from April '19 and launched officially in September '19. The service has had a successful recruitment campaign and consistently delivered all Healthy Child Programme mandated contact KPIs since Q2. Co-location with Children's Centres is being progressed through a dedicated project team in conjunction with Leeds City Council. Since Q4 the service has mobilised workforce to support the local Covid-19 operational response.

LMWS: the service soft launch took place on 1 November. Full service launch has been postponed due to COVID-19. The service is classed as a C1 service and continues to provide care.

Liaison and Diversion: Service mobilised and continues to work in custody suites to support LCH's police custody service.

Tier 3 Weight Management: Service mobilised. Performance around access times and weight loss is being addressed.

Community Dental Service: Work has paused on the transition to the new service specification due to COVID-19. The service successfully recruited 3 part time dentists to address waiting time pressures and is finalising the new Consultant Dentist's contract.

Leeds Community Pain Service: Service fully mobilised and was moving to business as usual pre COVID-19.

Success Measures	Year-end RAG
Services up and running by contract start dates	Green

Priority 14	**Understand and reduce unwarranted variation**

What we aim to achieve in FY 19/20

- Agree an approach for identifying unnecessary variation in services
- A programme of work to identify and reduce waste of resources across the Trust

Overall Year-End RAG Status - may differ to RAG status of the success measures	(Amber)

(Green)	Achieved	(Amber)	Slight under performance &/or risk of not achieving priority (where relevant: 5% adverse variance)	(Red)	Not achieved/expected to achieve

Progress update	**Success Measures**	**Year-end RAG**

Progress update. Overall: **AMBER** Whilst there has been significant work to understand unwarranted variation across the Trust during the year, amber reflects pace of progress in developing a programme approach not progressing as planned. There will be a renewed focus on using the information we have to restart services safely and effectively during 2020.
 	
Progress overview
A programme of work was agreed:
ABU:
• Development of reporting to enable local analysis of variation:
  ○ separating Nursing and Therapy referral information – further work required
  ○ testing a complexity tool to inform resourcing and productivity analysis
CBU:
• CAMHS productivity work was integrated within the wider CAMHS improvement and development work programme.
• conversations started in every CBU service about importance of understanding and monitoring productivity. Productivity dashboards introduced in PHINS and Speech and Language Therapy.
SBU
• Based on the 'Roadmap' approach initiated by commissioners in 2018/19 to assess the efficiency and effectiveness of services to support decision making on pressures, priorities, changes to service offer or delivery and investment, in quarter 4 all SBU services mapped clinical pathways to enable a diagnostic exercise, including assessing data quality of waiting time information
• Podiatry participating in ICS programme to reduce unwarranted variation across Podiatry services
• Sexual Health Service reduced DNAs from 15% to an average of 9%.
	Clear examples of identified waste or variation within an action plan to tackle it	(Amber)

	Contribution to CIP as a direct result of the approach	(Amber)

Priority 15	Implement digital and estates strategies

What we aim to achieve in FY 19/20

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

Overall Year-End RAG Status - may differ to RAG status of the success measures

	Achieved		Slight under performance &/or risk of not achieving priority (where relevant: 5% adverse variance)		Not achieved/expected to achieve

Progress update

Overall: **ACHIEVED.** Both the Digital and Estates strategy were approved by Board. The focus of work shifted in quarter 4 to support operational changes necessitated by COVID-19. KPIs relating to implementation of the strategies not yet developed.

Progress overview.

Digital Strategy:

- The Strategy was approved by December Board. It aims to identify how digital products and services can make our services more accessible to communities and patients and increase our effectiveness, efficiency and environmental sustainability.
- An implementation plan for the year one priorities was developed and business cases and plans were being worked up in quarter 4 but halted and the focus of work shifted to support operational changes necessitated by COVID-19.

Estates strategy:

- The Estates strategy was approved by October Board. The aim of the strategy is to support the delivery of the best possible care to every community we serve by delivering affordable, sustainable, fit for purpose and appropriately located health facilities that meet the community requirements of all care pathways now and looking ahead.
- An implementation plan and associated business cases were being developed in quarter 4.The focus of work shifted to support operational changes necessitated by COVID-19.

