Leeds Community Healthcare NHS Trust
Board Meeting (held in public) - Virtual meeting
Friday 7 August 2020, 9.00am – 12.00noon

Time	Item no.	Item	Lead	Paper
AGENDA				
Preliminary business				
9.00	2020-21 (37)	Welcome, introductions and apologies: Ian Lewis (Apologies)	Brodie Clark	N
9.05	2020-21 (38)	Declarations of interest	Brodie Clark	N
9.10	2020-21 (39)	Questions from members of the public	Brodie Clark	N
9.15	2020-21 (40)	Minutes of previous meeting and matters arising: a. Minutes of the meetings held on 19 June 2020 b. Actions' log	Brodie Clark	Y Y
9.20	2020-21 (41)	Patient's story	Sam Prince	N
Quality and delivery				
9.40	2020-21 (42)	Chief Executive's report: • Chief Executive's report (including media report June 2020) • Covid-19 update	Thea Stein	Y
09.50	2020-21 (43)	Performance brief and domain reports: June 2020	Bryan Machin	Y
10.00	2020-21 (44)	Significant Risks and Board Assurance Framework (BAF) Summary Report	Thea Stein	Y
10.20	2020-21 (45)	Serious incidents report Q1	Steph Lawrence	Y Y
10.30	2020-21 (46)	Workforce report: Looking after our staff	Jenny Allen/Laura Smith	Y
10.45	2020-21 (47)	Freedom to Speak Up Guardian - annual report 2019/20	Thea Stein	Y
10.55	2020-21 (48)	Guardian for Safe Working Hours a. annual report 2019/20 b. Q1 2020/21	Turlough Mills	Y
Strategy and planning				
11.05	2020-21 (49)	Third sector strategy	Sam Prince	Y
11.20	2020-21 (50)	Reset and recovery	Sam Prince	Y
For approval				
11.30	2020-21 (51)	Medical Director's annual report (for approval of compliance statement)	Ruth Burnett	Y
11.40	2020-21 (52)	Safeguarding a. Safeguarding strategy (for approval) b. Safeguarding annual report (approval)	Steph Lawrence	Y Y
11.45	2020-21 (53)	IPC Team proposal for increased capacity (for approval)	Bryan Machin	Y
11.50	2020-21 (54)	Standing Orders and Standing Financial Instructions (approve changes)	Diane Allison	Y
For information				
	2020-21 (55)	Health and Safety compliance report	Bryan Machin	Y
	2020-21 (56)	Patient safety and engagement report (annual)	Steph Lawrence	Y
	2020-21 (57)	Nurse and Allied Health Professionals revalidation and registration	Steph Lawrence	Y
	2020-21 (58)	Safe staffing report	Steph Lawrence	Y
	2020-21 (59)	Mortality report	Ruth Burnett	Y
	2020-21 (60)	Committees' assurance reports: a. Quality Committee: 22 June 2020 and 27 July 2020 b. Business Committee: 24 June 2020 and 29 July 2020 c. Charitable Funds Committee: 26 June 2020 d. Nominations and Remuneration Committee: 26 June 2019 e. Audit Committee: 17 July 2020	Helen Thomson Brodie Clark Brodie Clark Brodie Clark Jane Madeley	Y Y Y Y Y
For noting				
11.55	2020-21 (61)	Approved minutes **for noting**: a. Quality Committee: 18 May 2020 and 22 June 2020 b. Business Committee: 20 May 2020 and 24 June 2020 c. Audit Committee: 12 June 2020 NEDs briefing notes: e. 11 June 2020	Brodie Clark	Y Y Y Y
	2020-21 (62)	Board workplan	Thea Stein	Y
12 noon	2020-21 (63)	Close of the public section of the Board	Brodie Clark	N

Date of next meeting (held in public)
Friday 2 October 2020 9.00am -12noon

Leeds Community Healthcare NHS Trust

Leeds Community Healthcare NHS Trust
Trust Board Meeting (held in public)
Boardroom, Stockdale House, Victoria Road, Leeds LS6 1PF

Friday 19 June 2020, 8:30am-10:30am (via Microsoft Teams)

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
	Laura Smith	Director of Workforce, Organisational Development and System Development (LS)
Apologies:	Jenny Allen	Director of Workforce, Organisational Development and System Development (JA)
In attendance:	Diane Allison	Company Secretary
	Jo Peake	Community Matron Seacroft Neighbourhood Team (for Item 28)
	Grace Stewart-Hanson	Named Nurse Adult Safeguarding (for Item 28)
Minutes:	Liz Thornton	Board Administrator
Observers:	Jayne Murphy	Head of Communications, Leeds Community Healthcare NNHS Trust
Members of the public:	None	

Item	Discussion points	Action
2020-21 (26)	**Welcome and introductions** The Interim Chair opened the meeting by welcoming Board members and attendees, in particular two members of staff who had agreed to speak to the Board about their experience during Covid-19 and Trust's Head of Communications who was attending as an observer. He said that unfortunately a representative from HealthWatch Leeds was unable to join the meeting but he hoped that the organisation would be represented at future meetings as an important stakeholder in the city. **Apologies** Jenny Allen, Director of Workforce, Organisational Development and System	

Development (JA)

Questions from members of the public
No questions had been notified in advance of the meeting. There were no members of the public in attendance.

Interim Chair's introductory remarks
Before turning to the more routine business on the Agenda, the Interim Chair provided some introductory comments to add context to the meeting discussions.

He said that despite the unusual and uncertain times the Trust had continued to make outstanding progress at all levels and in all areas of the organisation. The reset agenda was progressing, both in terms of immediate steps to restore certain services; early modification of others and the shaping of a more strategic focus towards a discussion at the Board workshop on 3 July 2020.

Alongside this the Senior Leadership Team (SLT) and other leaders across the Trust have continued to demonstrate strong support, respect and a voice to the concerns of the BAME communities both within the organisation and the wider community. He said that this work was extremely important and had exemplified the Trust' values in action as an organisation that treats everybody, without exception, with dignity and respect and where equality, diversity and inclusion were the drivers of service improvement

He said that the focus over the past few weeks had been to continue the positive working with partners across the city, and beyond to ensure that the change agenda fits within the broader contexts of the City, the Region and the National mandates. Shaping and sharing a direction that transforms the response to local health inequalities and deprived communities.

The interim Chair said that over the past weeks he had also spent some time with the representative of Unison and the Staffside Lead. He said that these conversations had been positive and constructive and they spoke well of the Trust's handling over recent months, in terms of support, clarity and focus. They were also positive, supportive and determined about the staff wish for improvement and change and the desire to capture and progress learning in the delivery of services across the Trust.

2020-21 (27)	**Declarations of interest** Prior to the Trust Board meeting, the Interim 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. No declarations were made at the meeting.	
2020-21 (28)	**Staff story** The Executive Director of Nursing and AHPs introduced two members of staff who had agreed to join the meeting and share their personal experiences during Covid-19. Jo's story Jo introduced herself to the Board and explained that she was a Community Matron working as part of the Seacroft Neighbourhood Team. At the onset of Covid-19 she was self-isolating at home and worked on triage management. She returned to work at a time when there was intense pressure on care homes and patients were deteriorating significantly. Her initial support to care homes was made via telephone and involved developing action plans to assist the management of patients with symptoms and support daily reviews. She	

said that her experience was that care homes welcomed the offer of support, good relationships had been fostered and maintained and she felt that this would continue post the pandemic. Multi-disciplinary team meetings had been established every day involving care home staff, staff from the neighbourhood team and pharmacists. Input from the Trust had supported the workforce in care homes and ensured that patients received continuity of care. In terms of the city-wide response weekly meetings with the care home sector had ensured that good practice and learning was widely shared.

Grace's story
Grace introduced herself to the Board and explained that at the start of the pandemic she had just begun a new role within the Safeguarding Team as a Named Nurse for Adult Safeguarding. Two years ago she had undergone a liver transplant and therefore was required to shield until the end of June 2020. In total she had been working at home for 14 weeks and her husband was also working at home. Grace explained that she had only been out of the house to attend essential medical appointments. Although she was not normally an anxious person, at first she had experienced high levels of anxiety and felt that she could not fulfil her new role adequately at home. She said that the wider safeguarding team had been very supportive during this time making individual daily contact and organising weekly virtual meetings with the wider team. She was able to work at home comfortably and now had all the IT support she needed, after a few initial glitches. Overall she had kept well throughout her period of self-isolation and managed to keep safe without being overwhelmed by anxiety. Grace said that she had also provided support to care homes in terms of supporting incident management and safeguarding issues.

The interim Chair thanked Jo and Grace for telling their stories to the Board and invited questions from members.

The Chief Executive recognised that the work to support care homes had put staff under significant emotional strain and she asked whether Jo and Grace felt supported by the organisation in terms of their mental health and wellbeing.

Jo agreed that staff had faced significant challenges around the number of deaths which had occurred in care homes across the city but from her personal perspective she had felt well supported by her immediate team and the support and advice provided by the wider organisation.

Grace agreed and explained that she was well aware of the support available through the BAME network and her manager had completed a risk assessment.

A Non-Executive Director (JM) said it was excellent to hear first-hand about the Trust's work in supporting care homes. She wondered how much learning was specifically related to Covid-19 or about the wider support care homes required in the longer term.

Jo said that she thought it was a mix of both and not only related to support for staff and patients but the wider support care homes needed.

Grace explained that her work had involved contacting care homes by telephone and in the main they had been very receptive to offers of support. She felt that the situation in care homes across the city was now much calmer.

The Interim Chair said it was great to hear such positive stories from staff and these two stories were excellent examples of the dedication and commitment which had been displayed by many members of staff across the Trust. He said

	it was good to hear that staff felt well supported, to learn how important it was for teams to keep in regular contact with staff who were working at home or self-isolating and ensure that the learning experiences were evaluated and maintained where appropriate. He thanked Jo and Grace for taking time to talk to the Board particularly doing so virtually rather than personally, which had its challenges.	
2020-21 (29a)	**Minutes of the previous meeting held on 29 May 2020** The minutes were reviewed for accuracy and agreed to be a correct record.	
2020-21 (29b)	**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 (30a)	**Covid-19** **General Overview** The Chief Executive presented the report which provided a general overview of the current situation with Covid-19 in the Trust. The report covered: • Care homes • PPE –clinical • HR and workforce including health and wellbeing of staff • Equality and diversity The Executive Director of Nursing and AHPs reported that new national guidance had been issued about the wearing of face masks. She said that the guidance was specific to hospital settings but she explained in detail how it was being interpreted for clinical and non-clinical areas in the Trust. A Non-Executive Director (JM) observed that the national guidance was clear that patients attending appointments in clinical areas must wear a face covering for example, a scarf or home-made material mask but the Trust's advice for reception staff who were considered to be working in a Covid-19 secure area was that they were not required to do so. She wondered if this might be of some concern to patients. The Executive Director of Nursing and AHPs said that whilst the reception area was not regarded as a Covid-19 secure area, when not working behind a screen the reception staff would have to wear a mask similarly if they were working alongside colleagues from other organisations they would need to follow the protocols of the host organisation. She said that she did not anticipate that there would be any problems but the situation would be kept under review in the light of feedback from patients and staff. In response to a question from Non-Executive Director (HT), the Executive Director of Finance and Resources said that he did not envisage any problems with the supply of lower level surgical grade masks and he was confident that if patients and staff did not have their own face covering the Trust would be able to meet the demand. He accepted that there would be an increase in demand following the publication of the national guidance. He added that the Trust intended to buy its own supplies of FFP3 masks but the Trust used very few of these. A Non-Executive Director (RG) asked about the Trust's planning for and	

		involvement in any potential future outbreaks of Covid-19 and whether there had been an assessment of the risks around contact tracing.	
		The Executive Director of Nursing and AHPs said that Public Health England was leading on the management of any possible future outbreaks but the Trust's Infection Protection and Control (IPC) Team was closely involved in this as they would be with the outbreak of any type of epidemic.	
		In relation to track and trace, the Executive Director of Nursing and AHPs said that the impact would depend on individual circumstances but it could potentially result in a whole team in isolation.	
2020-21 (30b)	**Health inequalities and Covid impact**	The Chief Executive presented the paper which summarised the initial findings of the programme of work that had been established to seek to understand the impact of Covid-19 in specific communities. The paper also made some recommendations for embedding the Trust's approaches into the Reset and Recovery Programme.	
		A Non-Executive Director (HT) noted the reference to emerging evidence which suggested that there is a clear disparity in the impact of Covid-19 on different community groups based on data analysed by Leeds City Council. She asked whether there was any more granular data for community settings in Leeds or nationally.	
		The Chief Executive said that data for community settings had not been monitored but the Trust intended to connect with some work to be undertaken by Leeds Teaching Hospitals NHS Trust (LTHT) to analyse data in different settings.	
		A Non-Executive Director (IL) commented that the paper was well thought through but suggested it should include more about how the Trust intended to embed equality across all services in future and what would be different.	
		The Chief Executive said that engagement with patients, partners and the public was key to ensure that the voice of service users influenced the transformation of services during and following the pandemic. She drew the Board's attention to the detail about the Trust's engagement with the Communities of Interest Network and HealthWatch.	
		She also referred to the new approach to undertaking health equality impacts that had also been piloted in three services: • Leeds Mental Health and Wellbeing Service (LMWS) • 0-19 Public Health and Integrated Nursing Service • Long Term Conditions – Diabetes, Cardiac and Respiratory	
		Undertaking and responding to the outcomes of these assessments was the start of the ongoing process and the proposal was to embed this approach for all services in the reset and recovery projects.	
		The Executive Director of Operations pointed out that nationally age had been identified as the main barrier for people accessing services when organisations were transitioning to remote/virtual delivery platforms. However, this did not seem to be the pattern for the Trust where referrals to the LMWS and the age of people referring followed a similar trend in Quarter 1 (20-21) as Quarter 4 (19/20). This was worth noting and would remain under review.	
		A Non-Executive Director (JM) referred to the evaluation of the effectiveness of	

	the use of digital technology and whether there was any evidence to suggest that further inequalities may have been created or exacerbated for the young, old and vulnerable who were not able to access digital technology during lockdown. The Chief Executive said that the picture was variable in different services and dependant on different individual circumstances. Many patients had access to telephones or mobile phones but they were not always able to maintain the service through financial hardship. Wherever possible for these vulnerable groups face to face contact was maintained. In summary, the Interim Chair said that this work was key to shaping the Trust's Reset and Recovery Programme and he looked forward to the Board receiving regular progress reports. **Outcome: The Board:** • agreed the embedding of this work into the forward plans and the continuation of the research and the equality impact assessment work • agreed to the continued engagement with the communities of interest work	
2020-21 (30c)	**Update on non-essential services and maintaining patient safety during Covid-19** The Executive Director of Nursing and Allied Health Professionals (AHPs) presented the report which provided an overview of how services delivered the necessary care to maintain patient safety as Covid-19 began, based on whether they were C1, 2 or 3 services. The Board noted the key points of assurance which were that the organisation had maintained contact with patients and kept them safe across all services, put in place a process for the triage of new referrals to determine urgency as well as a point of contact for all services for patients who had concerns that their condition had deteriorated. A Non-Executive Director (IL) noted that it was reported that there was no evidence from C2 and C3 services of an increase in patient safety incidents and there had been no complaints or concerns raised by patients. He asked what assurance the Board could take from this and whether there might be a delay in reporting incidents and registering concerns. The Executive Director of Nursing and AHPs advised that the Trust was working with HealthWatch Leeds to seek views from patients and service users about their experience, how they were informed about changes during Covid-19 and to ensure their experience had been as described by the services. The Interim Chair was interested to learn about the progress made in terms of patient self-management. The Executive Director of Nursing and AHPs said that it was important that where progress had been made on self-management this was maintained and learning from this embedded across all services. The principle of encouraging as much self-care as possible from the onset of treatment would require a culture change in the Trust particularly to ensure the elderly remained as independent as possible. **Outcome: The Board:** • received the report and acknowledged the work undertaken by services to maintain high quality, safe services in challenging circumstances.	

2020-21 (31)	**Annual report and accounts 2019/20** The Executive Director of Finance and Resources introduced this item and began by referring to the Audit Committee meeting on Friday 12 June 2020 at which the Chief Executive had spoken about the achievements and challenges in 2019-20 including the impact of Covid-19 towards the end of the year. A Non-Executive Director (JM), in her capacity as Chair of the Audit Committee, said that the Committee had welcomed the Chief Executive's attendance at the meeting and the opportunity to comment and contribute to the draft annual report. She added that the Trust's external auditors had confirmed that the annual report's content was in line with the requirements stipulated by the Department of Health. The Audit Committee had recommended the draft annual report for adoption by the Board.	
2020-21 (31a,b,c &d)	***Annual accounts, letter of representation and external auditors' opinion*** The Executive Director of Finance and Resources stated that the Audit Committee had given full and proper scrutiny to the Trust's accounts for 2019-20. At the Audit Committee meeting on Friday 12 June 2020, the Committee had also reviewed the letter of representation and the audit memorandum on the Trust's financial statements issued by the external auditors, KPMG. The Executive Director of Finance and Resources confirmed that, as noted in the letter of representation, directors had provided confirmation that, to the best of their knowledge, all information relevant to the financial statements had been disclosed. The external auditors had confirmed their confidence that this had been the case. Referring to the external auditors' opinion on the accounts, the Executive Director of Finance and Resources said he could report that the auditors would issue an unqualified opinion on the Trust's accounts. A Non-Executive Director (JM), as Chair of the Audit Committee, reported that she was very satisfied with the opportunity the Committee had had to review the accounts and she extended her thanks to the finance team for their efforts in maintaining a robust process both throughout the year and for the year-end processes. This conclusion had been supported by the external auditors' opinion on the accuracy of the financial statements. **Outcome:** The Board accepted the recommendations of the Audit Committee and: • adopted the draft annual report, including the annual governance statement • adopted the annual accounts, having noted the external auditors' opinion • approved the letter of representation.	
2020-21 (32)	**NHS Provider licence compliance** The Company Secretary introduced the report and explained that 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. The report sets out the self-certification framework and described how the Trust had met the requirements of the provider licence. The Board reviewed the document, and noted that the Trust is recording	

	compliance against all applicable conditions. **Outcome:** The Board • agreed 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 may be published on the Trust's website.	
2020-21 (33)	**Performance brief and domain annual report 2019-20** The Executive Director of Finance and Resources introduced the report which provided a high level summary of performance within the Trust during the financial year 2019/20. **Outcome:** The Board noted the year-end performance brief.	
2020-21 (34)	**Operational plan priorities 2019-20: end of year report** The Executive Director of Finance and Resources presented the report that provided an overview of delivery at the year-end of the Trust's 15 priorities for 2019-20 which drive the Trust's four strategic goals. He pointed out an error in the paper presented. Priority 5 was rated as Green but should be Amber. As part of the initial review of the annual report, Audit Committee members questioned the 'Achieved / Green' rating for Priority 5 'Maintain Quality across all services & aim for outstanding rating by CQC & in services' Quality Challenge+'. Members felt that although there were many positives to report, as we had aimed for outstanding, the Trust could not claim the priority had been "achieved". SMT had subsequently discussed this and agreed with that view and this had been changed in the annual report as presented for this meeting. The cover paper for this report should therefore read that 12 of the 15 priorities were achieved (green) with three as amber. This was noted by the Board. The Interim Chair asked how the success in delivering the Trust's priorities for 2019-20 could be more widely communicated to staff across the organisation. The Chief Executive agreed to discuss this with the Head of Communications. **Outcome:** The Board: • noted progress at year-end in delivering the Trust's 2019/20 priorities.	**Chief Executive**
2020-21 (35)	**Board framework for infection control and prevention** The Executive Director of Nursing and AHPs presented the report which provided 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). She explained that there are ten identified areas in the assurance framework considered in the paper. For each area the key lines of enquiry were identified and evidence and mitigating actions were listed as well as identifying gaps in assurance. This is a dynamic document, which will continue to be iterated throughout the current pandemic. The Board agreed that it should receive a further updated report in August 2020.	

	Outcome: The Board: • received the information in the assurance framework and agreed that a further update should be provided in August 2020.		
2020-21 (36)	**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 10:30am.	9	

Date and time of next meeting
Friday 7 August 2020, 9.00am – 12.00noon
Boardroom, Trust Headquarters, Stockdale House, Victoria Road, Leeds LS6 1PF

V2 01 07 2020

Signed by the Interim Chair:
Date:

Leeds Community Healthcare NHS Trust
Trust Board meeting (held in public) actions' log: 7 August 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**	Report presented for this meeting
Meeting 29 May 2020				
	None to note			
Meeting 19 June 2020				
2020-21 (34)	**Operational plan priorities 2019-20: end of year report:** • Achievement of Trust's priorities for 2019-20 to be more widely communicated to staff across the organisation.	CEO	**Post meeting**	Verbal update

Actions on log completed since last Board meeting	(blue)
Actions not due for completion before 7 August 2020; progressing to timescale	(green)
Actions not due for completion before 7 August 2020; agreed timescales and/or requirements are at risk or have been delayed	(yellow)
Actions outstanding as at 7 August 2020; not having met agreed timescales and/or requirements	(red)

AGENDA ITEM
2020-21
(42i)

Meeting: Trust Board 7 August 2020	Category of paper	
Report title: Chief Executive's report	For approval	
Responsible director: Chief Executive Report author: Chief Executive	For assurance	✓
Previously considered by Not applicable	For information	

Purpose of the report

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

Main issues for consideration

This month's report focusses on:

- National interest in our Workforce Sharing Agreement for Care Homes and update on care homes work
- Joint 4th in National Freedom to Speak Up index
- WRES Cultural Change Pilot
- Phone call from the Prime Minister and the Chief Nursing Officer for England

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

There is a separate report on the impact and management of the COVID-19 pandemic.

Questions for a COVID related survey of our staff is attached at **appendix one**.
The Media report for June 2020 is attached at **appendix two**.

Recommendation
The Board is recommended to:
- Note the contents of this report and the work undertaken to drive forward our strategic goals

Chief Executive's report

1. **LCH Workforce Sharing Agreement for Care Homes**

   In late April 2020 NHS Trusts were asked by NHSE/I to implement a number of actions to support care homes in their areas appropriately to ensure high quality, safe care could continue to be delivered during the pandemic. One of these was to consider how Trusts might be able to support additional staff for care homes with and without nursing.

   The work undertaken by the Trust to safely deploy LCH staff into Care Homes in Leeds for a shift or period of shifts and under the direction of the Care Home has resulted in the production of a Workforce Sharing Agreement – a legal document which protects the Care Home and their patients as well as importantly our staff who are deployed. The LCH developed agreement has now been adopted by the region as an example of good practice and agreed for wider use by the regional Social Partnership Forum (SPF) which is the staff and management side consultative forum for Yorkshire and the Humber. Additionally there is further regional and national interest in this innovative work undertaken within LCH and whilst not yet utilised to LCH deploy staff to Care Homes in Leeds, it stands us in good stead should this need arise during the winter period or indeed in the event of a second COVID related spike.

2. **Medals for 12 'hero' community nurses – and a phone call from the Prime Minister**

   William Wheatley from Leeds, who is a former ambulance service worker has presented solid silver medals to 12 of our community nurses who care for him and they were delighted to receive them. Mr Wheatley explained that they were to honour the nurses for their dedication to nursing, particularly during the Covid-19 pandemic when they ensured that people received the care they needed. Each medal is inscribed 'Hero 2020' and a personalised card explains why it was given.

   On 21 July 2020 the Trust was asked to join a telephone call with the Prime Minister and staff from the Meanwood Neighbourhood Team and Mr Wheatley, the patient who had presented the nurses in the Neighbourhood team with medals for the care they had provided for him during Covid-19. The Prime Minister had wanted to have a conversation with a community trust and LCH was nominated alongside eight other Trusts and he chose LCH to speak to. The call was focussed on care in the community and it was a great opportunity for LCH to raise awareness of how this had been managed and the challenges during Covid-19. Ruth May Chief Nursing Officer for England was also on the call and both she and the Prime Minister took the opportunity to thank our staff for the care they had delivered during the Pandemic. Following the call, Ruth messaged the Executive Director of Nursing to say how fantastic she thought the staff had been and that they were an asset to the organisation.

3. Joint 4th in National Freedom to Speak Up index

The latest Freedom to Speak Up (FTSU) Index has been published. This index is a key metric for all NHS Trusts to monitor the culture they have in place for people to be able to 'speak up' and is taken from questions from the NHS Staff Survey.

Fostering a positive speaking up culture sits firmly with the Trust's vison, values and behaviours and we know that organisations with higher FTSU Index scores tend to be rated as Outstanding or Good by the CQC. We are delighted that in its most recent index scores our Trust has been rated as joint 4th nationally. We were previously rated as 6th in the country.

We've worked hard over recent years to embed a Freedom to Speak up Culture in our organisation and the fact that we are climbing the ranks is due to everyone's hard work – it takes a community to build a culture.

4. WRES Cultural Change Pilot

The Trust has been invited to be part of the national WRES team's cultural change pilot. The aims of the workforce race equality culture change initiative are to:

1. Identify NHS trusts that require support and guidance on workplace culture;
2. Work with identified NHS trusts to help transform workplace cultures so all staff can thrive and are better able to provide the compassionate high-quality care that patients need and deserve;
3. Share replicable good practice models of improvement across organisations and parts of the NHS;
4. The emphasis is to identify the root causes and consequences and identify and implement robust solutions to closing the gaps between BME and white staff.

The pilot commenced in the Trust on 3 July 2020 with an initial workshop with the Board, members of the Shadow Board and importantly, members of the organisation's BAME network.

The BAME network continues to meet weekly with the CEO and HR Directors and in partnership with the BAME staff network group, a decision was made to create a BAME Allyship Programme. The aim of the programme is to create a movement of Allies in the Trust who do not identify as BAME but work pro-actively to ensure that the voices of BAME colleagues are heard.

Feedback is currently being gathered on the Programme content from BAME staff network group, Staff side and Operational/Service Managers. The Programme is expected to start towards the end of Sept/October supporting 12 individuals, and the sessions will be co-delivered by BAME staff members.

There is interest nationally in the work we have done to create new BAME Freedom to Speak Up Guardian roles during the COVID crisis, which we will be keeping and expanding in the future.

5. **LGBTQ+ Network**

Launched on Friday 26 June 2020 to coincide with NHS Virtual Pride, our new network is for LGBTQ+ leaders and allies from a diverse range of roles and backgrounds across health and care. The network is a platform for the LGBTQ+ community to listen, share and engage with peers and wider stakeholders to increase the numbers and visibility of LGBTQ+ people on boards and in senior leadership to influence change across the system, improve the experience of LGBTQ+ staff so they can work in an inclusive and supportive environment where they can thrive, and improve the experience of LGBTQ+ patients and ensure that they receive the best care.

6. **Flu campaign**

The Trust is preparing for the annual staff flu campaign. This is usually linked to a CQUIN payment, however, CQUIN is stood down for this financial year due to Covid-19. It is though imperative that we vaccinate and protect as many of our staff as possible against flu for the coming winter given the combined threat of ongoing Covid-19 and flu. The Infection Prevention and Control Team are preparing for this and will commence delivery of the campaign in September 2020. The delivery of our vaccines is staggered between September to November and as the patient flu campaign has been extended this year to include anyone over the age of 50, there will be considerable strain on the supply chain to deliver what is required.

In addition LCH is working with partners in primary care to ensure we can deliver the vaccine to as many vulnerable people across the city as possible. An agreement to enable LCH staff to administer vaccines on behalf of practices has been sent to practices to ensure there is no delay in commencing the campaign once the vaccines are received.

7. **Commitment to Carers Certificate of recognition**

The Trust has been awarded a certificate of recognition of its Commitment to Carers as part of the Leeds Carers Partnership Commitment to Carers - It's really great to receive the recognition and very well deserved for the ongoing hard work across the whole Organisation to support Carers and our Working Carers. The Leeds Commitment to Carers is a city wide commitment to supporting 72,000+ unpaid carers in Leeds introduced and managed by the Leeds Carers Partnership of which the Trust is an active partner. As an Organisation we are looking forward to continuing this work and helping to make our services and Organisation even better for our Carers and Working Carers.

8. **Staff Survey 2020**

We have had confirmation nationally that this year's Staff Survey will be going ahead; there had been some doubt around this and discussion about delaying it. Internally the Trust have selected a new partner to deliver the Staff Survey for us – we previously used Capita but this year have opted for Picker who have also

offered us the ability to undertake a COVID related survey of our staff in the intervening period, which we are exploring further with them and internally. We have agreed a set of questions now and these will be form a survey with all our staff which will be launched in the next two weeks (please see **appendix one** for list of questions). This will provide valuable information for us about our work to date. Additional clarification on timescales and detailed information relating to the Staff Survey for 2020 will follow in due course.

9.   Leeds Health and Social Care Academy Director Appointment

The Leeds Health and Social Care Academy has appointed a Director, Kate O'Connell. Kate is currently Chief People Office at Hull University where she has responsibility for workforce strategy and services, transformation, and student services, experience and governance. It is anticipated that Kate will officially commence in her new role in September 2020.

10.   Annual report and accounts / Annual General Meeting

The Trust's annual report and accounts 2019/20 have now been published on the Trust's website, available for public scrutiny. The annual report and accounts will be discussed at the Trust's Annual General Meeting on Tuesday 15 September 2020 at 1pm. This meeting will be held virtually (via Microsoft Teams) however we are looking into how we can maximise public 'attendance' at this meeting, if people do not have access to the internet.

LCH COVID 19 questionnaire

Personal experience

Leeds Community Healthcare would like to know how you have been handling the additional pressures brought about by the COVID-19 pandemic.

1. LCH has supported me to balance working and taking care of family members.

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
Not applicable to me

2. I feel able to make a positive personal contribution during this time.

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

Support from manager and colleagues

Leeds Community Healthcare would like to know how supported you feel by your line manager and immediate colleagues

3. I feel satisfied with the support I have received from my line manager during this time

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

4. My team has been working well together to support each other during this time.

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
I do not work in a team

(If 'Disagree' or 'Strongly disagree' is selected for any of the above questions) **What could your immediate colleagues do to support you during this time?**

Support from the organisation

Leeds Community Healthcare would like to know how supported you feel at this time.

5. **Leeds Community Healthcare has provided effective support for staff health and wellbeing during this time.**

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

6. **I have access to information provided by Leeds Community Healthcare that I need for relevant health and wellbeing support at this time (e.g., employee assistance resources, health and wellbeing resources.)**

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

For those answering 'Strongly disagree' or 'Disagree') **What more could the organisation do to support you during this time?**

Personal Health and Safety

Leeds Community Healthcare would like to know how you are feeling about your personal health and safety.

7. **I have the Personal Protective Equipment (PPE) that is recommended for my role**

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
Not applicable to me

8. **Individual risks to my personal health and safety during this time have been identified and acted upon**

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
Not applicable to me

9. I feel I can keep myself safe and healthy while doing my job.

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

(For those answering 'Strongly disagree' or 'Disagree') **What would help you to keep yourself safe and healthy whilst doing your job?**

Communication

Thinking about recent communication you have received from Leeds Community Healthcare, tell us how effectively we are communicating with you.

10. Communication within my team has been effective during this critical period.

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

11. Communication from the organisation has provided me with the information I need to continue to work safely in my role.

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

(If 'Disagree' or 'Strongly disagree is selected for any of the above questions) **What could be done to improve communication during this time?**

Overall

12. Overall, I have confidence in Leeds Community Healthcare's approach to managing COVID-19.

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

Please provide any additional feedback on what would help us to support you during this time.

LCH Trust Communications Report

June 2020

Social and Online Media

Page likes	(Last month)	Followers	(Last month)	Users	(Last month)
3834	3795	8,873	8,837	17,435	16,080

New likes	(Last month)	Profile visits	(Last month)	Avg. vistit length	(Last month)
30	23	1,041	2,115	01:32	01:33

Post reach	(Last month)	Impressions	(Last month)	Sessions	(Last month)
43,211	48,475	92,500	135,000	25,403	23,110

Impressions	(Last month)	Mentions	(Last month)	Page views	(Last month)
85,006	96,121	571	538	51,015	46,851

Posts	(Last month)	Tweets	(Last month)	New users	(Last month)
72	74	80	77	14,404	13,319

Top Tweets

Last week was the final night of Clap for our Carers which began over 10 weeks ago. Here is a short video of some of our staff sharing their thoughts on what #ClapforCarers has meant to them. @nhsleeds @LeedsNews @HWLeeds @Thea_Stein @stephlawrence5 @NHSEngland @PHE_uk
pic.twitter.com/bDqX48TeuY

Impressions: 10, 843
Engagements: 203

The first crane has arrived on site at Armley and has started to hoist the steel beams of the new regional CAMHS Unit into place. Find out more: https://www.leedscommunityhealthcare.nhs.uk/our-news/developments/
pic.twitter.com/lj62zDmZ0M

Impressions: 2,602
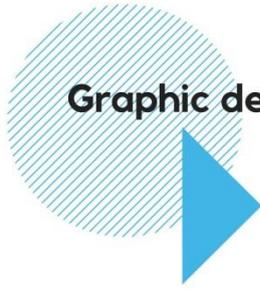Engagements: 135

Top Facebook posts

Beat the heat and look after yourself and your family's health by following these very simple steps from Public Health England ☀️ #BeatTheHeat #HelpUsHelpYou #WeatherAware #UKHeatwave #heatwave

4,105 People Reached
261 Likes, Comments and Shares

Last week was the final night of Clap for our Carers which began over 10 weeks ago. Here is a short video of some of our staff sharing their thoughts on what #ClapforCarers has meant to them!

2,090 People Reached
270 Likes, Comments and Shares

Graphic design examples

Water machine hygiene

How to properly wear a face mask

Travelling in a car with a colleague

Oral health for pregnancy

LCH website page views

1. Leeds Mental Wellbeing Service (Home) – 7,137
2. Home – 4,959
3. Leeds Mental Wellbeing Service- What we offer – 3,168
4. Speech and Language Therapy Toolkit – 4,890
5. Our service- A – Z – 2,342
6. Leeds Mental Wellbeing Service- Refer yourself – 1,943
7. Leeds Mental Wellbeing Service- Face to face classes – 636
8. Neighbourhood Teams – 1,982
9. Contact us- Our locations – 939
10. Contact us – 1,244

Media summary

1. **Take a virtual look inside new multi-million pound mental health unit for young people in Leeds –** Yorkshire Evening Post, 13 June 2020
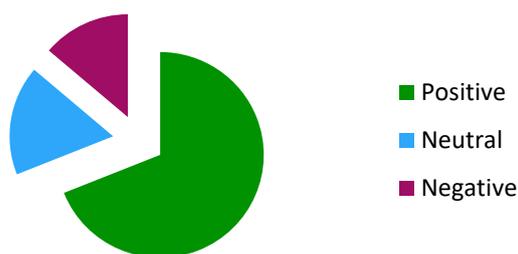
   Read online: https://www.yorkshireeveningpost.co.uk/health/take-virtual-look-inside-new-multi-million-pound-mental-health-unit-young-people-leeds-2883244

2. **Community nursing will not be the same anymore, health boss speaks out on life after lockdown** – Yorkshire Evening Post, 22 June 2020

   Read Online: https://www.yorkshireeveningpost.co.uk/health/community-nursing-will-not-be-same-anymore-health-boss-speaks-out-life-after-lockdown-2889954

3. **Leeds data on Covid-19 deaths shows a 'clear disparity' within the city. –** Yorkshire Evening Post, 17 June 2020

   Read online: https://www.yorkshireeveningpost.co.uk/health/coronavirus/its-frightening-think-what-might-mean-leeds-covid-19-deaths-show-clear-disparity-within-city-2886059

4. **The number of care homes in Leeds suffering from Covid-19 outbreaks has reduced to just three after a 'peak' of 47. –** Yorkshire Evening Post, 22 June 2020

   Read online: https://www.yorkshireeveningpost.co.uk/news/politics/coronavirus-found-47-leeds-care-homes-2891667

Media coverage by tone (from 1 April 2019)

- Positive
- Neutral
- Negative

Media coverage type (from 1 April 2019)

- Print
- Online
- Radio
- TV

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Agenda
item
2020-21
(42ii)

Report to: Trust Board 7 August 2020	
Report title: COVID-19 Update Report	
Responsible Director: Chief Executive **Responsible authors**: Senior Management Team	

Purpose of this report:
This report is to update on Board on the current situation with COVID-19.

Vaccine research trial
LCH is involved in the work underway across all NHS organisations in Leeds to support a citywide approach to Covid 19 vaccine research trials which are anticipated to start during the Autumn of 2020. The focus of the work is to get infrastructure in place across Leeds so that the city is "trial ready" once the vaccine trials reach a stage that requires volunteer participants. Work between LCH and the GP Confederation, together with the Covid19 change to data sharing regulations under Covid19 conditions, has enabled us to establish a mechanism by which LCH can facilitate the GP Confederation to open this trial across all primary care practices in Leeds. The Executive Medical Director is to be signed on as the sub-investigator to Leeds Teach Hospitals NHS Trust, representing the Leeds GP Confederation facilitated by LCH, for the Covid19 trial in Leeds.

Care homes: work across the city to support care homes continues. There is a small trickle of staff coming from the national bring back staff scheme who have expressed an interest in working in care homes. The Trust is offering employment via the internal staff bank to these staff as agreed in Leeds and the Executive Director of Nursing is continuing to work with the care homes to understand how these staff can be utilised and ensure they have the skills and competence required to work in the care sector.

Weekly Covid testing for staff who go into care homes: we have been asked about this a lot and this has now been discussed with PHE. This is not something that is felt necessary at the moment. All care home staff including our staff who are based in care home bases e.g. recovery hubs, are being tested weekly now as per the guidance but there is no guidance to suggest this is necessary for staff visiting care homes so long as full PPE is worn. This is being kept under review and should anything change, the Board will be advised.

Track and Trace: The IPC team are notified of any contacts via the track and trace system and work with services to understand the implications of any contacts and whether other staff need to isolate. To date there have only been two cases notified and as staff were following all the correct procedures only one other member of staff has been required to self-isolate as a result of this.

PPE: The supply and distribution of PPE is currently stable. All services in receipt of push stock PPE are using the new electronic portal for recording their stock enabling, over time, a more accurate picture of usage to be built up. Occasional product recalls continue to be actioned effectively and efficiently. Stock continues to be closely monitored as the risk of shortages will increase as service provision increases.

Clear face masks: the Trust is trying to source these for use with patients who have hearing problems or in other situations where communication is difficult because someone cannot see your mouth. There is a national drive to source these masks and they will become part of the national push stock to Trusts.

Black, Asian, and Minority Ethnic (BAME) staff: The work being done to support BAME staff, because of the disproportionate effect that COVID-19 is having on vulnerable groups of people, including those from BAME communities, is documented in the 'Looking after our staff' report.

Rehabilitation pathways: Work on rehabilitation pathways continues and a detailed presentation was provided to Quality Committee in July 2020. There are 4 main areas of work and LCH are involved in all 4 areas:
- People recovering from Covid 19
- People whose health and function are now at risk
- People who avoided accessing health services during the pandemic
- People dealing with the physical and mental health effects of lockdown

Estate: The availability of the estate is a key constraint for reset and recovery. Service managers are being asked to be flexible and not to assume that the rooms or buildings they used pre-Covid will necessarily be available now as other service need may take priority. Managers are being asked to think innovatively about what other facilities may be available throughout the city or to extend the hours they can offer their service.

Digital: The digital workstream continues to support the delivery of video consultations and new ways of staff communicating with each other and with patients. There have been issues with the reliability of one of the video consultation platforms made available for the NHS. The Trust is taking this into account as it decides on the platforms to support.

Recommendation:

The Board is recommended to note this update

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AGENDA
ITEM
2020-21
(43i)

Meeting: Trust Board: 7 August 2020	**Category of paper** *(please tick)*	
Report title Performance Brief and Domain Reports	**For approval**	
Responsible director: Executive Director of Finance and Resources **Report author:** Head of Business Intelligence	**For assurance**	✓
Previously considered by: Senior Management Team – 22nd July 2020 Quality Committee – 27th July 2020 Business Committee - 29th July 2020	**For information**	

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

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

Main issues for Consideration
This Performance Brief contains the most up to date information available for the month of June 2020.

Across the domains in this Performance Brief, performance is very significantly affected by the Trust's ongoing response to Covid-19. The report draws out areas of particular note.

The main issues for consideration are included on page 2 of the document

Recommendations
The Board is recommended to:
- Note present levels of performance

Performance Brief – June 2020

NHS Leeds Community Healthcare NHS Trust

Purpose of the report

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

It 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 – 22nd July 2020
Quality Committee – 27th July 2020
Business Committee – 29th July 2020

Recommendations

Committees and the Board are recommended to:

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

Main issues for Consideration

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

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

In the **Safe** domain we continue to see a 100% compliance with duty of candour and an increase in all patient safety incidents, this increase is seen predominately within self-harming behaviour category. There is some ongoing patient safety work within the service led by the CAMHS medical and clinical lead

There have been no Covid-19 related complaints received in June in the **Caring** domain. There have been 11 Covid-19 related concerns received in June. LCH have been awarded a Certificate of recognition of LCH's Commitment to Carers as part of the Leeds Carers Partnership Commitment to Carers

The situation in the **Responsive** domain remains much the same as last month. As described previously under performance against the indicators relates to services that have been classed as those that can be stood down to enable capacity to be redeployed to critical services.

In the **Well Led** domain sickness absence during June reached another all-time low of 4.3%, fewer than 10 staff are currently absent due to COVID-19 symptoms.

Turnover remains at its lowest levels for many years, at 11.4%, giving LCH high levels of overall workforce stability. Staff leaving within 12 months is higher than expected at 21.6%. This is mainly attributable to Band 2 administrative and Band 5 Nursing roles. Work will be commencing to look at retention initiatives for these staff groups.

Significant attention has been focused on supporting health & wellbeing, including focused support for staff experiencing higher demands of end of life care, supportive workshop for staff who are shielding and on-going support for risk assessment conversations to take place with staff "at risk".

Overall Compliance levels for Statutory & Mandatory training for June are at 91.3%, which is returning to the levels seen in the pre-COVID period.

Appraisal rate has seen a marginal increase. Work is underway with General Managers and Corporate leaders to identify and support teams with lower compliance and/or who continue to show a fall in compliance.

Under the **interim financial regime** (table 1, appendix 2) for 2020/21 the Trust can assume that its actual I&E surplus or deficit will be adjusted back to break-even, The regime that is currently in operation will be extended to August and, in all likelihood, September.

Safe – June 2020

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

NHS Leeds Community Healthcare NHS Trust

Safe - people are protected from abuse and avoidable harm	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Apr	May	Jun	Q1	Time Series
Overall Safe Staffing Fill Rate - Inpatients	SL	>=97%	-	●	2020/21	-	87.9%	118.2%	100.7%	
					2019/20	92.3%	94.2%	97.6%	94.7%	
Patient Safety Incidents Reported in Month Reported as Harmful	SL	1.05 to 1.8	2.20	●	2020/21	2.11	2.54	2.03	2.20	
					2019/20	1.10	1.21	1.23	1.18	
Serious Incident Rate	SL	0 to 0.11	0.02	●	2020/21	0.01	0.02	0.03	0.02	
					2019/20	0.02	0.02	0.07	0.04	
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	TBC	2	●	2020/21	0	0	2	2	
					2019/20	0	0	2	2	
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	0	●	2020/21	0	0	0	0	
					2019/20	0	0	0	0	
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	TBC	2	●	2020/21	1	0	1	2	
					2019/20	-	-	-	-	
Number of teams who have completed Medicines Code Assurance Check 1st April 2019 versus total number of expected returns	RB	No Target	50%	●	2020/21		50%		50%	

Points to note

We continue to see a 100% compliance with duty of candour.