Success Measures	Year-end RAG
Strategies approved by Board	
KPI TBA once strategies approved	

Agenda Item 2020-21 (35)

Meeting: Trust Board 19 June 2020	**Category of paper**	
Report title: Infection Prevention and Control Board Assurance Covid-19	**For approval**	
Responsible director: Executive Director of Nursing and Allied Professional Development **Report author:** Head of Infection Prevention and Control and Deputy DIPC	**For assurance**	✓
Previously considered by: N/A	**For information**	

Purpose of the report

This report is to provide the Board with information and assurance of the measures in place around identified key lines of enquiry in relation to Infection Prevention and Control (IPC) and Covid-19, in line with national guidance from Public Health England (PHE).

Main issues for consideration

There are ten identified areas in the assurance framework considered in this paper. For each area the key lines of enquiry are identified and evidence and mitigating actions are listed as well as identifying gaps in assurance. This is a dynamic document, which will continue to be iterated throughout the current pandemic.

Recommendations

Board is recommended to receive the information in the assurance framework and agree the timescale to receive an update on this work.

Infection Prevention and Control Board Assurance Covid-19

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • Infection risk is assessed at the front door and this is documented in patient notes	• Screening questions asked at triage and on arrival at patients own home, and appropriate PPE worn as outlined in current national guidance. This is reviewed in line with national guidance changes and updates are communicated within the midday brief. • Documented in patient notes • Vulnerable staff have a risk assessment in place to identify any additional support required when visiting suspected or confirmed cases of Covid-19 • Flowchart in Community Care Beds (CCBs) to direct appropriate placement and cohorting, where required, inclusive of hospital discharge pathway • As services are re-set an	• Audit of EPR to ensure clear documentation to ensure accuracy of detail in the patient notes • Track and tracing plans to be developed as per national guidance •	• Risk assessment in place and Covid-19 risk identified on the risk register • Working strategy principles for face to face contacts during Covid-19 period developed for the organisation including ensuring safety of patients and staff when seeing Covid-19 positive patients, patients who are shielding and non-Covid-19 patients. • Identified hot, warm and cold sites throughout LCH and in partnership with primary care.

	IPC checklist has been developed for all services to complete to ensure practice is in line with national guidance, and appropriate audits of compliance are included		
• Patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission	• Working strategy principles for face to face contacts during Covid-19 period • LCH will continue to treat patients who have or are suspected of having Covid-19, with a preference for telephony/ video conferencing treatment, particularly at the triage stage • Flowchart in CCBs to direct cohorting, in line with national recommendations • Daily communication via IPC team to facilities (care homes or LCH sites) where there are confirmed cases and care is being provided. This provides expert advice and guidance on management of patients. • Cleaning schedules adapted as outlined in national guidance		• Risk assessment in place for staff providing care to patients with confirmed/suspected Covid-19. • PPE provision and updated guidance made available to staff through midday brief • Frequent communication and support provided through the Infection Prevention and Control (IPC) Team • The IPC team will oversee all arrangements to ensure that infection control arrangements offer a safe environment for staff and patients

	• New and updated guidance shared with business unit clinical leads through Clinical Bronze Meeting, Director of Infection, Prevention and Control (DIPC) and Deputy DIPC, and communicated via Midday Brief		
• Compliance with the national guidance around discharge or transfer of COVID-19 positive patients	• New and updated guidance shared with business unit clinical leads through Clinical Bronze Meeting, DIPC and Deputy DIPC, and communicated via Midday Brief • Action and decision log in place for the Clinical Bronze Meetings • Covid-19 email address accessed by SMT and alerts shared appropriately • IPC team work in a reactive capacity and are there as a point of contact to support service if required around discharge. Frequent communication and support provided from IPC Team • Identified hot, warm and cold sites throughout LCH		

• Patients and staff are protected with PPE, as per the PHE national guidance	• Public Health England (PHE) message reiterated throughout midday briefs • Ensured consistency by following PHE advice rather than individual professional bodies • Posters in place • VLOGs by the Director of Nursing and AHP's and Senior Nurse for IPC • Online IPC training • Table 4 PHE guidance is being followed • Decision log from Bronze Command detailing discussions around use of PPE • LCH PPE silver command group notes and decision log • Leeds command and control PPE group chaired by Cath Roff, Leeds City Council (LCC)	• Staff returning to practice through resetting to receive virtual training to discuss Covid-19, PPE and national guidance to be followed.	
• National IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way	• Midday brief is utilised to ensure messages are communicated to staff., • National call attendance and evidence of updates feeding in to internal command and control • Covid-19 inbox management		

	and evidence of circulation of key messages • Contact with Y&H IPC Lead and Infection Prevention Society (IPS) • Director of Nursing and AHP's and Medical Director attend regular regional updates which include IPC updates		
• Changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted	• Areas relating to Covid-19 feature on the Risk register • Covid-19 update on all committee / Board agendas • CEO update to Chair and NED's on a weekly basis • IPC Head of Service contact and communication with SMT and the chair of the Board • Changes in guidance shared on Elsie and communicated through Midday Brief and cascaded through Clinical Leads via Bronze Clinical Meeting		
• Risks are reflected in risk registers and the Board Assurance Framework where appropriate	• As above • Covid-19 Risk assessment detailing multiple potential hazards		

• Robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	• Partnership agreement in place with LCC detailing proactive measures around preventative work in reduction of Health Care Associated Infections (HCAI's) • Post Infection Review (PIR) process for MRSA/C. Diff in place working with partners throughout the system to identify learning. These have continued throughout the pandemic. • GNBSI E-coli pro-active work to identify ways in reducing infection rates • PPM+ citywide communication process for HCAI's: Clostridium difficile, MRSA • Monitoring Data Capture System (DCS) for all recordable HCAI's • Policies and guidelines in place • LCH training – face to face and online statutory and mandatory training. • Clinical risk assessments on SystmOne record for individual patients e.g.	• PIR paperwork and timeline completed however meetings not held to discuss learning with partners. • Proactive health promotion work has not been completed during the pandemic, including engagement and social prescribing. This would normally be undertaken to educate and inform both staff and patients helping to reduce HCAI's including Gram Negative Blood Stream Infections and AMR awareness. • IPC policies and guidance have been extended by 6 months • Due to social distancing measures all IPC training has moved from face to face to online. • Audits and premises visits have been postponed and we hope will start in September with the use of an electronic auditing tool. • The E.coli HCAI Conference which was planned for May 2020 has been postponed until 2021.	• Engagement with services from IPC team • 7 day IPC service • IPC Head of Service representation on Clinical Bronze Meeting • System working with LCC/CCG/LTHT sharing best practice

	Catheters • Educational study days on HCAI and Sepsis awareness • Market stalls and preventive health promotion work with public health		
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • Designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas	• Care Home training offered to all 151 facilities including Community Care Beds • Cohorting of patients and staff employed in CCBs • Hannah House – single rooms availability and source isolation for suspected or confirmed cases • Little Woodhouse Hall cohorting process in place • Risk assessment on hot / cold areas and involvement from LCH estates/emergency planning • WYOI / Adel Beck – single pods/rooms, source isolation	Include in re-set and recovery work	

• Designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.	Hannah House – all cleaners have mandatory IPC training and a schedule inline with government guidance. Cleaning teams have been trained on use of Chlor-clean, dilution methods and contact time.		CCBs, LWH, WYOI, Adel Beck not LCH responsibility for cleaning
• Decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance	Cleaning schedule in place to reflect PHE guidance in relation to Covid-19. A Chrloine releasing agent (1,000PPM would be used on hard surfaces) Cleaning staff trained on use of chlorine releasing agents Cleaning audits in place	Consideration for carpeted areas and frequency of steam cleaning	CCBs, LWH, WYOI, Adel Beck not LCH responsibility for cleaning Minimal carpeted areas for example audiology booths, therapy rooms – there would be a triaging system in place for patients coming into that area and to consider a monthly steam clean through external contractors.
• Increased frequency of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance	Cleaning services would be contacted in the event of a deep clean. For community settings a routine clean would be required, including touch point areas by the clinician and cleaning of the floors etc by a cleaner at the end of the working day.	Contract management – estates role?	

• Linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken	• Hannah House does own laundry – processes in place and policy • LWH – contract in place with Interserve for all bedlinen and towels. If there is a suspected resident, the linen will be placed in a red alginate bag and washed separately. A built in laundry with industrial washers for residents own clothes – separated per resident as per Covid-19 guidance. • CCB has process in place for laundry.		
• Single use items are used where possible and according to Single Use Policy	• PPE risk assessment inclusive of expired and re-usable PPE, listed on the risk register • Decision log from PHE guidance on expired PPE • Silver PPE group sited on single use items. • Communication added to midday brief about correct use of single use items.		

• Reusable equipment is appropriately decontaminated in line with local and PHE and other national policy	• Daily midday brief – guidance re cleaning of visors / eye protection, alternative wipes to Clinell when shortage occurred • Evidence of 'S' cleaning technique and information available on Elsie and as part of resetting checklist (evidence based method of cleaning) • Online IPC training discusses decontamination of reusable items		
• Increased frequency, at least twice daily, of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance	• Cleaning schedule in place to reflect enhanced cleaning required in line with national guidance • Cleaning staff trained on use of chlorine releasing agents	Part of resetting checklist for services	
• Attention to the cleaning of toilets/bathrooms, as COVID-19 has frequently been found to contaminate surfaces in these areas	• As above	Part of resetting checklist and consideration to allocated toilet facilities	

• Cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine, as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses	• Chlor-Clean is used on all floors, toilet areas which meets the requirements of a chlorine based detergent (1,000 PPM). Cleaning staff have been trained in the use of this product and the COSHH regulations that are in place including storage and disposal.	• LWHH, Adel Beck and WYOI cleaned by contracted cleaners – environmental audits in place.	• Frequent visits to locations and follow up visits made to monitor cleaning schedules and solutions used are in line with national guidance.
• Manufacturers' guidance and recommended product 'contact time' must be followed for all cleaning/ disinfectant solutions/products	• 'S' cleaning guide to using disinfectant wipes and contact times available on Elsie and product website • (contact time 60 seconds) • IPC online training • Cleaning staff trained on safe use and contact time of Chlor-clean	Information on cleaning part of resetting checklist	

• 'Frequently touched' surfaces, e.g. door/toilet handles, patient call bells, over-bed tables and bed rails, should be decontaminated at least twice daily and when known to be contaminated with secretions, excretions or body fluids	• Posters available • Resetting measures and checklist available • IPC online training • Standard infection control precautions		
• Electronic equipment, e.g. mobile phones, desk phones, tablets, desktops and keyboards should be cleaned at least twice daily	• Posters available • Midday brief • IPC Training encouraging all mobiles, laptops, hot desks, phones t be cleaned with a Clinell disinfectant wipe (contact time 60 seconds) • Wipes available in all office and meeting room areas.		
• Rooms/areas where PPE is removed must be decontaminated, timed to coincide with periods immediately after PPE removal by groups of staff (at least twice daily)	• Cleaning schedule in place to reflect this and waste disposal routes determined		

• Review and ensure good ventilation in admission and waiting areas to minimise opportunistic airborne transmission	• Ongoing work with estates and discussions with microbiology in relation to A/C and oscillation fans • Oscillation fans to not be used in clinical/non clinical environments, information shared in Midday Brief and cascades through business unit clinical leads • Assurance around maintenance checks of A/C • Encourage good window ventilation in rooms both clinical / non clinical, information shared in Midday Brief and cascades through business unit clinical leads		
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and process are in place to ensure: • Arrangements around antimicrobial stewardship are maintained	• Citywide responsibility for AMR • Prescribing formulary on Leeds Health Pathways • Clostridium difficile Root Cause Analysis (RCA) and PIR process to identify lapses in prescribing	• AMR multi agency meeting on hold • PR agency commissioned via LCC not actively providing marketing around AMR • There have been no recent engagement or awareness days held	Compared to primary care, there is minimal prescribing of antibiotics within LCH. The exception is Sexual Health – however, a main part of their remit is treatment of sexually transmitted infections, so you would expect them to use antimicrobials. There is no expectation form the city that this should reduce. All usage is in line with national