Update from May Serious Incidents

Of the 4 serious incidents reported in May 2020 (2 Category 3 and 1 unstageable pressure ulcers plus 1 diabetic foot ulcer), two investigations have been concluded (Unstageable pressure ulcer and diabetic foot ulcer) and confirmed lapses in care. The remaining 2 records have SI meeting dates booked for 8th July.

Both concluded investigations identified a lack of communication within the teams and one report also identified issues with communication with other teams & care providers. For this incident the error in communication may have been the over-riding issue that led to the seriousness of the incident. The structure of the senior nursing support within one Neighbourhood Team was identified as a contributory factor which is being addressed through a local action plan, which has been reviewed by SMT.

LCH Patient Safety Incidents by Month

There has been steady increase of incident reporting in April and May which remained within normal variation.   In June we have changed the way we count incidents allocating them to a month based on the date they occurred rather than the date they were reported. Whilst these figures are likely to be similar it is inappropriate to present an SPC of this information. In next month's report the information will have been backdated and we will be able to present SPCs again. Although direct comparisons cannot be drawn, there is a large increase in the number of LCH patient safety incidents this month and is has been identified that this increase is predominately related to self-harm incidents reported by Little Woodhouse Hall.

All Incidents Occurring in June 2020

There were 871 incidents recorded in Datix in the month, of these 495 (57%) were recorded as LCH patient safety incidents compared to 388 (53.4 %) in May. The breakdown of LCH patient safety incidents by month and level of harm is depicted in the table below:

Month	Total Incidents (All Incidents in Month)	LCH Patient Safety Incidents by Category			Total
		Low and No Harm	Moderate Harm	Major Harm	
June	871	433 (87%)	53 (11%)	9 (2%)	495*
May	726	354 (91%)	30 (8%)	4 (1%)	388
April	617	351 (91%)	31 (8%)	2 (1%)	384

June figures may be subject to slight change as incidents occurring in June are reported within the start of July

- The last 2 months has seen a significant increase in self-harming incidents during 24 hour care. The majority of these were for cutting self-harm. Some patient safety work is being carried out within the service; this is led by the CAMHS medical and clinical lead and is being detailed to Quality Committee in a separate paper.

- Chapeltown, Middletown, Pudsey and Woodley NT saw a minor increase across all incident categories; the teams have been made aware. The patient safety team will monitor month on month reporting levels to identify any areas requiring further exploration

Moderate harm incidents

61 moderate and major incidents were discussed at the Serious Incident Decision Meeting (SIDM) in June 2020. In addition to the moderate and major harm incidents, six Little Woodhouse Hall incidents of low / no harm were also discussed, learning identified and action plan agreed.

The outcome of those incidents discussed in SIDM within June is depicted below

Total no.	No lapses in care & no further investigation required	Progressed to Internal Investigation	Progressed to comprehensive RCA as potential lapses in care (SI)
67	60 (90 %)	3 (4%)	4(6%)

- 4 incidents occurring in June were progressed to serious incident investigations, these are detailed below:
- 3 Pressure ulcers (1 Unstageable and 2 Category 3) and 1 related to self-harm during 24-hour care, where a young person ingested x2 AAA batteries.
- Three incidents progressed to internal concise RCA investigations, 1x information governance, 1x Cat 3 and 1x fall which resulted in a laceration not a fracture, however there was additional learning identified which was felt to benefit from further investigation.

Major Harm Incidents

In June we have seen a significant increase in major harm incident, nine in June compared to four in May all related to falls, the rise is not related to a particular service or team.

Eight of the nine major incidents were found to have no lapses in care at SIDM in June. The remaining one was discussed at SIDM on 07/07/2020 and found to have lapses in care. This was a fall resulting in a fractured neck of femur. This has been progressed to a serious incident investigation.

Duty of Candour Compliance

Of the four incidents where harm has occurred with potential lapses in care in June, 2 (50%) were sent initial apology letters within the 10 working day timeframe. The 2 remaining incidents patients requested no letter to be sent following the duty of candour conversation.

Medicines Management

Completion of Medicines Code Assurance Checks (MCACs) was stood down in late March 2020 as part of the NHS response to managing the COVID-19 pandemic. During Q1, C1 and C2 services have been supported to undertake risk assessments to consider changes to the way services were provided as a result of government restrictions around social distancing. The assessments tried to balance the need to continue to provide medication as part of patient care within a safe and legal framework, and have been kept under review by the Medicines Management Team.

As services begin to reset during quarter 2 (July to September), the Medicines Management Team will work with individual services to review their MCAC and ensure appropriate measures are in place to deliver safe and secure handling of medicines in line with any changes to the model of service delivery, as agreed with the Reset & Recovery Programme.

Caring – June 2020

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

Caring - staff involve and treat people with compassion, kindness, dignity and respect	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Apr	May	Jun	Q1	Time Series
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Inpatient and Community (FFT)	SL	>=95%		●	2020/21					
					2019/20	96.8%	95.8%	97.4%	96.7%	
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Inpatient Care (FFT)	SL	>=95%		●	2020/21					
					2019/20	81.8%	83.3%	100.0%	85.7%	
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)	SL	>=95%		●	2020/21					
					2019/20	96.9%	95.9%	97.4%	96.7%	
Total Number of Formal Complaints Received	SL	No Target	19		2020/21	4	4	11	19	
					2019/20	16	21	25	62	
Total Number of Formal Complaints Received Related to COVID-19	SL	No Target	1		2020/21	1	0	0	1	
					2019/20	-	-	-	-	
Number of Formal Complaints Upheld	SL	No Target	14		2020/21	8	3	3	14	
					2019/20	5	8	6	19	
Number of Formal Complaints Responded to within timeframe	SL	No Target	20		2020/21	9	6	5	20	
					2019/20	11	8	14	33	

Friends and Family Test (FFT)

Positive feedback received during June is centred around how friendly, professional and knowledgeable staff are and how valuable the advice and information provided is. Examples below:

"Thorough session to find out about the children - questionnaire useful for milestone expectations - health visitor was very knowledgeable, friendly and listened / advised well."

"I spoke with nurse on numerous occasions and found her to be very polite and with a very caring attitude and very helpful."

"Very informative, trusting atmosphere. Friendly easy to talk to, calming."

"Supportive and friendly advice thank you."

"Fantastic, friendly staff."

As a result of our ongoing work around Carers in partnership with Carers Leeds and Leeds City Council, we have been awarded a Certificate of recognition of LCH's Commitment to Carers as part of the Leeds Carers Partnership Commitment to Carers. The certificate recognises LCH's commitment to:
- Working in partnership with others to support carers
- Being a carer-friendly employer
- Training and supporting the workforce to be carer-aware

Complaints, Concerns and Claims

The table below highlights the number of complaints and concerns that have been received by the Organisation in June 2020.

Feedback	June 2020 Received
Complaints	11
Concerns	26
Compliments	70
Clinical Claims	0
Non-clinical Claims	0

As prescribed by the NHS Complaints Regulations 2009, it is a statutory requirement that the Trust must acknowledge all received complaints within 3 working days. The regulations also state that all complaints must be responded to, in writing, within 180 working days – unless otherwise agreed with the complainant.
- 100%% (11) complaints received in June were acknowledged within 3 working days.
- 100%% (5) complaints were responded to within 180 days
- There were 14 complaints on the caseload in June.
- There have been no clinical claims received and 3 complaints are ongoing or on hold with the PHSO.

There is a continued reduction in the number of complaints received for June in comparison to the number of complaints received each month prior to Covid-19. The reasons for this have been identified as directly related to Covid-19; that people are not actively contacting health services in the current circumstances and do not want to burden public services. This is consistent with other Trusts in the City and nationally.

Covid-19

There have been no Covid-19 related complaints received in the month of June.
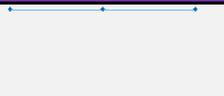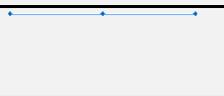
There have been 11 Covid-19 related concerns, the majority of these concerns have related to communication on the pausing of services during covid-19, and queries as to when usual service delivery will be resumed.

An exception to this was a concern received by the Children's Inclusion Nursing Team from a parent who is shielding and has a number of different staff entering the home throughout the day.

All concerns have been dealt with and resolved satisfactorily by the appropriate services.

Effective

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

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Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	April	May	June	Q1	Time Series
CAMHS T4 - Percentage of inpatients admitted who have had a Care and Treatment Review undertaken within 18 weeks of admission.	SL	100%	100%	●	2020/21	100%	100%	100%	100%	
CAMHS T4 - Percentage of inpatients who have had a Care and Treatment Review undertaken every 3 months.	SL	>=95%	100%	●	2020/21	100%	100%	100%	100%	
CAMHS T4 - Percentage of inpatients who have been screened for alcohol and tobacco usage and offered advice/interventions as appropriate	SL	100%	100%	●	2020/21	100%	100%	100%	100%	
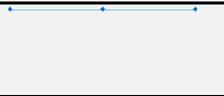
The CAMHS Tier 4 service is currently achieving all of the goals in the effective domain.

Reporting on the remaining effective domain high level objectives for quarter 1 will be included in the next Board Performance Brief.

Responsive – June 2020

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

Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Apr	May	Jun	Q1	Time Series
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	89.4%	🟠	2020/21	89.6%	90.1%	88.7%	88.7%	
					2019/20	98.7%	99.4%	99.3%	99.3%	
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	0	🟢	2020/21	0	0	0	0	
					2019/20	0	0	0	0	
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	35.9%	🔴	2020/21	55.3%	35.2%	24.1%	24.1%	
					2019/20	100.0%	100.0%	100.0%	100.0%	
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	82.8%	🟠	2020/21	93.2%	86.7%	69.2%	69.2%	
					2019/20	97.5%	97.7%	97.9%	97.9%	
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	99.3%	🟢	2020/21	99.1%	99.3%	99.6%	99.3%	
					2019/20	100.0%	100.0%	99.8%	99.9%	
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	37.9%	🔴	2020/21	31.5%	35.6%	45.6%	37.9%	
					2019/20	61.8%	56.8%	53.7%	57.4%	

The situation in the responsive domain remains much the same as last month. As described previously under performance against the indicators relates to services that have been classed as those that can be stood down to enable capacity to be redeployed to critical services.

In relation to waits on the consultant-led 18-week pathway the underperformance relates predominantly to Paediatric Neuro Disability Services (76.1%) – this service has now resumed and it is expected that performance will return to standard levels in the next two months. All patients (9 in total) in the Gynaecology service have waited over 18 weeks as a result in the cessation of the service throughout the COVID response period. This service is now operational again.

Performance in the only service measured against the 6-week diagnostic wait standard (Paediatric Audiology) is at 24% as a result of a national directive to close the service during the COVID response. This service has now been re-established and is working to return performance to

anticipated levels. Estate and IPC constraints will mean that there is long lead in time for performance to be restored to expected levels but the service is working to a late autumn timescale.

Following a reduction in the number of people accessing psychological support in May, there was an increase in June with 13.7% of the prevalent population accessing treatment (against a target of 19%). The wait to begin the screening process is now typically just over a week compared to 8.6 weeks in December. For reporting purposes the access to treatment indictor is heavily lagged as it measures the wait experienced by people who completed treatment in month. As 50% of people are in treatment for 9 months or more the waiting times indicator is not based on the current wait for an initial appointment

Work is underway to understand the impact on patients of increased waiting during the COVID period and the performance panel on 24 July is focused solely on this issue. A verbal update will be given at the meeting.

In preparation for performance activity in June 2019 has been compared with June 2020. There are a number of services that continued during the COVID response where activity in 2020 was higher than the previous year e.g. 0-19 services, Neighbourhood teams.

In other examples a significant decreases in activity can be explained by the partial/full closure of the service. This information is being analysed fully and will be reported at a later date

Well-Led – June 2020

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

NHS Leeds Community Healthcare NHS Trust

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Apr	May	Jun	Q1	Time Series
Staff Turnover	LS/JA	<=14.5%	-	🟢	2020/21	11.8%	11.9%	11.4%	11.4%	
					2019/20	13.3%	13.2%	13.1%	13.1%	
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	-	🟠	2020/21	18.6%	21.5%	21.6%	21.6%	
					2019/20	16.8%	17.2%	20.1%	20.1%	
Stability Index	LS/JA	>=85%	-	🟢	2020/21	88.4%	88.5%	88.6%	88.6%	
					2019/20	87.0%	87.7%	87.6%	87.6%	
Short term sickness absence rate (%)	LS/JA	<=2.2%	-	🟢	2020/21	2.1%	1.7%	1.0%	1.0%	
					2019/20	1.4%	1.7%	1.5%	1.5%	
Long term sickness absence rate (%)	LS/JA	<=3.6%	-	🟢	2020/21	3.8%	3.0%	3.3%	3.3%	
					2019/20	3.4%	3.5%	3.9%	3.9%	
Total sickness absence rate (Monthly) (%)	LS/JA	<=5.8%	-	🟢	2020/21	6.1%	4.7%	4.3%	4.3%	
					2019/20	4.8%	5.2%	5.4%	5.4%	
AfC Staff Appraisal Rate	LS/JA	>=95%	-	🟠	2020/21	84.0%	81.4%	81.8%	81.8%	
					2019/20	81.1%	83.7%	84.6%	84.6%	
6 universal Statutory and Mandatory training requirements	LS/JA	>=95%	-	🟢	2020/21	86.7%	89.7%	91.3%	91.3%	
					2019/20	93.5%	94.4%	93.8%	93.8%	
Medical staff appraisal rate (%)	RB	100%	-	🟢	2020/21					
					2019/20		100.0%		100.0%	

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Apr	May	Jun	Q1	Time Series
Percentage of Staff that would recommend LCH as a place of work (Staff FFT)	LS/JA	>=52.0%	-		2020/21					
					2019/20		71.1%		71.1%	
Percentage of staff who are satisfied with the support they received from their immediate line manager	LS/JA	>=52.0%	-		2020/21					
					2019/20		73.3%		73.3%	
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target	0		2020/21	0	0	0	0	
					2019/20	-	-	-	-	
WRES indicator 1 - Percentage of BME staff in the overall workforce	LS/JA	No Target	-		2020/21	10.5%	10.9%	10.9%	10.9%	
					2019/20	9.6%	9.8%	9.8%	9.8%	
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	LS/JA	No Target	-		2020/21	4.0%	4.0%	4.1%	4.1%	
					2019/20	3.2%	3.2%	3.3%	3.3%	
Total agency cap (£k)	BM	1076	750		2020/21	294	242	213	750	
					2019/20	392	306	460	1158	
Percentage Spend on Temporary Staff	BM	No Target	6.2%		2020/21	5.4%	4.8%	4.6%	5.0%	
					2019/20	6.1%	5.1%	7.1%	6.2%	

Retention

The overall trend continues to be positive with turnover reporting at 11.4% which is below the target of 14.5% and the stability rate at 88.6% which remains above the target of 85%.
Staff leaving within the first 12 months of employment continues to report at a higher rate of 21.6% which is above the target of 20%. On undertaking further analysis, this shows that turnover continues to be higher in band 2 clerical and band 5 nursing roles. Work will commence, with representatives from those areas, to develop retention initiatives based on the findings of the evaluation.

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

Supporting Staff Wellbeing

We have not seen the increased levels of Sickness absence expected during the COVID-19 pandemic period. This month has seen a further decrease in absence levels to 4.3%, with currently <10 staff off due to COVID-related absence.
We have started a piece of analysis work to try and understand this in a bit more detail, which will be triangulated and supplemented by some more subjective research.

The focus on providing support for staff well-being, with a specific focus on psychological well-being during the COVID period continued during June:

- Staff Listening, Support and Signposting Line: Activity has subsided during June, with only a small number of follow-up calls, and no new calls received
- Targeted support for specific staff communities continues, including
  - Shielding staff – workshop held early July engaging staff who are shielding
  - BAME staff – significant support around assessment of risk for individual staff, and developing the role of BAME speaking up champions
  - Working from Home staff – further support continues and results from a survey for this population are currently being analysed
  - Support for Neighbourhood Teams, Health Case Management and Recovery Hubs is being offered to support staff who have experienced significant demands around delivery of End of Life care
  - Drop in sessions for Clinical Staff hosted by Director of Nursing, supported by ODI & Clinical Psychologist
  - Drop-in Mindfulness sessions for all staff

Appraisal

The Appraisal position for June shows an increase of +0.4% from May, this is the first overall upturn in compliance since the effects of Covid-19 were felt from March onwards. The normal requirements around annual Appraisals resumed from 11th May.

Work continues in attempt to improve overall Appraisal compliance as further reductions have been seen this month in Adults Business Unit (down 2.5%) and Corporate Directorate (down 3.2%). Hotspot teams have been identified to offer support and assistance where necessary. Work is underway with General Managers and Corporate leaders to identify and support teams with lower compliance.

Teams across Adults Business Unit are being encouraged to maintain appraisal discussions where capacity allows in line with current clinical priorities.

Target: 95% compliance	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
833 Overall	86.2%	87.0%	85.2%	89.2%	90.0%	88.3%	84.0%	81.4%	**81.8%**
833 Adult Business unit	83.1%	83.9%	81.4%	86.3%	88.7%	87.4%	82.0%	75.8%	**73.3%**
833 Children's Business Unit	90.9%	88.2%	87.3%	92.0%	92.4%	89.9%	87.2%	88.1%	**91.3%**
833 Corporate Directorate	85.1%	84.6%	80.5%	86.5%	89.9%	91.1%	85.4%	79.1%	**75.9%**
833 Operations	95.1%	91.7%	91.2%	94.4%	93.4%	91.3%	85.5%	84.3%	**84.3%**
833 Specialist Business Unit	82.6%	88.6%	87.4%	88.7%	88.4%	86.7%	83.8%	81.9%	**83.7%**

Statutory and Mandatory Training

Target – 95% compliance									Excluding E&D
	Oct-19	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Mar-20**	**Apr-20**	**May-20**	**Jun-20**
833 Overall	91.5%	91.4%	92.0%	92.5%	85.6%	90.6%	86.7%	89.7%	**91.3%**
833 Adult Business unit	91.0%	90.8%	91.1%	91.4%	84.1%	89.0%	84.9%	85.8%	**89.1%**
833 Children's Business Unit	92.6%	91.9%	92.8%	93.4%	85.9%	92.2%	89.4%	91.8%	**93.4%**
833 Corporate Directorate	90.8%	90.6%	91.2%	91.5%	85.3%	90.7%	79.3%	89.6%	**86.9%**
833 Operations	93.3%	93.1%	94.6%	93.8%	87.0%	92.9%	88.2%	91.3%	**91.9%**
833 Specialist Business Unit	91.3%	91.5%	91.9%	92.9%	86.9%	90.6%	88.4%	92.5%	**93.4%**
								New E&D only	
	Oct-19	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Mar-20**	**Apr-20**	**May-20**	**Jun-20**
Equality, Diversity and Human Rights - 3 Years|						68.0%	78.7%	84.4%	87.5%

Compliance levels for Statutory & Mandatory training for June are at 91.3%, which is returning to the levels seen in the pre-COVID period. Virtually all training has now been converted to on-line delivery; a review was held at the end of June to assess the appropriateness of this. It was agreed to continue with virtual delivery; the exception was Moving & Handling training, where discussions are underway with our external training provided to assess options for a safe return to face to face training.

Progress is being made with compliance against the revised Equality & Diversity training requirements (which are currently still excluded from the overall figure). Compliance has increased steadily since March 2020 and now stands at 87.5%. From July 2020, this will no longer be reported separately.

Finance – June 2020

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

Finance	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Apr	May	Jun	Q1
Net surplus (-)/Deficit (+) (£m) - YTD	BM	-0.2	0.0	⚪	2020/21	0.1	-0.2	0.0	0.0
Capital expenditure in comparison to plan (£k)	BM	419	399	⚪	2020/21	42	235	122	399
CIP delivery (£k)	BM	687	399	⚪	2020/21	133	133	133	399
COVID specific costs identified and submitted (£k)	BM	No Target	570		2020/21	92	277	201	570

Income

The Trust is receiving nationally calculated block payments from NHS Leeds CCG and NHS England commissioners. These do not reflect current contractual expectations but are based on historic values.

In addition to the block payments for services there is a top-up payment to reflect the "expected" difference in income received and expenditure incurred. This "expected" difference should be broadly equivalent to inflation on the historic value used to calculate the block payments. This monthly top-up from NHS England is £863k.

This top-up is then adjusted retrospectively for prior month surplus/deficit to arrive at a balanced I&E balanced position. The adjustment in respect of April and May have been validated and actioned by NHS England, these net to £1k. A reduction of £28k is expected in July for the June position.

Pay and Non-pay Expenditure & Vacancies

Pay expenditure is £0.5m over budget this includes £0.4m of Covid-19 additional costs. Pay costs for June include overtime and enhancements incurred in May as these are paid in arrears. The main areas of overspend are:

16

- Adults Business Unit   £275k
- Specialist Business Unit   £133k
- Operational Support   £56k
- Operational Management   £36k

There are a net 33 WTE vacancies for June:
- Adult Business Unit   22 vacancies
- Specialist Business Unit   (3) over-establishment
- Children's Business Unit   16 vacancies
- Operational Support.   13 vacancies
- Operational Management   (1) over-established
- Corporate   7 vacancies
- Covid-19 response   (21) 18 of these staff are nurse learners who joined the Trust to expand the workforce in response to the national call for action and are deployed to Adult services.