	throughout the healthcare economy, system working with CCG and LCC	• There is a delay in prescribing data (ePACT) becoming available – for prescriptions written in June 2020, the data will not be available until mid-August 2020. This is a national position, and will not change. • Local information can be extracted in real time from the electronic patient record – depending on how this is configured will affect how the search can be conducted.	guidance as advised by BASHH (British Association of Sexual Health & HIV).
• Mandatory reporting requirements are adhered to and boards continue to maintain oversight	• Citywide AMR Board with LCH representation • C. Diff PIR process to identify prescribing issues – continued throughout Covid • Completion of Public Health England Data Capture System is continuing to be monitored • Engagement with CCG/LCC relating to AMR		Cooperation partnership agreement review completed for quarter 4

4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • Implementation of national guidance on visiting patients in a care setting	• Patients isolated • Individualised process for individuals in Little Wood House Hall and Hannah House in line with national guidance continue to review in line with national changes • New guidance shared 5th June on visiting healthcare inpatient settings during Covid-19 pandemic and plans to implement being put in place.		
• Areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas clearly marked with appropriate signage and have restricted access	N/A		
• Information and guidance on COVID-19 is available on all Trust websites with easy read versions	Covid-19 part of LCH intranet, inclusive of links / guidance / blogs / vlogs		

• Infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	• SPUR / Bed Board process outlines on discharge that there is a confirmed case	• To consider adding Covid-19 status to the front page of system one patient record notes	• Communication on discharge EPR
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • Front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms to minimise the risk of cross-infection and to segregate them from non COVID-19 cases	• Patient contacted prior to appointment to discuss infection status in line with government guidance Covid-19 criteria • Face to face triage upon arrival on own status and those they have been in contact with / own household • Poster signage on key IPC measures and social distancing guidance	• Part of resetting programme: consider text messaging reminders	
• Patients with suspected COVID-19 are tested promptly patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly retested instigation of contract tracing as soon as	• Flow chart for CCBs, WYOI, Adel Beck, LWHH, Hannah House • For patients receiving home visits if they are unable to access testing a pathway is available for internal testing	• Awaiting further national guidance on track and tracing system	

possible	• Guidance on isolation and cohorting of patients available • Contact from IPC team providing support and information • 7 day IPC service		
• Patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately	• Triaging plans in place, hot and cold identified areas • Risk assessment in place and identified on the risk register • PPE available for suspected or confirmed cases of Covid • Cleaning plans in place • IPC support, 7 day service	• Re-set & recovery work, identified on IPC checklist	

6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure: • All staff (clinical and non-clinical) have appropriate training, in line with latest PHE and other	• Up to date PHE guidance followed. At present LCH is following table 4. Aprons and gloves are subject to single use as per Standard Infection Control Precautions (SICPs),		

guidance, to ensure their personal safety and working environment is safe	with disposal and hand hygiene after each patient contact. • Aerosol generated procedures as outlined in the guidance. • Covid-19 guidance and any updates are shared on the Midday Brief, Elsie Covid page and cascaded through clinical bronze meeting. • Work with partners within the system to have a shared vision around use of PPE for staff particularly cross working – for example community care beds and Leeds City Council.		
• All staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it	• Vlogs available on Elsie • Donning and doffing guidance on intranet with videos available on how to • PHE Compendium of information followed and agreed material used for training • Online stat/mandatory IPC training reiterate standard infection control precautions and usage of PPE	• Staff returning from redeployment to undertake training in format of webinar. This will cover what Covid is, potential chain of infection, cleaning, PPE usage etc. This is to be embedded into the resetting of services.	
• A record of staff training is maintained	• IPC training – recorded on ESR and BI • A record of staff that have		

	undertaken FIT testing		
• Appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed	• Visors are the only piece of PPE that LCH has had to reuse due to demand and supply issues. This has ceased now as adequate supplies available. • Reuse of PPE listed on the risk register and relevant risk assessment • Silver PPE Group aware of re-usage • Sessional use of PPE is monitored and guidance on how to use PPE in accordance has been shared	• Assurance that staff are following agreed usage guidance and cleaning 3 times and then disposing • Non accredited/kite marked PPE items used	• A supply has been determined through the PPE Logistics Group and visors are to be used as single use • All non-kite marked stocks have now been returned to stores and communication shared that only visors supplied through ordering routes can be used rather than donations. • Communications shared with staff that all visors are now single use
• Any incidents relating to the re-use of PPE are monitored and appropriate action taken	• Evidence of weekly report from Clincial Governance Team (CGT), discussed at bronze command		
• Adherence to PHE national guidance on the use of PPE is regularly audited	• Currently it is not audited but peer review • SOP in place for IPC staff taking swabs and working in pairs to peer review	Clinical leads to establish a way an audit of use of PPE	

• Staff regularly undertake hand hygiene and observe standard infection control precautions	• Prior to Covid-19teams completed Essential Steps which captured in hand hygiene audits • Monthly hand hygiene audits were completed at inpatient facilities	• Essential Steps to be restarted which will capture hand hygiene observations • Hand hygiene kits available to all clinical staff • A good supply of alcohol gel and soap available through PPE logistics • Discuss with Clinical Leads as part of Clinical Bronze Meeting	
• Staff understand the requirements for uniform laundering where this is not provided for on site	• Laundering of uniform guidance has been shared in the Midday Brief as outlined in current national guidance • Options around types of uniforms has been considered, particularly for services where they normally wear civilian clothing	• Minimal options for changing at work, risk assessed> guidance around travelling from work location directly to home setting, staff member to change, shower/bath and launder uniform with no other items on a temperature hot enough that can be tolerated, tumble dried and ironed. • Decontamination of cars considered, however by staff following Standard Infection Control precautions this has been deemed not necessary	• Staff following table 4 provision of PPE, reduces risk of transmission
• All staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national guidance if they or a member	• All national guidance around the criteria for suspected Covid-19cases has been shared. • Posters displayed throughout LCH		• Vulnerable risk assessments have been provided to line mangers to complete with staff

	• Information displayed on Elsie and in the Midday Brief		
Guidance on hand hygiene, including drying, should be clearly displayed in all public toilet areas as well as staff areas	• All hand hygiene dispensers throughout the organisation show evidence based hand hygiene technique in both staff and patient areas		
Hand dryers in toilets are associated with greater risk of droplet spread than paper towels. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination, as per national guidance	• There are very few hand dryers throughout LCH premises or LIFT buildings, paper towel dispensers restocked daily by cleaning staff • IPC on line training • Standard Precautions Policy • Hand hygiene kits • Covid – 19 posters • Sign posting to national guidance • Elsie and Covid page	• Estates to complete a risk assessment to understand the exact number of hand dryers throughout the organisation	Paper towel dispensers in all locations
7. Provide or secure adequate isolation facilities			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**

Systems and processes are in place to ensure: • Patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate	• Flow chart in CCBs • Regular communication with LTHT Geriatricians that cover CCBs • CCBs with positive cases receive daily contact with IPC to discuss figures and identify concerns in relation to IPC provision and PPE • In June a weekly IPC Q&A webinar to be available for care home staff inclusive of CCBs	• Plans to have wider IPC Q&A sessions for Hannah House, Little Woodhouse Hall, WYOI and Adel Beck, to make available in June	
• Areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance	• Cleaning schedules reflect national Covid guidance, cleaning staff provided by LCC. • IPC visits made to CCBs, Hannah House, Little Woodhouse Hall, Adel Beck and WYOI to provide support and advice	• Concerns raised around cleaning staff refusing to clean positive patients rooms – this is being addressed by the CCG as raises concerns around confidentiality. In this instance cleaning is being completed by care staff	
• Patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	• Relevant policies in place relating to multi resistant organisms • Organisms identified on PPM+ and information added to the patients notes and recommendation of a risk assessment to be completed in line with guidance		