Staff that have been redeployed in respect of the Covid-19 response have remained in their original business units for financial reporting purposes. Agency staffing costs in June were £213k (£242k May) bringing the total for the year so far to £749k.

The interrelationship between an overspending on pay, vacancies, agency costs and activity levels continues to be explored. There are 11 WTE more vacancies in June than last month but agency costs have fallen, possibly due to services beginning to return to normal after the initial stepping up for the Covid-19 response. Explanations being explored include the double booking of bank and agency due to self-isolation of staff and honouring of shifts booked (in line with national guidance) and the initially high levels of sickness / self-isolation in April and May needing to be covered with temporary staff. It remains likely that not all additional costs relating to Covid-19 have been captured for the purposes of exclusion from the "business as usual" financial position.

Non-pay is £53k underspent at the end of June this includes £137k of Covid-19 related costs. The Trust is underspending on clinical supplies and services, notably at Wetherby YOI and Sexual Health services, and on establishment expenses, travel, training costs and interpreter costs. This underspending is offset by overspendings on premises and £419k in other non-pay where the CIP savings requirements and £137k Covid-19 non-pay costs are reported.

Delivery of Cost Improvement Plans

In comparison against the Board approved plan for the year CIP delivery is 42% or £288k behind plan; £250k of this is in respect of the £1m un-identified CIP requirement. The balance relates to the procurement CIP which will be delivered as anticipated opportunities present through the year. During the emergency financial regime the requirement for efficiency savings has been suspended.

Income and Expenditure Conclusion

The Trust must remain conscious that under the pre-Covid-19 financial regime there is an underlying £1m recurrent shortfall in income compared to business as usual planned expenditure levels. Whatever the financial regime is for 2021/22 the Trust must assume that this gap will need to be addressed and future plans must be made in this context.

Capital Expenditure

The Trust has a revised capital resource limit of £2.55m for the year. The Trust has also incurred an additional £105k capital expenditure on IT kit to support the Covid-19 response; it is expected that the Trust will receive PDC to fund this and the resource limit will be increased to reflect the expenditure giving a total resource limit of £2.655m for the year. The Trust expected to spend £0.4m on capital by the end of June excluding the Covid-19 kit; the June actual expenditure is £0.4m. There is slippage which is in respect of clinical equipment where action is underway to purchase equipment. Any further Covid-19 related capital expenditure will be subject to a business case to NHS England.

Work continues to finalise the overall capital expenditure plan reflecting the needs of the organisation after the impact of Covid-19. Further bids have been made against an additional capital resource to support the Trust's future Covid response. Indications are that there will be some capital allocation based Trust's reported backlog depreciation and asset values whilst some will be allocated for specific Covid responses such as addressing mental health dormitory accommodation and A&Es.

Cash

The Trust's cash position remains very strong with £42m in the bank at the end of the month.

Better Payment Practice Code

The Trust's cumulative Better Payment Practice Code performance has exceeded the 95% target for paying invoices within 30 days for all measures for June.

The NHS has been asked to make prompt payment of invoices to support suppliers during the COVID-19 period; payments should be made within 7 days wherever possible. The Trust has implemented a number of measures to meet the prompt payment request including a weekly senior review of all outstanding invoices, review of and amendments to tolerance levels for purchase orders and notifications to managers state that the approval on non-purchase order invoices is an "Urgent Action".

Through the first quarter the Trust has paid 49% of invoices within 7 days and 61% within 10 days. There were 3732 transactions for the period. The number of invoices received from April to June 2020 is 21% less than the same period last year.

Appendix 1 – June 2020

Retention Background Data

In June 2020 there were 14 leavers across the Trust.

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

Business Unit	June 20 Leavers
Adult Business unit	6
Children's Business Unit	7
Corporate	0
Specialist Business Unit	1
Executive Directors	0
Operations	0
Primary Care Network	0
Grand Total	14

Staff Group	June 20 Leavers
Additional Clinical Services	3
Additional Prof Scientific & Technical	1
Administrative and Clerical	5
Allied Health Professionals	1
Nursing and Midwifery Registered	4
Medical and Dental	0
Estates	0
Grand Total	14

June 2020 Leavers by Reason

Reason	Count
Retirement - Ill Health	1
Retirement Age	1
Voluntary Resignation - Child Dependants	1
Voluntary Resignation - Health	3
Voluntary Resignation - Other/Not Known	4
Voluntary Resignation - Work Life Balance	4
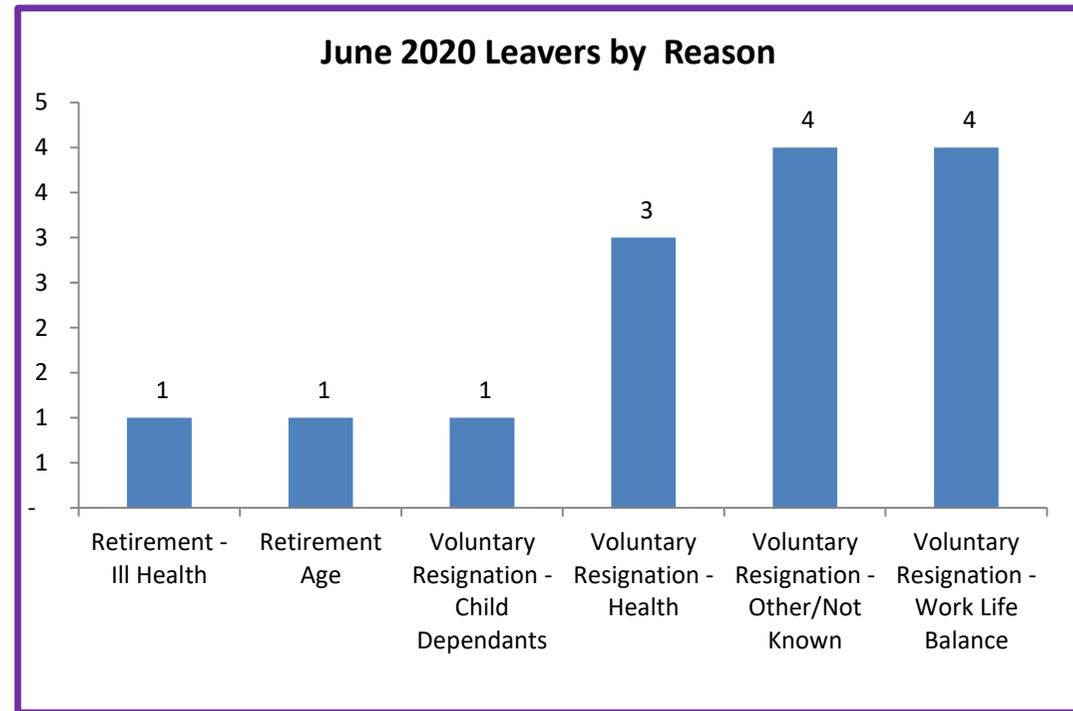
Appendix 2 – June 2020
Detailed Financial Data Tables

Table 1 Income & Expenditure Summary	June Plan WTE	June Actual Contract WTE	YTD Plan £m	YTD Actual £m	Variance £m
Income					
Contract Income			(39.3)	(40.3)	(1.1)
Other Income			(3.4)	(2.8)	0.7
Total Income			*(42.7)*	*(43.1)*	*(0.4)*
Expenditure					
Pay	2,832.9	2,799.6	29.9	30.4	0.5
Non pay			11.6	11.6	(0.1)
Reserves & Non Recurrent			0.3	0.5	0.2
Total Expenditure	*2,832.9*	*2,799.6*	*41.8*	*42.4*	*0.6*
EBITDA	**2,832.9**	**2,799.6**	**(0.9)**	**(0.7)**	**0.2**
Depreciation			0.5	0.5	(0.1)
Public Dividend Capital			0.2	0.2	(0.0)
Profit/Loss on Asset Disp			0.0	0.0	0.0
Impairment			0.0	0.0	0.0
Interest Payable			0.0	0.0	0.0
Interest Received			(0.0)	(0.0)	0.0
Retained Net Surplus	**2,832.9**	**2,799.6**	**(0.2)**	**(0.0)**	**0.2**
	Variance =	**(33.2)**			

Table 2 Notional Income & Expenditure Summary Without Covid-19 Transactions	June Plan WTE	June Actual Contract WTE	YTD Plan £m	YTD Actual £m	Variance £m
Income					
Contract Income			(39.3)	(39.0)	0.2
Other Income			(3.4)	(3.3)	0.1
Total Income			*(42.7)*	*(42.3)*	*0.4*
Expenditure					
Pay	2,832.9	2,799.6	29.9	30.0	0.1
Non pay			11.6	11.4	(0.2)
Reserves & Non Recurrent			0.3	0.5	0.2
Total Expenditure	*2,832.9*	*2,799.6*	*41.8*	*41.8*	*0.0*
EBITDA	**2,832.9**	**2,799.6**	**(0.9)**	**(0.5)**	**0.4**
Depreciation			0.5	0.5	(0.1)
Public Dividend Capital			0.2	0.2	(0.0)
Profit/Loss on Asset Disp			0.0	0.0	0.0
Impairment			0.0	0.0	0.0
Interest Payable			0.0	0.0	0.0
Interest Received			(0.0)	(0.0)	0.0
Retained Net Surplus	**2,832.9**	**2,799.6**	**(0.2)**	**0.2**	**0.4**
	Variance =	**(33.2)**			

Table 3 Month on Month Pay Costs by Category	April £k	May £k	June £k	YTD Actuals £k
Directly employed staff	9,231	9,426	9,449	28,107
Seconded staff costs	266	292	184	742
Bank staff	252	246	256	754
Agency staff	294	242	213	749
Total Pay Costs	**10,043**	**10,207**	**10,102**	**30,352**

Table 4	YTD Plan £k	YTD Actual £k	YTD Variance £k	Last Month YTD Variance £k
Year to Date Non Pay Costs by Category				
Drugs	205	218	13	7
Clinical Supplies & Services	4,580	4,259	(321)	(175)
General Supplies & Services	1,283	1,303	21	21
Establishment Expenses	1,611	1,384	(227)	(110)
Premises	3,548	3,591	43	106
Other non pay	381	800	419	302
Total Non Pay Costs	**11,608**	**11,555**	**(53)**	**152**

Table 5	2020/21 YTD Plan £k	2020/21 YTD Actual £k	2020/21 YTD Variance £k	2020/21 YTD Variance %
Savings Scheme				
Estates savings	20	20	0	0%
Non Pay Inflation	100	100	0	0%
Procurement savings	38	0	38	-100%
Continence products	13	12	0	0%
Travel & lease cars	75	75	0	0%
Stationery	5	5	0	0%
Contribution from new investments	125	125	0	0%
IT Kit	63	62	0	0%
Un-identified CIP agreed by SMT	250	0	250	-100%
Total Efficiency Savings Delivery	**688**	**399**	**288**	**-42%**

Table 6	YTD Plan £m	YTD Actual £m	YTD Variance £m
Capital Scheme			
Estate maintenance	0.3	0.2	(0.0)
Clinical Equipment	0.1	0.0	(0.1)
IT Equipment	0.0	0.0	0.0
Electronic Patient Records	0.1	0.1	(0.0)
Covid-19	0.0	0.1	0.1
Totals	**0.4**	**0.4**	**(0.0)**

Table 7				
	Plan 30/06/20	Actual 30/06/20	Variance 30/06/20	*Opening 01/04/20*
Statement of Financial Position	**£m**	**£m**	**£m**	*£m*
Property, Plant and Equipment	29.0	30.8	1.8	*30.8*
Intangible Assets	0.2	0.2	(0.0)	*0.2*
Total Non Current Assets	**29.2**	**31.0**	**1.8**	*31.1*
Current Assets				
Trade and Other Receivables	8.9	11.9	3.0	*9.8*
Cash and Cash Equivalents	28.0	42.2	14.1	*33.1*
Total Current Assets	**37.0**	**54.1**	**17.1**	*42.9*
TOTAL ASSETS	**66.2**	**85.1**	**18.9**	*73.9*
Current Liabilities				
Trade and Other Payables	(10.0)	(26.6)	(16.6)	*(15.5)*
Provisions	(0.4)	(0.8)	(0.4)	*(0.8)*
Total Current Liabilities	**(10.4)**	**(27.4)**	**(17.0)**	*(16.2)*
Net Current Assets/(Liabilities)	**26.6**	**26.7**	**0.1**	*26.6*
TOTAL ASSETS LESS CURRENT LIABILITIES	**55.8**	**57.7**	**1.9**	*57.7*
Non Current Provisions	0.0	0.0	0.0	*0.0*
Total Non Current Liabilities	**0.0**	**0.0**	**0.0**	*0.0*
TOTAL ASSETS LESS LIABILITIES	**55.8**	**57.7**	**1.9**	**57.7**
TAXPAYERS EQUITY				
Public Dividend Capital	0.4	0.4	0.0	*0.4*
Retained Earnings Reserve	24.8	24.6	(0.2)	*24.5*
General Fund	18.5	18.5	0.0	*18.5*
Revaluation Reserve	12.0	14.2	2.2	*14.2*
TOTAL EQUITY	**55.8**	**57.7**	**1.9**	**57.7**

Table 8 BPPC Measure	Performance This Month	Target	RAG
NHS Invoices			
By Number	100%	95%	G
By Value	100%	95%	G
Non NHS Invoices			
By Number	97%	95%	G
By Value	98%	95%	G

Table 9 Criteria	Metric	Performance	Rating	Weighting	Score
Liquidity	Liquidity ratio (days without WCF)	56	1	20%	0.2
Balance Sheet sustainability	Capital servicing capacity (times)	3.4	1	20%	0.2
Underlying performance	I&E margin	0%	1	20%	0.2
Variance from plan	Distance from plan	0	2	20%	0.4
Agency spend above ceiling	Agency	-30%	1	20%	0.2
Overall Use of Resources Risk Rating					**1**

23

Meeting: Trust Board 7 August 2020	**Category of paper** *(please tick)*	
Report title: Significant Risks and Board Assurance Framework (BAF) report	**For approval**	
Responsible director: Chief Executive **Report author:** Risk Manager / Company Secretary	**For assurance**	✓
Previously considered by: N/A	**For information**	

Purpose of the report:

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

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

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

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

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

Main issues for consideration:

The strongest theme found across the whole risk register is staff capacity, the second strongest theme is CAMHS, the third strongest theme is staff safety.

Whilst staff capacity (service demand, absence, vacancies etc) is recorded as a strong theme on the risk register, in practice, because of the disruption to services caused by the COVID-19 pandemic, most services are not currently experiencing the capacity issues described within these risks.

The top five controls and actions taken to reduce risks are:
- Regular meetings to monitor performance/ progress (22)
- Increased recruitment, secondment and use of agency/bank staff (18)
- Identifying and delivering training to staff on processes; ensuring that there is sufficient skill mix to meet the needs of the service/patient (17)
- Communicating to stakeholders (GPs, Commissioners, workforce) (15)
- Development of policies, procedures, checklists and guidelines (12)

There are no risks with a current score of 15 (extreme). There are 10 risks scoring 12 (very high), two of these are newly added risks.

Risks previously captured on the Trust's COVID risk log and scrutinised by the Board during the height of the pandemic have now been transposed onto the Datix risk register, as part of risk management reset and recovery. These COVID risks, whilst being actively managed, are expected to stay on the risk register whilst the threat of the COVID-19 pandemic remains.

Recommendations

The Board is recommended to**:**
- For new and escalated risks, consider whether Board is assured that planned mitigating actions will reduce the risk
- seek additional assurance against BAF strategic risks that are linked to the strong themes identified in this report

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

1.0   Introduction

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

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

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

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

2.0   Board Assurance Framework Summary

2.1   The purpose of the BAF is to enable the Board to assure itself that risks to the success of its strategic goals and corporate objectives are being managed effectively or highlights that certain controls are ineffective or there are gaps that need to be addressed.

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

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

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

2.5   The BAF summary **(appendix 1)** gives an indication of the current assurance level for each strategic risk, based on sources of assurance received and evaluated by committees and the Board, in line with the risk assurance levels described in **appendix 2** (BAF risk assurance levels).

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

2.6.1   *Positive movement (indicating an improved situation)*
- BAF risk 1.1 (effective systems and processes for assessing the quality of service delivery and compliance with regulatory standards) has moved further into reasonable as the Mortality Report and the Clinical Outcomes Report both received reasonable assurance.

2.6.2   *Negative movement (indicating a worsening situation)*
- BAF Risk 1.3 (maintaining and continuing to improve service quality) has moved towards limited because of a reported increase in pressure ulcer incidents, and the increase in self-harm incidents at LWH. The draft revised Safeguarding Strategy provided reasonable assurance.

- BAF Risk 2.5 (delivering the income and expenditure position agreed with NHS Improvement) has moved towards limited as there was no forecast outturn included in the Performance Brief's finance section as the NHS financial regime from August onwards is currently under review.

3.0   Risks by theme

3.1   For this report, the 58 risks currently on the risk register (the 'here and now' risks) have been themed where possible according to the nature of the hazard and the effect of the risk and then linked to the strategic risks on the Board Assurance Framework. This themed approach gives a more holistic view of the risks on the risk register and will assist the Board in understanding the risk profile and in providing assurance on the management of risk.

3.2   Themes within the current risk register are as follows:

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

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

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

3.2.2   The second strongest theme is CAMHS:
- working environment risks
- development of new build
- waiting lists

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

3.2.3 The third strongest theme is related to staff safety
- COVID 19 (personal protective equipment and at risk staff)
- Working environment (lone working, violence and aggression, manual handling and storage)
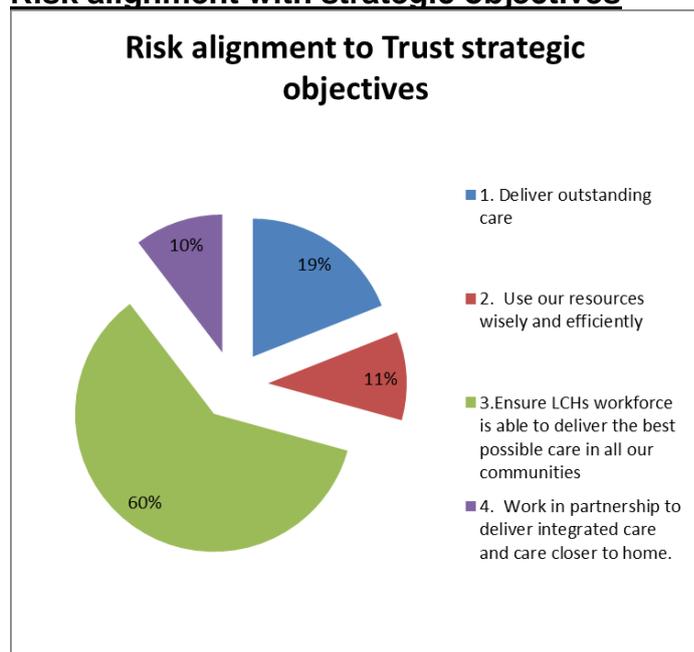- Inadequate procedures (oxygen storage and transportation)

3.3 Each risk has documented controls in place and actions taken to mitigate the specific risk. A review of controls and actions has been undertaken, but there is no strong correlation between the risk theme and the subsequent action and control required.

An overall review of the controls and actions has identified the following themes of the measures that have been in place or needed to be put into place:

- Regular meetings to monitor performance/ progress (22)
- Increased recruitment, secondment and use of agency/bank staff (18)
- Identifying and delivering training to staff on processes; ensuring that there is sufficient skill mix to meet the needs of the service/patient (17)
- Communicating to stakeholders (GPs, Commissioners, workforce) (15)
- Development of policies, procedures, checklists and guidelines (12)
- Prioritising patient care / workload / work tasks (10)
- Development of an escalation processes (7)
- Obtaining additional funding (7)
- Undertaking risk assessments (7)
- Sending letters to patients to manage expectations (6)
- Staff members working extra hours/shifts (5)

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

Risk alignment with strategic objectives

Risk alignment to Trust strategic objectives

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

19%
11%
60%
10%

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

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

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

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

4.0   Risk register movement

4.1   There are no risks with a current score of 15 (extreme) or above on the Trust risk register as at 10 July 2020

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

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

6.0   Summary of risks scoring 12 (high)

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

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

ID	Description	Rating (current)
224	Prevalence of staff sickness	12
859	CAMHS inpatient unit risk – environmental concerns	12
877	Risk of reduced quality of patient care in neighbourhood teams due to an imbalance of capacity and demand	12
913	Increasing numbers of referrals for complex communication assessments in ICAN service	12
982	Provision of Educarers in Specialist Inclusion Learning Centres	12
985	Deprivation of liberty for 16 and 17 year olds	12
989	Reduced capacity in the Infant Mental Health service	12
999	Absence of defined audit tool and process in Adolescent Inpatient services	12
1004	Risk to LCH fulfilling contract with NHSE due to the subcontractor offering a reduced CAMHS service	12
1006	Concern with ongoing patients safety incidents within one of the Neighbourhood Teams	12

7   New Risks

7.1   Two new risks scoring 12 have been added to the risk register.

Risk 1004	Initial risk score **15** (extreme)	Current risk score **12** (high)	Target risk score **3** (low)

Title: Risk to LCH fulfilling contract with NHSE due to the subcontractor offering a reduced CAMHS service

Risk description: The CAMHS service at Wetherby YOI and Adel Beck Secure Children's Home is subcontracted. Despite ongoing recruitment efforts the subcontractor is experiencing a high level of vacancies (67% at band 6; 37% at band 7). In December 2019 a reduced service offer was put into place as an interim measure.
There is a risk that the subcontractor will continue to provide a reduced service for an extended period of time, reducing the opportunities to offer structured interventions and implement the mental health pathways fully.
This could result in the service being more reactive to crisis, young person's needs may not be fully met and LCH may not be able to fulfil the terms of the contract, which could affect the organisation's reputation.