8. Secure adequate access to laboratory support as appropriate			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
There are systems and processes in place to ensure: • Testing is undertaken by competent and trained individuals	• Staff testing available and this has been advertised through the midday brief		
• Patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance	• Local testing available to staff members in a timely manner, information on bookings accessed via Midday Brief and Elsie.	• Potential delays in results out of the control of LCH as it is external labs that undertake this.	
• Screening for other potential infections takes place	• As per policy other screening such as MRSA swabs taken as per local/national guidance and information and support provided through the IPC Team		

9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure that: • Staff are supported in adhering	• Staff team meetings • Policies on Elsie and IPC page	• Due to Covid-19, environmental audits have been paused, face to face training moved to online, champion events and	• Virtual Q&A session and online Covid-19 specific training for staff that will be involved in having their services reset

to all IPC policies, including those for other alert organisms	• Online training • Posters and resources • Midday brief • Seasonal staff flu programme • Appraisals and staff understanding that IPC is a responsibility and duty of care by all as outlined in the Health and Social Care Act 2008 • Audit completion • Champion training events • Conferences	conferences postponed.	
• Any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff	• Daily midday brief • • Information available on Elsie • Leaders Network • Regular VLOGs		
• All clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance	• Evidence of guidance in midday brief • Evidence in meeting notes with CCBs re supporting appropriate waste management processes		

• PPE stock is appropriately stored and accessible to staff who require it	• PPE logistics group established an electronic ordering form • Weekly stock checks • Engagement with leads from business units • Partnership working as part of Silver PPE group with LYPFT • Escalation to procurement of push stock deliveries • Evidence minutes and action log from PPE logistics and Silver Command Group		

10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Appropriate systems and processes are in place to ensure: • Staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported	• Risk assessment shared with line mangers to complete with vulnerable staff members in the 'at risk group' • Staff psychological and wellbeing support provided through occupational health and employee assistance programme • Regular virtual drop in		

	sessions for staff around various aspects of physical and psychological wellbeing including working at home, shielding etc.		
• Staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained	• All staff identified as requiring FFP3 masks due to delivering Aerosol Generating Procedures (AGP's) have been fit tested in line with national guidance • Evidenced through sign in sheet • Information and guidance shared on Midday Brief regarding 'fit checking' when using an FFP3	• Consideration of options going forward as LCH receives different brands of FFP3 and further testing may be required. Silver PPE group to consider using reusable FFP3 as part of resilience plans	
• Staff absence and wellbeing are monitored and staff who are self-isolating are supported and able to access testing	• ESR data • Evidence of review in silver command • HR guidance on intranet • Staff support for psychological wellbeing through employee assistance programme and regular virtual drop in sessions		

• Staff that test positive have adequate information and support to aid their recovery and return to work	• Staff to follow national guidance and support available to staff member through IPC, occupational health, HR and employee assistance programme • Most up to date guidance available on gov.uk , shared through midday brief and available on Elsie. • Risk assessment and return to work assessment to be completed by line manager		
Consistency in staff allocation is maintained, with reductions in the movement of staff between different areas and the cross-over of care pathways between planned and elective care pathways and urgent and emergency care pathways, as per national guidance	• Where possible staff allocation maintained • Standard infection control precautions policy and distancing measures to reduce forward transmission • Guidance and principles developed for all staff and services to ensure consideration of when visits are done etc.	• Staff working in WYOI and Adel Beck	
• All staff adhere to national guidance on social distancing (2 metres) wherever possible, particularly if not wearing a facemask and in non-clinical areas	• National guidance available on Elsie • Posters displayed in all staff areas highlighting social distancing measures • PPE guidance if working less than 2 metres, ongoing		

	assessments being completed by Estates and Health and Safety in relation to room assessments and safe distancing • Encouragement of staff to work from home where this is possible		
• Consideration is given to staggering staff breaks to limit the density of healthcare workers in specific areas	• Estates building risk assessments completed identifying number of people that can use kitchen staff areas for breaks • Social distancing measures in place • Risk assessment to identify number of people in room at once • Discourage food sharing and fuddles in teams, open packets of food.	Is this monitored by line managers	