Controls in place:

- Adel Beck: Reduce weekend and bank holiday cover to on call for advice and

attend for urgent assessment only.
- Wetherby: Reduce weekend and bank holiday cover from 8-8 to 9-5 .
- Senior Clinician telephone support available for the staff for advice on weekend and bank holiday's to support decision making.
- The reduction in offer associated with COVID-19 and Business Continuity Plans is having a temporary mitigating effect.
- Initial Quality Impact Assessment completed and actions to mitigate risk have started.
- Joint recruitment and retention strategy
- Review of mental health pathways and roles and responsibilities of different bands of staff
- Secure stairs integrated framework ensures that the most complex young people are supported with a formulation and input from psychology

Planned actions include:
- Revised Quality Impact Assessment to separate the impacts for each site currently being completed and a request for a virtual panel review will be made.
- Comprehensive risk assessment to be undertaken to include patient safety, patient experience, staff recruitment and retention, meeting contractual requirements
- Development of an action plan

Current risk score: 12 = likely (4) x moderate (3)
Review frequency: monthly
Anticipated closure date: 01/10/2020

Risk 1006	Initial risk score **12** (high)	Current risk score **12** (high)	Target risk score **3** (low)

Title: Concern with ongoing patients safety incidents within one of the Neighbourhood Teams

Risk description: As a result of a range of factors (including culture, environmental, patient complexity, embedding new ways of working, staffing, completion of essential clinical training and case note documentation standards standards), there is a risk that patient safety incidents with moderate or severe harm will remain at an unusually high level impacting on patient outcomes, patient experience, staff experience and team morale, as well as organisational reputation.

Controls in place:
- A review of causes and contributory factors was undertaken, concluding that the patient safety incidents were the consequence of multiple interconnected issues.
- A detailed action plan was developed with the local leadership team, supported by the Adult Business Unit Senior Leadership Team
- Progress with the action plan is monitored in twice monthly reviews by the Adult Business Unit's Operational and Clinical Head of Service and assurance checked in the Business Unit Monthly performance process. .
- Weekly senior team oversight of the Neighbourhood Team's patient safety incidents that are reviewed against the identified themes and agreed actions.

Planned actions include:

- Further analysis of incident themes to be undertaken to inform any additional actions required

Current risk score 12 = likely (4) x moderate (3)
Review frequency: monthly
**Anticipated closure date**: 31/08/2020

8.0 Risk profile - all risks

8.1 There are 18 open clinical risks on the Trust's risk register and 40 open non-clinical risks. The total number of risks on the risk register is currently 58. This table shows how all these risks are currently graded in terms of consequence and likelihood and provides an overall picture of risk:

Risk profile across the Trust.

	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Almost Certain	Total
5 - Catastrophic	0	0	0	0	0	0
4 - Major	0	4	2	0	0	6
3 - Moderate	2	13	16	7	0	38
2 - Minor	0	3	6	4	1	14
1 - Negligible	0	0	0	0	0	0
Total	2	20	24	11	1	58

9.0 Summary of all risks

9.1 The chart below shows the number of risks and level of risk by area of the business, logged on the Trust's risk management database as at 10 July 2020. There are no extreme risks on the risk register.
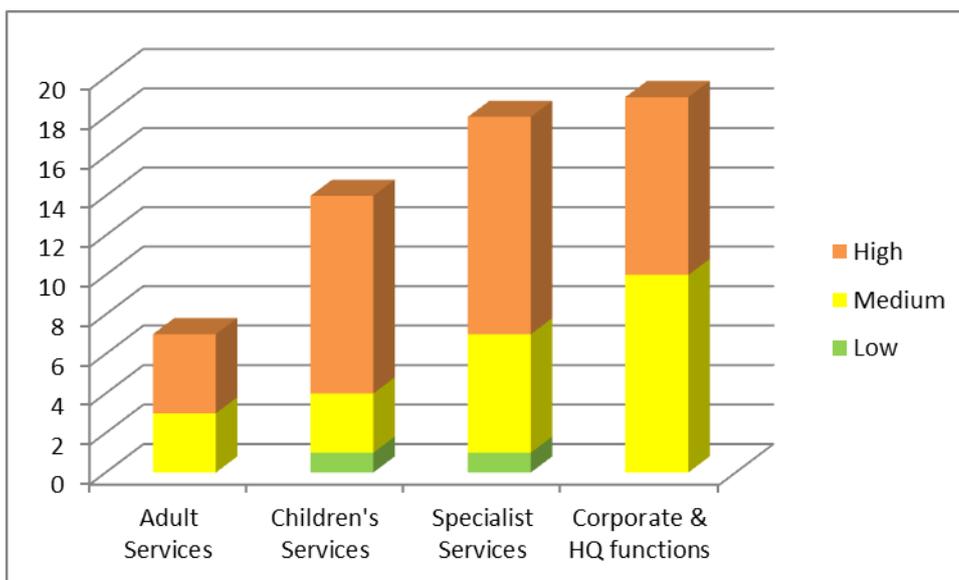
9.2 Corporate services risks include: estates matters, ESR, CAMHS new build, data security, EU directives compliance.

10.0 Impact

10.1 *Quality*

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

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

10.2 Resources

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

11 Recommendations

11.1 The Board is recommended to:

- For new and escalated risks, consider whether Board is assured that planned mitigating actions will reduce the risk
- seek additional assurance against BAF strategic risks that are linked to the strong themes identified in this report

Board Assurance Framework (summary) 2020-21

Appendix 1

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

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

Glossary- BAF risk assurance levels

Risk assurance levels	Definition
Substantial	Substantial assurance can be given that the system of internal control and governance will deliver the clinical, quality and business objectives and that controls and management actions are consistently applied in all the areas reviewed.
Reasonable	Reasonable assurance can be given that there are generally sound systems of internal control and governance to deliver the clinical, quality and business objectives, and that controls and management actions are generally being applied consistently. However, some weakness in the design and / or application of controls and management action put the achievement of particular objectives at risk.
Limited	Limited assurance can be given as weaknesses in the design, and/or application of controls and management actions put the achievement of the clinical, quality and business objectives at risk in a number of the areas reviewed.
No	No assurance can be given as weakness in control, and/or application of controls and management actions could result *(have resulted)* in failure to achieve the clinical, quality and business objectives in the areas reviewed.

		AGENDA ITEM 2020-21 (45)
Meeting Trust Board 7 August 2020	**Category of paper** *(please tick)*	
Report title Serious Incident Summary Report	**For approval**	
Responsible director Executive Director of Nursing and AHP's **Report author** Incident and Risk Assurance Manager	**For assurance**	✔
Previously considered by: N/A	**For information**	

Purpose of the report

A report on Serious Incidents (SI) is produced quarterly to provide the Board of Directors with assurance that they are being managed, investigated and acted upon appropriately and that action plans are developed from the Root Cause Analysis investigations.

Where process issues have been identified, this report also provides assurance that actions have been taken to address these.

The individual learning from these incidents pertaining to specific staff, Business Units and services have been shared with them for reflection, improvement and discussion.

Main issues for consideration

The Trust identified 15 new serious incidents (SIs) in Q1 2020-21 which initially appeared to meet the SI criteria. 2 of the 15 externally reported incidents were requested to be de-logged from StEIS as following investigation it was concluded that they did not meet the SI criteria. Therefore details for the remaining 13 Serious Incidents are included in this report.

Of the 13 incidents included in this report, 3 occurred in Q4 that were StEIS reported in Q1 and the remaining 10 occurred in Q1.

The Trust had no never events in Q1 2020-21.

Recommendations/Actions
The Board of Directors are recommended to:
- Receive and note the contents of this paper

1. Introduction

This paper looks specifically at LCH incidents that are considered as SIs following the guidance from the NHS England's 'Serious Incident Framework" published in March 2015.

SI reports are reviewed in a Serious Incidents Review Meeting chaired by the Executive Director of Nursing and Allied Health Professionals or Executive Medical Director.

2. Serious Incident Decision Meeting (SIDM) Outcome Q1 2020-21

2.1   All moderate and major harm LCH incident reviews are now being held virtually and have continued throughout the Covid-19 pandemic in-line with LCH incident process. In Q1 a total of 136 LCH patient incident were discussed; 36 in April, 33 in May and 67 in June. *Appendix A, table 2* shows the severity (post review) and incident sub-category by month SIDM held.

2.2   In Quarter 1 we identified the need to improve the reliability of our processes in order to improve the number of reports received within 72 hours. The implementation of a Datix® automated notification for all patient safety incidents resulting in moderate harm or above has taken place to support this.

3. StEIS reportable Serious Incidents in Q1 2020-21

3.1   Over this reporting period, the Trust declared 15 serious incidents in Q1 2020-21 which were StEIS reported. Two were requested for delog from StEIS following further review as they did not meet the SI criteria (one of these was post full SI meeting). 13 of these continued through to full SI investigation.
Due to the Covid-19 pandemic the requirement to request extensions beyond the expected 60 days for completion of the investigation has been relaxed, however LCH is continuing to aim to maintain the 60 working day timeframe for completion.

LCH SIs by sub-category and month declared is shown in the table below.

Incident Sub-Category	April 20	May 20	June 20	Total
Abusive or self-harming behaviour	0	0	1	1
Slips, trips, falls and collisions	1	0	0	1
Pressure sore / decubitus ulcer	4	4	3	11
Total	**5**	**4**	**4**	**13**

3.2   As of 27/07/20, three of the above remain under investigation and 10 have been signed off and closed and action plans agreed.

4. StEIS Reporting Timeframe in Q1 2020-21

4.1   All SIs are identified at the Serious Incident Decision Meeting and reported on the StEiS database within 2 working days of the decision being made that the incident

meets the serious incident criteria. In Q1 12 (92.3%) were reported on STEIS within the 48 hours. The remaining one was reported at 3 days. There was one incident reported 39 days after the SIDM discussion as it was agreed to progress with an internal concise investigation. During this investigation lapses in care were identified and therefore this was then reported on STEIS as a serious incident. This was reported within 48 hours of the decision it met the SI criteria.

5.   Duty of Candour compliance

5.1   Of the 13 SIs reported in Q1 2020-21 an initial verbal apology and discussion was held for all applicable patients in line with Duty of Candour requirements. There were 12 initial Duty of Candour acknowledgement letters sent, 1 patient requested that they did not want to receive a letter.

6. Themes and Learning from SIs in Q1 2020-21

6.1 The top categories of themes identified at investigation include:

Themes – Q1 closed SIs
Documentation Standards - missing information
Failure to follow policy or agreed procedure
Failure to Identify Risks
Assessments - Delay
Patient - Concordance
Staff - Capacity Issues

6.2   Measures to address these recurring themes are a focus of the pressure ulcer Steering Group and the quarterly patient safety summits which will take effect from September 2020.

6.3   Alongside the dissemination of learning via the leaflet for learning, themes are identified and triangulated against sources such as complaints, feedback and staff involvement. A recent Pressure Ulcer Summit proposed an LCH approach to sharing of leaning through a poster. Posters capturing the themes and learning will be shared via Elsie, Business Unit governance meetings, safety huddles and the Trust risk bulletins to encourage a wider sharing of learning.

7.   Continued Improvements

7.1   In addition to the review of serious incident investigation template and training, some bespoke serious incident training has been delivered in Q1 2020/21. This will further improve the identification of contributory factors, care and service delivery problems and root causes to inform action plans and improvements.

7.2   The SI training has been revised and now incorporates a specific section devoted to step by step process using the new SI template, Just culture and a good example of a completed report. This was piloted with the Adult Business Unit although relatively early days the initial feedback has been positive therefore will be rolled out Trust Wide.

8. Coroners Inquests

There were no new cases opened in Q1 2020/21 which may require LCH representation.

APPENDIX A:

Table 1 LCH Patient Safety Incidents in Q1 2020-21 by level of harm

LEVEL OF HARM	NUMBER OF INCIDENTS
NO INJURY SUSTAINED	583(45.5%)
MINIMUM HARM	568 (44.3%)
MODERATE	109 (8.5%)
MAJOR	21 (1.6%)
TOTAL	1281*

*Excludes 16 reported deaths

Table 2 Incidents by category and level of harm post 72 hour review in Q1 2020-21

Current Severity / Sub-Category	Apr-20	May-20	Jun-20	Total
Major Harm	**8**	**5**	**11**	**24**
Diagnosis - other	1	0	0	1
Other Skin Damage	0	1	0	1
Pressure sore / decubitus ulcer	2	1	1	4
Slips, trips, falls and collisions	5	3	10	18
Moderate Harm	**23**	**19**	**47**	**89**
Appointment, Transfer, Discharge - other	1	0	0	1
Other Skin Damage		2	1	3
Pressure sore / decubitus ulcer	19	14	35	68
Slips, trips, falls and collisions	3	3	11	17
Minimal Harm	**5**	**7**	**3**	**15**
Administration or supply of a medicine	0	0	1	1
Deep Tissue Injury	0	2	1	3
Discharge	1	0	0	1
Injury caused by physical or mental strain	0	0	1	1
Moisture Associated Skin Damage	1	1	0	2
Other Skin Damage	1	1	0	2
Possible delay or failure to Monitor	0	1	0	1
Pressure sore / decubitus ulcer	1	2	0	3
Traumatic Skin Damage (tear)	1	0	0	1
No injury sustained	**0**	**1**	**6**	**7**
Patient's case notes or records	0	1	1	2
Self-harm during 24-hour care	0	0	5	5
Unexpected Death in Custody (STIES)	**0**	**1**	**0**	**1**
Other	0	1	0	1
Total	**36**	**33**	**67**	**136**

	AGENDA ITEM 2020-21 (46)

Meeting Trust Board 7 August 2020	**Category of paper** *(please tick)*	
Report title Covid-19 Workforce Report – Looking After Our Staff	**For approval**	
Responsible director Director of Workforce **Report author** Director of Workforce	**For assurance**	√
Previously considered by Business Committee Meeting – 29 July 2020	**For information**	√

Purpose of the report

This paper describes the steps taken at LCH during the past four months of the Covid-19 pandemic, to look after the LCH workforce in accordance with our Values & Behaviours; and in the context of our culture of workforce engagement.

Main issues for consideration

The paper provides information on key pieces of work linked to:

- flexibility in response to individual circumstances

- support and risk assessments for "at risk" groups of staff;

- safe working environments for all LCH staff;

- targeted health, wellbeing and development offers.

It also describes how LCH has sought in its approach to act in accordance with the LCH Values & Behaviours.

*Appendix 1 has been amended to include updated risk assessment submission figures from after the Business Committee paper submission date

Recommendations
The Board is recommended to:
Note the contents of the paper.

Looking After Our Staff

1. Introduction

At LCH, caring for one another is one of our Magnificent Seven Values. This paper describes for the Board'd information, the steps taken at LCH during the past four months of the Covid-19 pandemic, to look after the LCH workforce in accordance with our Values & Behaviours; and in the context of our culture of workforce engagement.

The paper focuses particularly on key pieces of work linked to flexibility; to support and risk assessments for "at risk" and clinically vulnerable groups of staff; safe working environments for all LCH staff; and targeted health & wellbeing support designed to support LCH staff.

The interventions described in this paper help to put the LCH workforce in the strongest possible position to respond to further Covid-19 surges and will in addition support and inform the LCH Reset & Recovery Programme as well as the review of the LCH Workforce Strategy 2019-21.

2. Culture of Engagement

In the LCH Workforce Strategy 2019-21, a "Culture of Engagement" is referenced as being the bedrock of LCH's approach to its workforce. This same culture of engagement has been fundamental to the LCH approach to looking after its workforce during the pandemic.

Decreased face-to-face interaction with and amongst the LCH workforce has, perhaps counterintuitively, contributed to increased levels of communication and engagement in the organisation.

Direct engagement has taken place with staff via weekly Leaders Network virtual meetings, and more recently the introduction of a live all-staff Team LCH call, both led by the Chief Executive.

Weekly meetings with the Trade Union chairs of our JNCF and JNC staff partnership forums; and weekly BAME Network meetings have enabled regular engagement with key individuals representing significant proportions of the LCH workforce.

These engagement mechanisms have directly informed vital aspects of the LCH response to the pandemic, including temporary changes to employment procedures (for example increasing the maximum annual amount of Carer Leave from one week to two weeks) and the LCH approach to supporting BAME colleagues and other staff known to be at increased risk from Covid-19.

Regular daily (now thrice-weekly) electronic communications via the new Midday Briefing, regular updates of FAQs and guidance on the LCH Intranet and a range of opportunities for employees to engage via virtual forums and online surveys have ensured that our culture of engagement prevails and has even been enhanced.

Some staff have described the sense of connection, shared purpose and support wrought by these engagement mechanisms as being an important element of their resilience through this period.

The use and further development of virtual engagement mechanisms is now being considered as part of LCH's long term thinking about our culture of engagement.

3. Flexibility

Early in the pandemic, it became clear that the unprecedented situation, with schools and other childcare options unavailable; and many staff managing their own or other household members' clinical vulnerability to Covid-19, would require an unprecedented response from LCH as their employer, in order to enable its workforce to continue working to deliver the best possible care to our communities.

The LCH approach has been to use the maximum flexibilities available within national NHS terms and conditions and local employment policies. Examples of this include enabling home working, using different forms of leave, varying working patterns and adjusting duties.

Where necessary, temporary variations have also been agreed to employment policies with Trade Union colleagues, for example:

- temporary increase in the maximum annual amount of Carers Leave available (to 2 weeks)

- reduction in the notice period an employee has to give to request flexible working arrangements

- extension of annual leave carry over arrangements from 2019/20 to 2020/21

The Nominations & Remuneration Committee have in addition agreed some temporary changes to employee terms and conditions, including the introduction of temporary arrangements to pay senior managers in Agenda for Change bands 8 and 9 for pieces of additional work carried out over and above their normal working hours.

Managers have worked with many individuals on a 1:1 basis during this time, using the flexibilities described above, but importantly listening and responding to people's individual circumstances, to enable staff to balance their work as far as possible with their commitments outside of work.

> XX has used extended special leave and is being more flexible with her working hours.
>
> XX advised that support and training have been given to all staff around video conferencing and there is also peer support
>
> XX didn't feel she needed any additional support at this time
>
> *Email from HR team member, June 2020*

4. Support and risk assessments for "at risk" staff

4.1 Risk Assessment conversations and tool

During the pandemic, a range of staff groups have been identified by the national Faculty of Occupational Medicine as being more vulnerable to serious illness due to Covid-19. These include:

- Black, Asian and Minority Ethnic staff (BAME), particularly those with co-morbidities
- White European staff aged 60+ **(added in July 2020)**
- All male staff **(added in July 2020)**
- Staff with particular underlying health conditions
- Pregnant staff

NHS England / Improvement have asked all NHS employers to carry out a risk assessment with all staff in the above groups, identifying risk factors and associated mitigating actions.

LCH has developed its own risk assessment tool and guidance documentation to support managers and staff in undertaking the risk assessment conversations. A multidisciplinary team of LCH experts, including Freedom to Speak Up (FTSU) Champions from the BAME Network, has provided guidance sessions to further support managers in preparing for and undertaking the conversations.

In line with the LCH People before Process approach, our focus has been on delivering supportive, high quality conversations with staff in "at risk" groups alongside the required risk assessment.

The most recent submitted figures for LCH risk assessment progress (24 July 2020) are at *Appendix 1*. A verbal update on progress since 24 July 2020 will be provided at the Board meeting.

Risk assessment completion rates for BAME staff are expected to be formally reported at 100% by 31 July 2020.

In mid-July 2020, the addition of the "all male" and "white European aged 60+" categories to the LCH at risk groups substantially increased the denominator for the required risk assessments from the original denominator LCH was working with; resulting in a corresponding drop in overall % completion rates.

Completion rates are nevertheless increasing rapidly, with managers and staff prioritising these vital conversations. The completion rates are being shared with Board and across LCH.

Identified actions arising from the individual risk assessments are being taken locally, with support and advice from relevant LCH services where needed, including the HR and Infection Prevention & Control teams.

The HR and Information Governance teams are working closely together at present, to determine an appropriate process for auditing the quality and themes of the risk assessments undertaken.

4.2 Support for BAME staff

Staff shared their experiences of good supportive conversations happening which was great to hear, examples of these were:

- supportive manager telling staff not to feel pressured about their performance, manager going above their role by hand delivering equipment to shielding staff's home to help with IT issues
- managers making weekly supportive phone calls to see how staff member is feeling, offering support in any way
- Staff who have had the conversation with their manager and completed risk assessment, done so compassionately, positive conversations, staff able to express their concerns, and managers listening and supportive of any changes needed

Kulvant Sandhu, BAME Network Chair, June 2020

The reported disproportionate impact of Covid-19 on BAME communities prompted significant concern and a desire to take supportive action.

An open letter from the LCH Chief Executive and Chair of the LCH BAME Network in April 2020, acknowledging the disproportionality of impact and inviting open conversations, initiated opportunities for significant conversations in forums including the weekly BAME Network and the weekly Leaders Network.

These conversations and in particular the perspectives and concerns shared by BAME colleagues have influenced and guided the LCH approach to supporting staff and in particular to the risk assessment conversations described above.

Over ten members of the LCH BAME Network have come forward during this period to volunteer as BAME Freedom to Speak Up Champions. As described above, they have led guidance sessions for managers on how to undertake supportive risk assessment conversations, and offered their individual support to BAME employees and managers.

A similar approach, of open letter and open conversation, has been taken following the death of George Floyd. This has enabled LCH to have some honest conversations about race, racism and the #BlackLivesMatter campaign; and to further consider how issues of systemic racism intrinsic to large organisational structures might be identified and addressed.

The BAME Network has of course been central to these conversations and considerations; and with their support LCH is now in the process of developing a BAME Allyship programme. The Allyship programme is further referenced in the Chief Executive's Report to the Trust Board in August.

Throughout the pandemic period, the LCH BAME Network has been invaluable in sharing its perspectives, suggestions and hands-on support. The influence of the Network in key decision-making processes has been a critical component in enabling LCH to provide support to BAME colleagues in a way that we hope and believe is appropriate, responsive and caring.

4.3 Support for shielding staff:

> "I took a phone call from XX last week who wanted to share with me how fantastic the XX NT have been with her to allow her to continue working from home despite the fact she is having to shield. She feels that a difficult time has been made so much easier by the support and care she has been shown by her whole team including managers and frontline staff alike. She says it has kept her sane to be able to maintain her clinical work and has also given her a sense of purpose especially on the days she has felt guilty about not being able to do her usual job. She thinks the team and LCH as a whole is amazing and is very grateful she works for LCH. I just wanted to share this with you and thank you for ensuring this staff member is supported but equally the patients she is supporting are as well.
>
> *Steph Lawrence, Director of Nursing & AHPs, July 2020*

Over 75 LCH staff are known to have been shielding during these first four months of the pandemic, with the majority of these working from home.

A significant minority of these individuals have taken part in the Open Conversations described in section 4, below, with some describing the relief and comfort they found, through the Open Conversations, in linking with others in similar situations themselves.

Recognising and responding to the particular needs of shielding staff, a Shielding Workshop was designed by an LCH Allied Health Professional with specific expertise in relation to shielding, with support from the OD&I team and LCH clinical psychologists.

The workshop, which took place in early July, was well attended and has been followed up by targeted Shielding Guidance aimed at assisting shielding staff, their managers and colleagues, as they respond to the recent Government announcement that shielding is to paused in early August 2020.

Following engagement with shielding staff, an online Shielding forum is now being set up, to enable shielding staff to connect with each other in a supportive virtual space.

5. Targeted Health & Wellbeing Support

5.1 Sickness Absence

Throughout the pandemic, daily monitoring has taken place of sickness absence levels and reasons at LCH. During the initial months of the pandemic, March and April 2020, LCH saw an increase in sickness absence levels to 6.2% (March) and 6.1% (April), with approximately 30% of that absence attributable to Covid-19 symptoms.

These rates were higher than the peak sickness absence figures in the previous year, and represented a disruption to the normal seasonal pattern of sickness absence seen consistently at LCH. However they are not in themselves outside of tolerance levels for the organisation, and indeed did not reach levels seen in LCH's recent sickness absence history: for example the December 2018 sickness absence rate was 6.4%.

Since March, sickness absence levels have dropped to lower levels; and since May 2020 the LCH sickness absence rates have been lower than in previous years. By the end of June

2020, sickness absence was at 4.3%, with absence attributable to Covid-19 symptoms accounting for less than 15% of overall sickness absence.

The table in Fig.1 below shows the comparative sickness absence data for the first 6 months of the calendar years 2019 and 2020:

Fig 1. Sickness absence comparison January–June 2019 and 2020
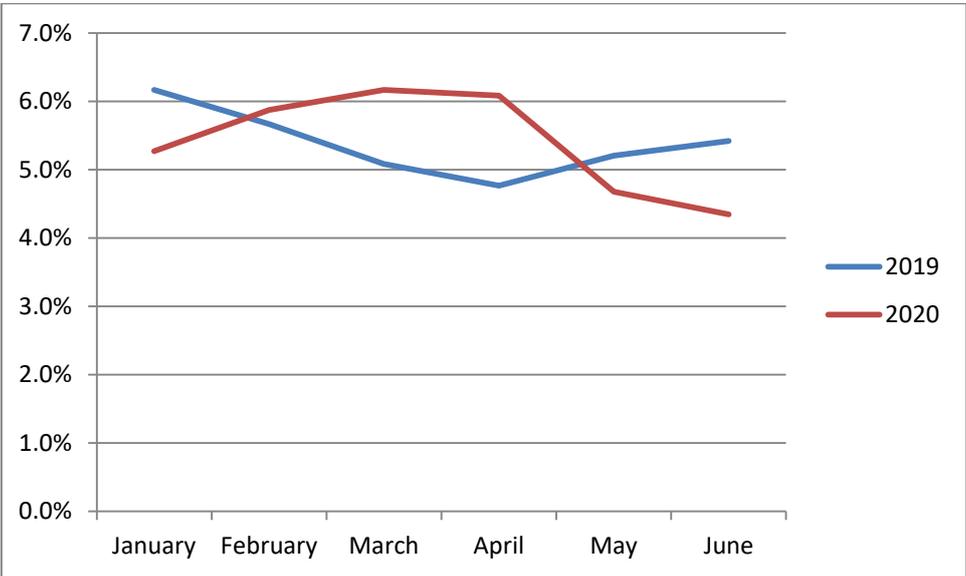
The difference between LCH's current low sickness absence levels and previous years' sickness absence levels resides predominantly in a particularly low level of short term sickness absence.

Further analysis is underway to determine any underlying patterns, themes or reasons associated with this, in order to incorporate any learning into LCH Health & Wellbeing approaches.

5.2 Targeted Health & Wellbeing interventions

Throughout this period LCH has taken a more targeted and bespoke approach to health & wellbeing support. This approach has been based on research on human responses to traumatic events and, more locally, responding to the support needs expressed by the LCH workforce themselves. Examples of this include:

5.2.1   Psychological Support:

A series of psychological support workshops have been developed by LCH's own clinical psychologists in conjunction with the OD&I team. To date these sessions have focused on topics including psychological wellbeing, burnout and resilience. Almost 200 LCH employees have attended at least one session

Recognising the vital importance of psychological wellbeing, particularly in a time of pandemic, we are securing ongoing clinical psychology expertise to support the LCH workforce for a further period of 6 months. Consideration is being given to how psychological support can be woven into the long term LCH Health & Wellbeing agenda.

5.2.2   Listening & Support Service:

At the beginning of the pandemic, the Organisational Development & Improvement team established the LCH Listening & Support Service, available to staff from 9am until 9pm. The service has been offered to staff as a means to confidentiality express worries or anxieties; and to receive signposting where needed to other services including the Employee Assistance Programme, HR support and the Leeds Mental Wellbeing Service.

Take up of the service has been low, with fewer than 10 staff per month accessing it. It has recently been scaled back and consideration is currently being given to the possibility of ceasing it altogether.

5.2.3 Open Conversations:

Following a positive response to a blog about personal experience of working from home written by the Directors of Workforce for the LCH Midday Briefing, a series of Open Conversations have been held with staff, focusing on people's experiences of work during the Covid-19 pandemic.

The conversations, hosted by senior leaders, enabled people to share experiences and offer peer support to each other; as well as describing their support needs and suggestions.

Different Open Conversation sessions have been targeted at groups including all staff working from home; male employees; staff working from home with childcare commitments; and staff working from bases. Approximately 150 LCH staff have engaged in the Open Conversations to date, with excellent and spontaneous feedback received.

Themes and feedback arising from the Open Conversations have enabled subsequent support to be tailored more precisely to the workforce's needs – for example in relation to childcare during school holidays, the development of a workshop for staff who are shielding, and in some cases 1:1 follow-up conversations to offer signposting and dedicated support to individuals.

> I just wanted to say thank you for taking the time to speak with me last week. I met up with my Manager following our call and was able to speak openly about my individual challenges. I spoke about finding the pressure of having to demonstrate that I am working my hours difficult.
>
> My manager was very supportive and said that they are more than happy with my work load. I have agreed to take a days A/L each week across the summer. We also discussed carers leave further if needed. If next year I run out of A/L I will then look to take unpaid leave as needed. Thanks again for helping me explore my options.
>
> *Email to Director of Workforce from a clinician balancing work with childcare, July 2020*

6. Safe Working Environments

A vital ingredient in taking care of LCH staff is ensuring that their working environments are safe and appropriate to the current situation.

The Safe Working Environments (SWE) Project commenced in May 2020 as one of a suite of pandemic-related projects led by the LCH Business Logistics Team.; and is close to completion of its project deliverables.

The project is divided into two key workstreams, Working from Bases; and Working from Home.

6.1 Safe Working from LCH Bases

As part of this workstream, the project team has:

- Developed a risk assessment tool, with internal expertise from LCH's own Estates & Facilities and Risk & Safety teams. This tool is understood to now be in use in other organisations in the city who have adopted the LCH approach.

- Carried out COVID-Secure risk assessments alongside Service Managers, within the June 2020 target timescales, in 40 bases where LCH staff work. The team assessed the layout of the building, the groups of people who access it, and the functions performed.

- Been ensuring that an appropriate risk assessment had been undertaken in those buildings owned by other organisations where LCH occupies an area / areas.

- In conjunction between the task team and service managers, put mitigations in place to manage each risk; displaying the required government "COVID-Secure" poster once all mitigations are in place.

6.2 Safe Working from Home

As part of this workstream, the project team has:

- Devised and published a "DSE Assessment" tool to enable home workers to assess their home working environment and equipment needs (over 350 completed to date)

- Established processes for fulfilling the approved equipment support needs of home workers, taking into account quality, efficiency and value for money (VFM) considerations.

- Delivered a Home Working Survey to understand in detail the wider views, circumstances and training / support / health & wellbeing needs of employees WFH (over 400 respondents)

- Published a **Home Working Toolkit** for employees and line managers, containing all guidance, polices and resources relating to homeworking.

The results of the Working from Home survey (*Appendix 2* or online) have been analysed, and the SWE project is ensuring that arising issues and key themes are addressed. The results may also provide important information for consideration of LCH's longer term approach to working environments, working practices and estates.

Themes arising from the survey include a strong indication that staff WFH feel that their WFH arrangements could comfortably be sustained longer term; and that most people are in regular contact with their colleagues and managers, with a clear understanding of what is expected of them.

Significant minorities of staff describe childcare, social isolation and communication as being their biggest challenges of WFH. These factors are being taken into account in LCH's development of guidance and flexibilities linked to balancing work and caring commitments; and in considering the organisational approach to home working in the longer term.

Further actions already taken by the SWE project in response to the survey include contacting the 25% of respondents who had not yet completed the DSE Assessment with the DSE form and guidance; and individually arranging contact and signposting for a small number of respondents who expressed particularly acute support needs.

7. Conclusion

This paper described a range of approaches and interventions deployed by LCH to take care of staff during the ongoing Covid-19 pandemic.

Throughout this period, LCH has sought to embody its Values & Behaviours in its approach.

LCH has endeavoured to provide appropriate care and support across its entire workforce, including targeted support for groups including those known to be "at risk"; those working from home, and those requiring additional support during this period.

Feedback received via mechanisms including the Working from Home Survey and direct written and verbal feedback from staff suggest that the approaches taken by LCH have had broadly positive impacts.

Learning from this period will continue to inform the LCH Health & Wellbeing agenda.

8. Recommendation

It is recommended that the Trust Board notes the contents of this report.

Laura Smith / Jenny Allen
Director of Workforce
23 July 2020 (updated 29 July 2020)

Appendix 1: Risk Assessment completion rates: national return figures submitted on 24 July 2020
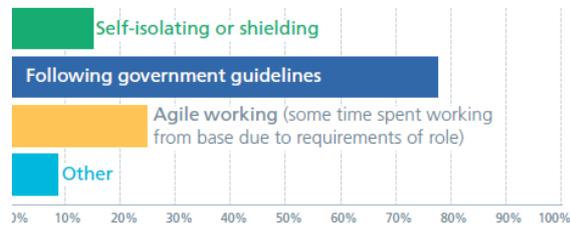
(based on questions posed by nationally-prescribed return)

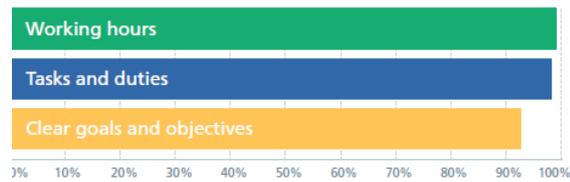Figures in brackets represent the organisational position during w/c 6 July 2020

1. Have all staff been offered a risk assessment? **YES (Yes)**

2. What % of all your staff have you risk assessed? **19% (12.5%)**

3. What % of risk assessments have been completed for staff who are known to be 'at-risk', with mitigating steps agreed where necessary? **47% (88%)**

4. What % of risk assessments have been completed for staff who are known to be from a BAME background, with mitigating steps agreed where necessary? **90% (87%)**

Appendix 2: Home Working Survey results
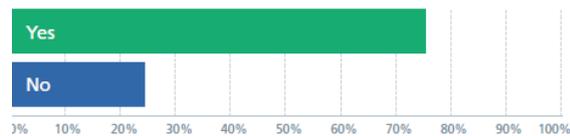(insert PDF of Survey Results – 1 page)

Homeworking survey results

Reasons for working from home

- Self-isolating or shielding
- Following government guidelines
- Agile working (some time spent working from base due to requirements of role)
- Other

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Knowing what is expected regarding…

- Working hours
- Tasks and duties
- Clear goals and objectives

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Completion of a DSE (Display Screen Equipment) assessment while home working

- Yes
- No

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Having an appropriate working environment

- Yes
- No

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
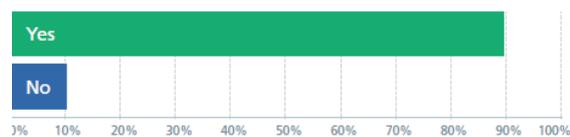
Caring for someone while working from home (children, family member etc.)

- Yes
- No

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
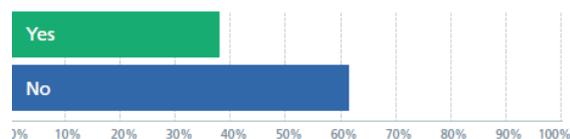
Knowing where and how to receive…

- IT support
- Mobile phone support
- Equipment support
- Health and wellbeing support
- Risk and safety support
- Managerial support
- Clinical support (if appropriate)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
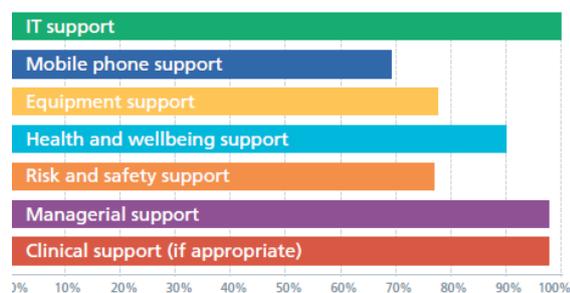
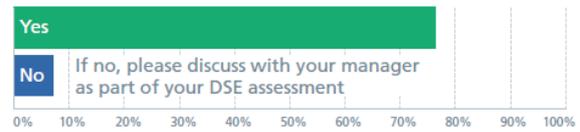© Leeds Community Healthcare NHS Trust, July 2020 ref: 2384

Ability to replicate reasonable adjustments at usual base, at home

- Yes
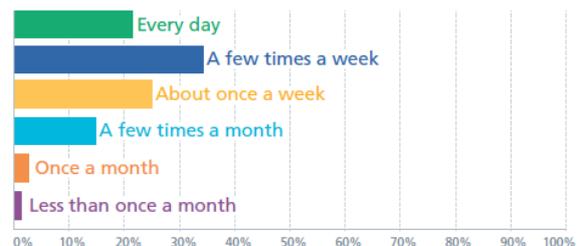- No — If no, please discuss with your manager as part of your DSE assessment

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

TWO biggest challenges of working from home

- Physical workspace
- Too many distractions
- Don't have access to the tools or information I need
- Internet connectivity
- Childcare
- Social isolation
- Communication with co-workers harder
- I'm sick or helping others who are sick
- Keeping a regular schedule
- General anxiety about the impact of coronavirus on my life
- None of the above
- Other

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

How long current home working arrangements could be comfortably maintained

- It's not sustainable now
- One week
- A few weeks
- About a month
- Two months
- Three or more months

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Frequency of contact with manager

- Every day
- A few times a week
- About once a week
- A few times a month
- Once a month
- Less than once a month

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Frequency of contact with team

- Every day
- A few times a week
- About once a week
- A few times a month
- Once a month
- Less than once a month
- Other

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

NHS
Leeds Community
Healthcare
NHS Trust

	AGENDA ITEM 2020-21 (47)
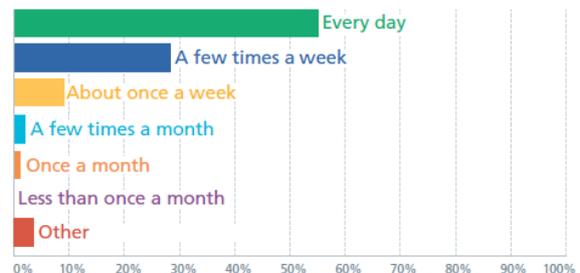
Meeting: Trust Board Report 7 August 2020	**Category of paper**	
Report title: Freedom To Speak Up Guardian Annual Report	**For approval**	
Responsible director: Chief Executive **Report author:** Freedom To Speak Up Guardian	**For assurance**	✓
Previously considered by N/A	**For information**	

Purpose of the paper

This paper provides an overview of the Freedom To Speak Up Guardian (FTSUG) work, basic activity data and the future direction on this work stream. The report covers the period from 1 April 2019 to 31 March 2020.

Main issues for consideration

This report addresses matters relating to working in the FTSUG role: the work, its spread and its links to other areas of work in the Trust.

The FTSUG role is working well in the Trust and receives strong support from the Chief Executive, directors and the wider organisation.

The FTSUG Index which measures positive speaking up cultures in NHS trusts was published for recently for 2020 and Leeds Community Healthcare rated joint 4th nationally.

During the period covered 30 LCH staff members have met directly with the FTSUG and formally raised concerns. There have also been informal consultations and work with several teams.

Recent FTSUG work includes developing work with the BAME Network, staffs who are shielding and work offering psychological support to staff.

A key development has been the creation of 10 BAME Speaking Up Champions to work with BAME staff colleagues. This work has been co-designed and is being co-delivered with the BAME Network.

There is a need to develop a special evaluation of the impact of the FTSUG role.

Recommendation

The Board is recommended to:

- Note the report, activity to date and continue to support the embedding of the work across the Trust

Freedom To Speak Up Guardian Annual Report

1.0   Introduction

1.1   This paper provides an overview of the work of the Freedom To Speak Up Guardian (FTSUG), basic activity data and recommendations on the role and its development.

2.0   Background

2.1   The recommendation that trusts should have an agreed approach and a policy to support how organisations respond to concerns was one of the recommendations from the review by Sir Robert Francis into whistleblowing in the NHS.

2.2   CQC guidance published in March 2016, in response to the Francis recommendations, indicated that trusts should identify or appoint a Freedom to Speak Up Guardian in 2016/17. The NHS contract for 2016/17, accelerated this process and trusts were required to have made an appointment by October 2016.

2.3   Following a competitive recruitment process, the Trust appointed its Freedom To Speak Up Guardian in November 2016 and the appointee took up post on 1 December 2016.

3.0   **Current position**

3.1   The FTSUG receives strong ongoing support from the Chief Executive, Directors, NEDS and the wider Trust. A clear form of work has been established and is operating well. The work has three forms. The first is individual staff approaching the FTSUG to discuss and formally raise concerns. The second is managers inviting the FTSUG to work in their teams so staff can be heard to enable better team cultures. The third is the invite to be part of change projects in the organisation as an additional source of support to staff.

3.2   The FTSUG work at LCH continues to develop. The FTSUG attends the regional network meetings across Yorkshire and the Humber. The FTSUG also works with the National Guardian Office in developing Speaking Up in general practice. The FTSUG has been a speaker about our work at two regional FTSUG conferences and the North West RCN Conference on bullying in the workplace this year.

3.3   There has been a request from Leeds Teaching Hospitals to offer a peer review of their FTSUG service following our successful peer review work last year with Locala. There are requests from other trusts for conversations and support around FTSUG work. There is a request for the FTSUG and the LCH work to feature in the new national film on Speaking Up which will be used by all NHS trusts. The new training film for LCH staff on speaking up has also interested NHS trusts in our approach.

3.4   This report covers the period 1 April 2019 to 31 March 2020.

3.5   There is ongoing FTSUG work with staff most impacted during Covid. This includes BAME colleagues, staff who are shielding, staff with mental health problems and staff who have physical disabilities.

4.0   Activity data

4.1   The table below shows the volume and type of activity with which the FTSUG has been engaged between 1 April 2019 and 31 March 2020. The table also indicates the nature of the issues raised with the FTSUG.

Business Unit	Method of contact	Numbers of staff	Issue
Adults	Phone, emails.	5	Communication, behaviours and work pressures
Children and Families	Emails and face to face	16	Culture, disabilities and work, communication, patient issues, team morale and team work.
Corporate	Face to face and email	4	Transgender support, BAME support,
Specialist	Emails and face to face.	5	Culture, behaviours and leadership.

4.2   30 trust staff members have met directly with the FTSUG and had a concern formally raised with the Chief Executive. These figures do not include work with teams or informal work with the FTSUG.

4.3   Four of the staff colleagues who raised concerns were from BAME communities. Two of these concerns related to BAME issues. One issue related to whether the experience they were reporting at work was due to their being a BAME person. The other BAME issue was a reflection of how some BAME colleagues were experiencing life in the Trust and a series of recommendations as to how change could happen.

4.4   A colleague raised issues about disability at work. This related to career development.

4.5   A colleague raised issues of LCH being fully involved in city-wide work with Transgender people.

4.6   There is a reduction in staff formally speaking up from last year's report (40 formal cases of speaking up). The FTSUG work has focussed more on supporting staff resolve issues at base and this may be reflected in the reduction.

5.0   Themes

5.1   The section below outlines the themes that have emerged from work to date.

•   Culture / behaviour   – a sense that our agreed values and behaviours are not always lived out visibly in certain teams.

•   Staff are speaking about BAME, Disability and Transgender issues and raising concerns around themes of inclusion and equity, which is to be welcomed.

•   Leadership – staff report languages and behaviours from managers that are not always supportive, inclusive or valuing.

5.2   The assurances around the role are three fold – national engagement, organisational spread and local comparison.

•   We are reporting quarterly to the National Guardian Office. We work positively with the National Guardian Office. Secondly, the FTSUG is meeting staff from across the trust and at different roles / levels. The FTSUG has worked with staff in this period from all the business units and corporate services. New work with staff groups such as the BAME Network is being built. Third, in terms of local comparison with neighbouring NHS trusts, we evaluate well in terms of staff seen.

5.3   The following are current plans and events.

•   The work to develop the FTSUG role in General Practice in Leeds in collaboration with the Leeds GP Confederation continues. This is one of the national vanguards for this work. .

•   The work with the BAME Speaking Up Champions has started and we will support its evolution with the support of the BAME Network.

•   There is a need to develop a special evaluation that captures the stories and experiences of those who use the FTSUG service. The context for this is that concerns may be complex, multi-layered and often relate to culture issues which can take time to address. The FTSUG is looking at ways to develop this evaluation in collaboration with service improvement colleagues in the Trust.

6.0   Conclusions

6.1   The FTSUG role has been welcomed and well-received within the Trust. This is a sign of the commitment of the organisation to its patients, staff and values. Conclusions from the work would be the following:

- The FTSUG work continues to receive positive support from the Trust and its leadership. LCH staff welcome the work and the forms we use.

- The FTSUG role allows staff voices to be heard in the Trust. The role continues to illustrate the importance of workplace culture and leadership.

- The FTSUG work supports our Reset and Recovery work in building new ways of working.

- The new work with BAME colleagues is a priority. We will devote the FTSUG resource to ensure this work develops and embeds. It links to our values and the WRES work of the Trust.

7.1 Recommendation

7.1 The Board is recommended to:

- note the report, the activity to date and support the work to embed the work across the Trust

Meeting: Trust Board 7 August 2020	**Category of paper** *(please tick)*	
Report title Annual Report of the Guardian of Safe Working Hours	**For approval**	
Responsible director Executive Medical Director **Report author** Guardian of Safe Working Hours	**For assurance**	✓
Previously considered by	**For information**	

Purpose of the report To report on issues affecting trainee doctors and dentists in Leeds Community Healthcare NHS Trust, including morale, training and working hours.
Main issues for consideration • This report covers the period from May 2019 to May 2020. • There has been one exception report in this time, submitted by a CAMHS trainee. Actions to resolve issues raised are detailed in this report.
Recommendations Trust Board is recommended to: • Note the Guardian for Safe Working Hours Report

**ANNUAL REPORT ON SAFE WORKING HOURS:
DOCTORS AND DENTISTS IN TRAINING**

1. Executive summary

This report covers the period from May 2019 to May 2020.

There has been one exception report in this time, submitted by a CAMHS trainee. Actions to resolve issues raised are detailed in this report.

There are longstanding gaps on the CAMHS specialty trainee rota from April 2018. The Trust has been successful in establishing a locum bank to fill these gaps. Most locum shifts are now filled internally

2. Introduction

This report, as required by the Junior Doctor's contract, is intended to provide the Board with an evidenced based report on the working hours and practices of Junior Doctors within the Trust, confirming safe working practices and will illustrate areas for concern. This report is written with the information available relating to data to date in the period covered.

Purpose: to report on issues affecting trainee doctors and dentists such as working hours and the accessibility of training which forms part of the rotational training programme.

3. High level data

Number of doctors / dentists in training (total):   21

Number of doctors / dentists in training employed by LCH   6

4. Annual data summary

Trainees within the Trust (May 2019)

Department	No.	Grade	Status
Adults	0		Employed
CAMHS	3	STs	Employed
	4	CT	Honorary (1 maternity leave)
Community Paediatrics	2 6	STs	Honorary
Sexual Health	1	ST	Employed
Dental Services	5		Honorary

5. Exception Reporting

1 report raised.

5.1 Working Hours

One exception report raised by a CAMHS Core Trainee due to working 40 minutes overtime. This was resolved with their clinical supervisor.

5.2 Educational Opportunities

No exception reports raised relating to educational opportunities.

6.0 Rota Gaps

6.1 Out of Hours on call rota gaps in CAMHS

From April 2018, there are regular rota gaps in the CAMHS 2nd on call rota.

The Trust has been successful in covering these gaps as locum shifts, using both existing and external workforce. Since the last GfSWH report, the Trust has developed a "bank" of suitable doctors, safeguarding against future rota gaps.

7. Guardian for Safe Working Hours

7.1 Dr Turlough Mills was appointed in October 2017 and his tenure will finish in October 2020.

The Junior Doctor's Forum (JDF) was held in September 2019, in March 2020 and July 2020.

Trainees did not attend in March or July. However, trainees have been actively involved in discussion around spending Fatigue & Facilities funds. Educationally enabled ipads have been purchased for trainees across the Trust and places on wellbeing courses have also been procured.

The Trust have also significantly developed medical induction for trainees.

7.2 GSWH Data Report

8.1 Fines

No fines have been levied by the GSWH.

Dr Turlough Mills.

NHS
Leeds Community
Healthcare
NHS Trust

AGENDA
ITEM
2020-21
(48b)

Meeting: Trust Board 7 August 2020	Category of paper *(please tick)*	
Report title: Quarterly Report of the Guardian of Safe Working Hours	**For approval**	
Responsible director: Dr Ruth Burnett, Executive Medical Director **Report author**: Dr Turlough Mills, Guardian of Safe Working Hours	**For assurance**	✓
Previously considered by: N/A	**For information**	

Purpose of the report

To provide assurance that doctors and dentists in training within Leeds Community Healthcare NHS Trust (LCH) are safely rostered and that their working hours are consistent with the Junior Doctors Contract 2016 Terms & Conditions of Service (TCS).

To report on any identified issues affecting trainee doctors and dentists in Leeds Community Healthcare NHS Trust, including morale, training and working hours.

Main issues for consideration

- No exception reports submitted.
- Work continues to facilitate improved engagement with trainees across all specialities across the Trust, in conjunction with the JDC Staffside Chair and Executive Medical Director.
- Fatigue and Facilities money has been used to improve working conditions for Junior Doctors.
- Liaison with LTHT in relation to paediatric on-call rotas is ongoing but has been affected by covid-19.
- The term of contract for the current GfSWH finishes in September 2020

Recommendations
- Trust Board is recommended to support the GfSWH and Deputy Medical Director in discussion with LTHT to improve the training experience for paediatric trainees.
- Recognise the work underway to engage trainee doctors and dentists within LCH and to promote the role of the GfSWH.
- Recruit a new GfSWH.

Quarterly Report of the Guardian of Safe Working Hours

1.0   Purpose of this report

1.1   To provide the Board with assurance that trainee doctors and dentists within the Trust are working safely and in a manner complaint with the 2016 Terms & Conditions of Service (TCS).

1.2   To escalate any identified issues affecting trainee doctors and dentists such as working hours, quality of training and morale.

2.0   Background

2.1   The role of Guardian of Safe Working Hours was introduced as part of the 2016 junior doctor's contract. The guardian role was created through negotiation between the BMA and NHS employers to provide assurance that the protections included in the contract regarding working hours and training would be honoured in practice. Every NHS Trust employing more than 10 junior doctors is required to appoint a Guardian of Safe Working Hours.

3.0   Quarterly Report of Guardian of Safe Working Hours

3.1   There are 21 Junior Doctors and Dentists employed throughout the Trust (in different specialities) as detailed in the table below. Doctors and Dentists are mostly employed through honorary contracts.

Department	No.	Grade	Status
Adults	0		Employed
CAMHS	3	ST	Employed
	4	CT	Honorary
Community Paediatrics	2	ST	Employed
	6		Honorary
Sexual Health	1	ST	Employed
Dental Services	5		Honorary

QUARTERLY OVERVIEW

Vacancies	There are 2 vacancies in the CAMHS Specialty Trainee (ST) establishment. LCH produce and populate an ST 2nd on call rota in CAMHS.					
Rota Gaps (number of nights uncovered)	May		June		July	
	CT	ST	CT	ST	CT	ST
Gaps	n/a	21	n/a	23	n/a	23
Internal Cover	n/a	21	n/a	23	n/a	18
External cover	n/a	0	n/a	0	n/a	5
Unfilled	n/a	0	n/a	0	n/a	0
Exception reports (ER)	0	|0	0	0	0	0
Fines	None.					
Patient Safety Issues	None					
Junior Doctor Forum	2nd July 2020					

3.2 Rota gaps

The CAMHS ST rota is not fully recruited to, although this is both a longstanding and a national issue. There are 2 FTE post unfilled and 1 trainee has been shielding during lockdown and went on maternity leave in June.

The CAMHS Clinical Lead and HR have developed a CAMHS second on call locum bank and locums are now predominantly sourced internally. This increases the consistency of care provided and ensures familiarity with Trust policy and procedure.

Work is underway to review the CAMHS medical staffing model in the Trust, which will also address longstanding gaps in the consultant rota.

3.3 Implementing the role of GSWH

3.3.1 Exception reports

No exception reports submitted.

3.3.2 Feedback from trainees

LCH received £60,000 Fatigue and Facilities funding to help improve working conditions for Junior doctors (particularly around on call working). After consultation with junior doctors, including through the Junior Doctor's Forum and with the BMA, the junior doctors have agreed that the fatigue and facilities spend should go towards specially tailored iPads to support them on-call. Ipads will provide immediate access to statutory and mandatory training and other online learning resources, including library services.

Medical Trainees in LCH are dispersed throughout a very diverse organisation and may have fewer opportunities for peer to peer support than in an Acute trust. LCH has therefore also invested in Wellness courses for Junior Doctors.

3.4 Update from the BMA

No new updates.

3.5 Fines

No fines levied by the GfSWH.

3.6 Challenges

3.6.1 <u>Engagement</u>

Although paediatric trainees have reported concerns relating to training, they are not routinely using the exception report system. The GfSWH has suggested to the Head of Community Placements that all missed training opportunities are reported, in line with the new requirement for reviewing exception reporting in the ARCP.

This issue has been noted repeatedly and the GfSWH and Deputy Medical Director have started work to liaise with LTHT despite the lack of exception reports. This process has been disrupted by the impact of Covid-19 but is planned to be resumed virtually, and can be carried on by the new GfSWH.

3.6.2 <u>Administrative support</u>

Work continues to consolidate an accurate database of junior doctors in training at LCH. Work is underway to centralise the recording and administrative functions associated with induction and monitoring of trainee doctors and dentists within LCH NHS Trust which we hope will provide increased consistency of support functions (Smartcard access, ESR, statutory and mandatory training etc) for new starters on rotation to the Trust. Local inductions will continue with the relevant speciality.

4.0 Impact

4.1 *Quality*

4.1.1 This report has been informed by discussions with trainees and supervisors in Leeds Community Trust along with meetings with guardians of safe working hours from other

trusts, human resources and guidance received from NHS employers and Health Education England.

5.0   Recommendations

- The Board is recommended to support the GfSWH and Deputy Medical Director in discussion with LTHT to improve the training experience for paediatric trainees
- Recognise the work underway to engage trainee doctors and dentists within LCH NHS Trust and to promote the role of the GfSWH
- Recruit a new GfSWH

	Agenda item 2020-21 (49)

Meeting Board 7 August 2020	**Category of paper**	
Report title: LCH Third Sector Strategy, 2020-23	**For discussion and decision**	√
Responsible director Executive Director of Operations **Report author** Business Planning Manager and Reset and Recovery Programme Manager	**For assurance**	
Previously considered by SMT 22 July 2020, Business Committee 29 July 2020	**For information**	

PURPOSE OF REPORT
This Third Sector Strategy is presented to Board for approval following review by July Business Committee.

MAIN ISSUES FOR CONSIDERATION
This is the first Third Sector Strategy for the organisation. It has been co-produced with Forum Central, the umbrella organisation for the third sector in Leeds and has been informed by engagement and consultation with staff and the wider third sector.

The strategy aims to **deliver outstanding care to the people we serve by developing productive and effective partnerships with the third sector that maximise and value their expertise.**

The Strategy is launched at a time when partnership working across statutory health and care providers and the third sector is at the heart of policy and plans for creating a sustainable model for health and care provision.

The strategy builds on strong partnerships we already have with third sector organisations, but recognises that there is much more that we can achieve to better meet people's health and care needs and reduce health inequalities through developing integrated working and co-delivery, working together on shared agendas and developing infrastructure, systems and processes that enable that partnership to thrive.

The Strategy sets out priorities and presents a year 1 high level roadmap. Delivery of the Strategy will be directed by a Steering Group with joint LCH and third sector representation who will develop a year 1 implementation plan to be signed-off by Business Committee. Business Committee will receive quarterly progress reports on implementation.

RECOMMENDATIONS
The Board is recommended to:
- Approve the strategy

Foreword:

I am delighted to welcome you to the Leeds Community Healthcare NHS Trust Third Sector Strategy, 2020 – 2023. This is the first Third Sector Strategy for the organisation and has been co-produced with Forum Central, the umbrella organisation for the third sector in Leeds. We greatly value their input and expertise and look forward to working with them on the implementation of this strategy. We also value the views of LCH staff and third sector organisations who have have informed this strategy through sharing views and experience at engagement events and responding to consultation about the objectives.

We aim to **deliver outstanding care to the people we serve by developing productive and effective partnerships with the third sector that maximise and value their expertise.**

Our Strategy is launched at a time when partnership working across statutory health and care providers and the third sector is at the heart of policy and plans for creating a sustainable model for health and care provision.

LCH is proud of the partnerships we already have with third sector organisations, but we recognise that there is much more that we can achieve to better meet people's health and care needs and reduce health inequalities through working together on shared agendas and developing infrastructure, systems and processes that enable that partnership to thrive.

It is important to note that this is a strategy and not a detailed implementation plan; however our priorities are:

- Developing integrated working and co-delivery between LCH and the third sector that recognises the collective role in achieving the ambition of left shift
- Utilising the third sector expertise in understanding and tackling health inequalities to help improve the health of the poorest the fastest
- Developing shared agendas between LCH and the third sector to maximise effort and impact on improving health outcomes
- Developing an LCH offer that helps develop a thriving and successful third sector
- Championing a 'one health and care system' where infrastructure is aligned to enable all partners including the third sector to contribute successfully

- Designing a fair and equal approach to business development, contracting and partnership working that supports growth, sustainability and viability in the third sector
- LCH and the third sector working with other system partners to improve how we enable clear navigation of the health system in Leeds

Brodie

hello my name is...

Brodie Clark CBE, LCH Interim Chair

We are very pleased to launch our first joint strategy with Leeds Community Healthcare. It will see us increase our impact on our shared priority to reduce inequalities among our communities in Leeds. It builds on existing examples of co-delivery and shows an intent to extend those partnerships to a greater number and diversity of third sector organisations, identifying more opportunities to work together and developing the infrastructure to do so.

Leeds Community Healthcare is making a commitment to the resilience of the third sector at a time when it is never more needed, and we welcome that.

This strategy presents an opportunity for Forum Central's 300+ strong membership and beyond to achieve a healthcare system that is:

- co-produced and shaped by the voices of our communities
- delivered locally
- person centred
- integrated
- built on strengths and assets
with a third sector that:
- achieves social value

- increases opportunities for small and emerging groups
- increases resilience
- provides opportunities for longer term sustainable investment

We look forward to delivering this strategy together.

Alison, Andy and Bill

Alison Lowe and Andy Rawnsley (Volition Co-Chairs), Bill Rollinson (Leeds Older People's Forum Chair) - Forum Central Partnership Board

Contents

1. Vision, values and behaviours

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

We have used the **magnificent seven behaviours** icons in **Section 5** to indicate which behaviours will be key to helping to deliver this Strategy's 7 objectives.

11 Our Eleven

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

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

7 magnificent behaviours (how we work):

Caring for our patients
- Seeing things from their point of view
- Acting on individual needs in the best way we can
- Treating people with respect, dignity, kindness
- Ensuring we keep high quality and complete patient records

Making the best decisions
- Being willing to take a decision
- Gathering sufficient information from the right sources
- Making decisions which are logical and evidence-based
- Taking a long-term view about what is best for the future of our patients and the Trust

Leading by example
- Being clear about what needs to be done
- Helping others to develop their abilities
- Acting as a role model by taking responsibility
- Keeping our promises and being prepared to say what we think
- Setting high standards for ourselves and others

Caring for one another
- Being thoughtful in the way we treat one another
- Keeping our emotions under control
- Listening to one another
- Being sensitive to other people's situations
- Treating them with kindness
- Being flexible in the way we work with others

Adapting to change and delivering improvements
- Looking at the way things are done now and suggesting new ways of working
- Looking at best practice elsewhere and bringing in relevant ideas from outside the Trust
- Being able to adapt to new ways of working and to changes in the ways in which we deliver care

Working together
- Being supportive of colleagues
- Building relationships both inside and outside the Trust
- Communicating clearly and persuasively
- Being open to others' ideas
- Finding out what is important to others in order to get things done

Finding solutions
- Adopting a positive approach to problems
- Looking for ways to solve them
- Showing a sense of enjoyment and commitment to what we do

2. Context

The aim of this strategy is **to deliver outstanding care to the people we serve by developing effective partnership working with the third sector, maximising use of their expertise and contribution, achieve a culture change in LCH where our people fully recognise their value and support third sector resilience.**

When we talk about the 'third sector' we mean voluntary organisations, charities, community groups, informal self-help groups, and the community work of faith groups. We also include social enterprises and community interest companies where there is a wider accountability to the public through a governance board or a membership. The third sector is that part of society and the economy which is organised primarily around social purpose. When it trades it does so in order to advance that social purpose. The third sector has previously been known by other terms including: the 'Voluntary Sector'; and the 'Voluntary, Community and Faith Sector'.

In designing this strategy, we have considered in detail the context, internal and external, within which LCH works now and will work in the future. This context is summarised below:

2.1. National context:

The *NHS Long Term Plan* was published in January 2019. It set out a roadmap to achieve sustainable health and care delivery which centres on a shift in focus and funding from acute services to prevention and better meeting people's physical, mental and emotional health and well-being health and care needs in the community – also known as 'left shift'. Key elements of left shift are:

- Establishment of Primary Care Networks to direct the development of extended community teams, comprising GP practices, NHS community and mental health providers working alongside social care and the third sector to provide sustainable joined up care

- tailoring provision to meet local needs and reduce health inequalities

- providing the right care at the right time in the right place through a greater focus on providing early intervention, pro-active care and supporting self-management

- providing personalised care by listening to people to understand what matters most and 'working with' people to find solutions rather than doing things 'to' or 'for' them

This is within the context of continuing workforce supply shortages for registered nurses, therapists and medics and a call to NHS providers and commissioners to develop the workforce to be representative of the population it serves. £4.6 billion additional funding has been committed to support delivery of the NHS Long Term Plan.

The NHS Long Term Plan recognises the key role of the third sector in delivering left shift e.g.

- addressing health inequalities – trust, reach and expertise to connect with, advocate for and meet the needs of vulnerable and under-represented communities

- establishing new roles mandated in the NHS Long Term Plan e.g. social prescribers who provide strengths based self management support and connect people to support and activity in the local community to support their wider physical, mental and emotional health and well-being

- delivery of new models of care - third sector organisations have registered clinical / professional expertise combined with strengths based approach e.g. Leeds Mental Well-Being Service LCH and third sector collaboration – see case study, pg 11

- expansion of peer supported / led structured education and rehab e.g. cardiac rehab, COPD and diabetes structured education

LCH CASE STUDY: Best Start Peer Support

Best Start Peer Support was a service led by local charities Touchstone and Women's Health Matters. It offered peer support and was aimed at working with both Mums and Dads who wanted to meet others, felt lonely, isolated, or wanted to boost their self-confidence; people who felt stressed; and people who wanted to learn new skills or were looking to return to work or education. The sector led a peer support approach to engaging with people around shared personal experiences to provide knowledge, social interaction, emotional assistance or practical help that was mutually beneficial. As a subcontractor to the sector LCH provided a 0-7 Public Health Integrated Nurse to share public health messages, offer parenting support, ensure parents were aware of the wider community level support and developed links with other service providers delivering support to potentially marginalised groups of parents. This was a great example of the third sector and LCH co-delivering and utilising their respective skills to collectively better meet the needs of some of Leeds' most vulnerable communities who were potentially reluctant to engage and access mainstream services.

2.2. Local context

The West Yorkshire & Harrogate Health and Care Partnership (also known as the ICS – Integrated Care System) and Leeds, as a city, have already embarked on programmes of change that align with the key elements of the *NHS Long Term Plan's* roadmap for achieving left shift and reflect a strong commitment to reducing health inequalities. Despite Leeds consistently having the highest increase in employment rate among comparable cities, health inequalities persist: 1 in 5 of our children in Leeds lives in poverty and there is a 10 year difference in life expectancy between those living in the least and most deprived areas.

The overarching framework guiding improvement and delivery of health care in Leeds is our Health and Wellbeing Strategy. The strategy's overall vision is:

> **'Leeds will be a healthy, compassionate, climate conscious city, with a strong economy, where people who are the poorest improve their health the fastest.'**

This is echoed in the Leeds Clinical Commissioning Group's Strategic Plan, which focuses on achieving value and addressing health inequalities through commissioning integrated services across providers, including the third sector, and supporting the development and implementation of a Population Health Management approach to tailor provision to meet local need and reduce health inequalities.

The Leeds CCG Health Inequalities Framework (March 2020) states

'As more collaborative approaches emerge across providers, with more provider led service re-design undertaken across organisations, there will be a growing emphasis for providers to not just respond to the people who present, but to ensure that services reach out and meet the needs of all people. CCGs will need to ensure this proactive approach is strengthened, setting outcomes which result in improved health and services for the most disadvantaged communities and groups.'

We need to take a stronger approach to service design, access and delivery to tackle health inequalities, in particular for those conditions which people from vulnerable groups or the poorest parts of the city are dying of earlier, including cancer, CVD, respiratory disease, etc'

For new services: We will start with the question how does this reduce health inequalities when commissioning or redesigning services (rather than just thinking about how a new services doesn't increase health inequalities). In all cases we will consider disproportionate funding services targeted in specific areas and at specific groups where appropriate.'

A partnership approach across commissioners, the third sector, NHS providers, the Local Authority, patients and the public is fundamental to, and at the heart of development and delivery of the West Yorkshire and Harrogate Health and Care Partnership Plan and the Leeds Health and Care Plan. The West Yorkshire and Harrogate ICS, Leeds Local Authority and CCG are committed to strengthening the capacity and capability of the third sector e.g. through 'Harnessing the Power of Communities' funding.

The development of Local Care Partnerships (LCPs) in Leeds is central to our plans for identifying new ways to connect with local communities and tailor services to improve health and wellbeing and reduce inequalities through partnership working across primary and community care, the third sector, social care and other agencies. This includes working together to deliver support differently, building on the assets in local communities and the strengths of individuals – which the third sector has considerable experience, expertise in and established networks.

Leeds is recognised for the strength of its third sector. There are over 1,700 third sector organisations in Leeds, ranging from large national organisations to very small local ones, working within communities to make a real difference. Leeds is recognised for having responded rapidly and flexibly to the needs of people and communities during the COVID-19 emergency, and the third sector has been at the centre of this response, working in partnership with strategic partners, including establishing and managing the Community Care Volunteers scheme in conjunction with Leeds City Council.   Partnership working with the third sector has further developed in response to the pandemic.

However, recent analysis indicated that 60% of third sector organisations believe they may not be able to continue in business beyond the end of 2020. Partners across health and social care, through the Partnership Executive Group (PEG), are focussing on how to support third sector resilience individually and as a system.

Engagement with the third sector identified significant barriers to partnership working between statutory agencies and the third sector, including:

- *It is hard for the third sector to navigate the NHS and vice versa* – knowing who does what, how to influence, who to contact and how to access services.

- *The third sector cannot generally access NHS patient information systems* - creating a barrier to providing seamless, joined up care. The city's Digital Strategy includes extending access to Leeds Care Record to third sector partners, prioritising third sector partners who are co-delivering critical services

- *It is often challenging for third sector organisations to meet NHS governance, contractual and reporting requirements and meetings convened by statutory agencies can be intimidating & / or inaccessible* – due to limited central / corporate resource other than in the largest third sector organisations, and the formality and scale of statutory agency's meetings

- *Insecurity of third sector funding* – short term and not supporting full cost recovery, resulting in organisational financial insecurity and risk of losing staff with significant skills, knowledge and expertise from the Leeds health and care system

LCH CASE STUDY: Leeds Mental Wellbeing Service

The recent retention and development of the Leeds Mental Wellbeing service is a fantastic example of bringing the LCH third sector strategy to life. Firstly, as lead provider, LCH committed to all service growth being devolved to the third sector, to help ensure a thriving and sustainable sector. Secondly, co-production and peer support elements of the model were seen as vital to engage better with underrepresented groups, tackle health inequalities and ensure the patient voice was an equal voice in the development of the service. These elements are now led by the third sector in recognition of the fact that they are better placed to lead these specialist elements of service delivery, have more meaningful dialogue with communities and have a greater impact on health outcomes, whilst realising left shift.

2.3. Internal context

LCH's vision is **to deliver the best possible care to the communities we serve.** LCH is the largest provider of NHS community services in Leeds and provides some services on a wider geographical footprint. LCH spends approx. £150m each year, employs approx. 3,000 people across 58 services and 120 sites. We receive 215,000 referrals and deliver 2 million patient contacts every year.

We work in all parts of the city. We are privileged to work with many thousands of people in their own homes, as well as in the full range of other health and care settings as well as in schools and Further Education colleges, police custody suites and young offender institutes. We deliver services through partnership working with other NHS providers, social care and other Local Authority agencies, the third sector, education, the police and justice institutions. We have a strong commitment to being an inclusive employer that values its staff as its greatest asset.

LCH has an established track record of partnership, joint and close working with the third sector across many services and corporate teams, in:

- *co-delivery, interdependent or integrated service and pathway delivery supporting left shift and reduction of health inequalities* – see Leeds Mental Wellbeing service, Best Start Peer Support, Gypsy and Traveller Outreach case studies.

- *patient public engagement, involvement and co-production* e.g. Leeds Involving People managed patient representation within the solution design and strategy elements of the recent IAPT retender. LCH now participates in the Inclusion Group, a citywide initiative led by Healthwatch Leeds to drive inclusion and adherence to the Accessible Information Standards (AIS). HealthWatch, who manage patient public engagement across the city and advocate for the patient voice in many forums, are members of our Quality Committee (monthly Board sub-committee), informed development of our Engagement Strategy and have a key role in agreeing our annual quality priorities.

- *delivering services in third sector bases and facilities* e.g. Leeds Mental Well-Being service and Best Start Peer Support delivered in third sector venues; Leg Clubs and drop-in clinics delivered in Neighbourhood Network premises – see case study. Third sector venues hired for meeting space, includes SHINE, Stanningley Rugby club, Hillside and the Old Fire Station

- *creating a diverse and inclusive workforce where every member of the workforce is treated as an individual and advancing equality for staff with a protected characteristic* e.g. partnership working with Stonewall Diversity Champions programme

as well as responding to national, regional and local policy and plans, indicated in sections 2.1 and 2.2 above.

LCH CASE STUDY: Neighbourhood Team and Neighbourhood Network collaboration

Traditionally patients with lower leg problems, such as ulcers, have attended leg clinics in hospitals and GP practices or have been visited at home by community nursing staff. Leeds Community Healthcare NHS Trust, Chevin and Westgate Surgeries, Otley Action for Older People and Leeds CCG worked in partnership to develop the Otley Leg Club, to treat individuals (known as members) on a drop-in basis in a community social, non-medical setting with a focus on supporting individuals' psychosocial needs, de-stigmatising the condition and involving patients in their care.

Kippax Neighbourhood Team and Garforth NET have developed strong links. The Neighbourhood Team runs several weekly clinics from Garforth NET: Leg Club, Talking Point and a Physiotherapy drop-in clinic that targets Frailty and falls prevention. A recent development has been the introduction of an Elderly MOT - a pro-active approach that aims to provide early intervention, support avoidance of crisis situations and enable local elderly people to get to know their community healthcare team and services. Support and advice has included Falls assessments, exercise prescription and signposting, small aids advice, wheelchair referrals, walking aid provision, Obs checks, skin advice, weight management, oral hygiene, advice on bowel management, memory impairment and COPD management.

However, there is, significant opportunity to further develop third sector partnerships, including through

1. Integrated working and co-delivery between LCH and the third sector that recognises the collective role in achieving the ambition of left shift

2. Utilising the expertise of the third sector in addressing wider determinants of health to tackle health inequalities and support the poorest to improve their health the fastest

3. Developing shared agendas between LCH and the third sector to maximise effort and impact on improving health outcomes

4. Developing an LCH offer that helps develop a resilient, thriving and successful third sector

5. Championing a 'one health system' where infrastructure is aligned to enable all partners to successfully contribute, including the third sector

6. Designing a fair and equal approach to business development, contracting and partnership working that supports growth, sustainability and viability in the third sector with a diverse range of organisations

7. LCH and the third sector working with other system partners to improve how we enable clear navigation of the health system in Leeds

> **LCH CASE STUDY: Gypsy and Traveller Community Outreach**
>
> *Within Leeds, Gypsies and Travellers have an average life expectancy of about 50 years of age, compared with 78 in the settled population. They also experience poorer health outcomes, including higher rates of infant mortality, long-term conditions and suicide among young men. In response to this LCH, Leeds Clinical Commissioning Group and Leeds GATE (Gypsy and Traveller advocacy group) devised a community outreach nurse in partnership with Gypsy and Traveller people. The role successfully forged trusting relationships and supported people to access mainstream health and care services, helping to boost health and wellbeing among this marginalised group of people. The joint project is a great example of LCH and the third sector working with other system partners, including service users, to tackle health inequalities. The service is now developing into a homeless and health inclusion service to have an even bigger impact.*

The further development of partnership working to support the Leeds system response to the COVID pandemic and our reset and recovery programme's focus on reducing health inequalities (1 of the 8 golden threads), has created the opportunity to implement elements of the strategy at faster pace.

3. Making the Connections

As is evident, this Third Sector Strategy supports LCH in delivering our vision and our four strategic goals:

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

and our 2020/21 Trust priorities, which were developed before the impact of the COVID pandemic became evident. This strategy complements and supports other key organisational strategies:

Workforce Strategy – helps mitigate workforce supply pressures and potential to create a more diverse and representative workforce through recruiting from priority neighbourhoods and / or other disadvantaged communities , supports effective skill mix, potential to devolve some service delivery to the third sector; supports staff development which may also aid retention: third sector providing training, opportunity for LCH staff to undertake volunteering;

Research Strategy – this strategy fully aligns with the partnership aim of the research strategy and will probably also support the patient and public engagement aim

Digital Strategy – aligns with focus on advocating for and developing interoperability of or common patient and workforce information and reporting system wide

Engagement Strategy – aligns with focus on working in partnership with the third sector for engagement, coproduction, volunteer and peer support programmes, including for underrepresented and vulnerable communities

Quality Strategy – supports delivery of better patient outcomes and experience through left shift, integration, localism, prevention, self-management, reducing health inequalities

Business Development Strategy – improves quality, enables left shift and integration, supports viable growth in partnerships

Estates strategy - supports localism agenda through common focus on PCNs – enables delivery and co-delivery in community/ third sector venues, sharing of estate with enabling systems

LCH CASE STUDY: Liaison and Diversion (L & D) service - integrated delivery with Community Links
LCH and Community Links developed and jointly deliver the L & D service in Humberside. Community Links is subcontracted by LCH to provide additional Liaison and Diversion support in the community, where a need is identified, for up to 12 weeks which may involve peer support. Community Links brings considerable expertise and experience in using strengths based approaches to work with, support and connect marginalised and disadvantaged people within the local community.

Community Links has been empowered to be an equal partner through joined up use of LCH systems which enables more effective communication and seamless care whilst maintaining CL's organisational identity. Community Links staff are equipped with LCH laptops, nhs.net email accounts to allow secure sharing of information and have access to LCH corporate IT support. Community Links and LCH use the same local drives on the LCH network and all new starters are provided with ESR profiles which allows access to LCH statutory and mandatory training. The teams also both work from the same SystmOne unit to ensure seamless care and access to service user information. Community Links staff also use the LCH Datix system to record incidents or near misses.

4. Priorities for Delivery

This strategy sets the aim: to deliver outstanding care to the people we serve by developing effective partnership working with the third sector that maximises their expertise and reflects a culture change in LCH where staff fully recognise their value, and to support third sector resilience.

The following pages set out the priority areas – objectives – which will enable this strategy's aim to be achieved, and the initiatives identified through engagement, to enable delivery of each objective.

Key:

1. The following icons are used to show how each objective aligns with the LCH Values and Behaviours;

What do we plan to achieve?   **How this could be delivered / achieved?**   **How will we know that we've achieved it?**

Objective	Initiatives	Outcomes	Resources	What good could look like
1. Integrated working and co-delivery between LCH and the third	• Mapping of current strengths, enablers, barriers and gaps across LCH and third sector partnership working	• Mapping complete • All of LCH considering role of third sector when	• third sector strategy implementation group with	Increase in integrated working and co-delivery with the

sector that recognises the collective role in achieving the ambition of left shift				
	• Culture change in LCH where the third sector is always considered as a delivery partner in services • Scope joint visits and interim service offer from third sector while people are waiting for NHS services • Develop third sector case coordination on behalf of the NHS, particularly for people with Long Term Conditions • Utilising the third sector's specific expertise and networks - third sector delivery of coaching, rehab, behaviour change, peer support, self-management, prevention – helping achieve ambition of left shift • third sector supporting people with mental health, crisis prevention, dementia support • third sector provision of infrastructure enablers such as transport, venues, training • third sector enabling patient and public involvement and coproduction for the NHS • third sector facilitation of volunteer schemes, or acting as a mentor for volunteer projects • Working in partnership with the third sector to deliver population health management projects	developing and improving services • Diversity of provider within left shift provision • Number of pathways developed together • Increase in patient and public involvement and co-production • Increase in third sector partnerships/ subcontracts with LCH • Level of funding devolved to third sector • Impact on health inequalities/ health outcomes	representatives for third sector and business units • Finance and Contracting support • Training for staff • Awareness campaign for staff • Funding pots to be devolved • Patient involvement	third sector supporting prevention, self-management and rehab Co-production with service users embedded as part of organisational culture Elements of service devolved to third sector to deliver Service offer more holistic and wrapped around the individual needs of the patient Third sector more resilient and sustainably funded
This aligns with the following organisational behaviours				

	Adapting to change and delivering improvements		Caring for our patients	
	Finding solutions	**Leading by example**	**Working together**	**Making the best decisions**
2. LCH to utilise the health inequalities expertise of the third sector to support the poorest to improve their health the fastest	• Reset and recovery programme - raise awareness and encourage collaboration to reduce health inequalities (golden thread). Showcase successful collaboration • Develop pathways together – to address health inequalities and engage specific communities including children, young people and families • Working collaboratively to identify unmet need such as through population health management and LCC's Priority Neighbourhood initiatives • LCH to procure third sector to provide training and expertise to help raise awareness of health inequalities and vulnerable groups e.g. implementing Accessible Information Standards • third sector engaging with and designing bespoke/ tailor-made services for underrepresented and vulnerable groups	• Impact on health inequalities/ health outcomes • Numbers of training programmes and outcomes of training • Numbers of services designed for specific groups and subsequent outcomes of these	• third sector strategy implementation group with representatives for third sector and business units • Finance and Contracting support • Training for staff • Funding pots to be devolved • Joint bids for funding e.g. to charitable trusts	• All services aware of what their impact on health inequalities is and can measure an improvement • Increase in partnership working with the third sector supporting reduction in health inequalities resulting from further developing bilateral and systemwide engage-ment with the third sector

This aligns with the following organisational behaviours				
Adapting to change and delivering improvements **Caring for our patients** **Finding solutions** **Working together** **Making the best decisions**				

3. Developing shared agendas between LCH and the third sector to maximise effort and impact on improving health outcomes	• Use Local Care Partnerships (LCPs) and Population Health Management (PHM) data and projects as vehicles for developing shared agendas
	• Develop range of forums and mechanisms to engage with local third sector and identify issues, starting with Forum Central
	• Developing opportunities for joint research
	• Shared agendas could include:
	  o Climate crisis
	  o Transport
	  o Employability
	  o Housing
	  o Ageing population/ demographic change
	  o Home first
	  o Urgent community response
	  o Health inequalities
	  o Homelessness and inclusion health
	  o Food poverty
	  o Community development
		• Number of shared agendas developed/ prioritised
		• third sector engaged through LCPs and PHM
		• Engagement mechanisms established
		• Number of joint research bids
		• Impact on health inequalities/ health outcomes
			• third sector strategy implementation group with representatives for third sector and business units
			• Access to data sets and analyst support
			• LCH Research team
			• Forum Central
				• LCH routinely connecting with the third sector about shared agendas and advocating for and enabling system / cross-provider approach to optimising impact and reach

	o Staff health and wellbeing o Black and Minority Ethnic (BAME) and wider Diversity and Inclusion			

This aligns with the following organisational behaviours

Finding solutions   Adapting to change and delivering improvements

Working together   Caring for our patients   Making the best decisions

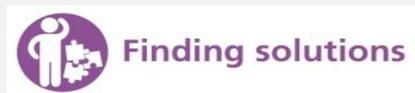|				
4. Developing an LCH offer that helps develop a resilient, thriving and successful third sector	• Scoping mutual sharing of infrastructure which from LCH could include corporate functions such as policies, systems, business development support, contracting, HR, estates, clinical governance, project support • Fulfilling corporate social responsibility by LCH staff volunteering in third sector • Providing LCH staff as trustees on third sector boards • LCH providing third sector with supervision, mentoring, training, job swaps, shadowing, leadership support • LCH providing funding for specific elements of service delivery that can be devolved to third sector • Offering visible support to the third sector such as use of LCH logo and endorse third sector partners'	• Numbers of LCH staff volunteering or acting as trustees in third sector • Plan developed for mutual sharing of infrastructure • Level of funding devolved to third sector • Number of third sector organisations being supported by LCH	• third sector strategy implementation group with representatives for third sector and business units • Funding pots identified • Corporate support – workforce, governance, project management, business team, ODI	• Third sector recognised across LCH as a key delivery partner in the community • Increase in sharing of infrastructure • Third sector more resilient and sustainably funded

	funding bids • Hosting an annual event with third sector partners to showcase learning across the organisation about successful partnerships and to develop future potential • Developing a communications strategy/ campaign about positive working with the third sector			

This aligns with the following organisational behaviours

 Finding solutions   Working together   Making the best decisions

5. LCH to champion a 'one health system' where infrastructure is aligned to enable all partners to successfully contribute, including the third sector	• Champion Leeds operating as one health system • Being a proactive partner within Local Care Partnerships • Sharing what works both within the organisation and across partners • LCH supporting the third sector in having better visibility and support in the Leeds health system • LCH advocating for the third sector in the system such as calling for sustainable funding • Enabling access to Leeds Care Record (LCR) and other patient information systems, IT and communication systems/ channels • Unlocking barriers to accessing	• Positive feedback from third sector • LCR available to third sector organisations • Policies/ agreements in place to share infrastructure across system • Mechanism in place to realise talent management and workforce planning system-wide • internal / system comms to promote creating a	• third sector strategy implementation group with representatives for third sector and business units and wider system • Corporate support – workforce, governance, project management, business team, ODI • Support from the	• Third sector resilience improved across the Leeds system • The barriers identified are turned into enablers that support joined up working, improved patient experience and outcomes, and equity

	estate within the system • Aligning outcome measurement to show we're collectively meeting need • Support flexible movement of staff across system to retain talent in Leeds • Enabling third sector to access leadership development and talent management initiatives • Scope future workforce planning as a system that includes third sector workforce • Sharing of good practice, research and learning from each other within the system • Creating a welcoming culture for partnership working with the third sector - avoid jargon, recognise imbalance in numbers of staff attending	welcoming culture and effective engagement with third sector, patients, public	wider health system	

This aligns with the following organisational behaviours

 Finding solutions

 Working together

 Making the best decisions

6. LCH to design a fair and equal approach to business development, contracting and	• To scope development of a partnership scheme between LCH and the third sector that will proactively develop fairer and more robust relationships • Ensure sustainable, viable and	• Procurement/ partnership framework in place • Increase in third sector partnerships/ subcontracts with	• third sector strategy implementation group with representatives for third sector	• Third sector are sustainably funded to be more resilient • LCH working

partnership working that supports growth, sustainability and viability in the third sector with a diverse range of organisations	longer term funding of subcontracts that LCH facilitate with third sector on specialist areas of service • LCH to scope establishment of procurement framework with third sector to create a level playing field • Scope small grant schemes to engage smaller third sector organisations – such as an innovation fund • Commitment to joint bid development between LCH and third sector • Supporting third sector with their own bids for services • LCH to lead by example – full cost recovery funding • Create a welcoming, more informal meeting culture, avoiding use of jargon and job titles	LCH • Level of funding devolved to third sector • Increase in joint bids • Positive feedback from third sector	and business units • Finance, Contracting and Procurement support • Funding pots to be devolved • Business Team support for partnerships/ grants schemes	in partnership with a wider range of third sector partners
This aligns with the following organisational behaviours				
Leading by example Finding solutions Caring for one another Working together Making the best decisions				
7. LCH and the third sector to work with other system partners to	• LCH and third sector to map provision and assets to help with navigating the health system, using existing enablers such as Leeds	• Leeds Directory up to date • Communications plan developed and	• third sector strategy implementation group with	• Services are more accessible and so health

improve how we enable clear navigation of the health system in Leeds	Directory • LCH to develop clear communications about its services, to offer clarity of provision to public and third sector • LCH to develop more planned engagement with third sector, working in partnership with Forum Central • Through assets like the Neighbourhood Team coordinators, LCH to improve staff awareness of potential in the third sector • third sector to help LCH understand what is available in the sector, including building relationships with smaller unconstituted groups • To scope navigating the health system across all health system partners • Support the development of a third sector working protocol	implemented • Develop NT coordinator roles • Improved awareness in LCH/ third sector • Improved patient feedback • Impact on health inequalities/ health outcomes	representatives for third sector and business units • Support from LCC in relation to Leeds Directory • Communications support • Neighbourhood Team support • Forum Central	outcomes improve • All LCH staff recognise the role of the third sector, enabling care to be more holistic • LCH working in partnership with a wider range of third sector partners
This aligns with the following organisational behaviours				

 Finding solutions

 Working together

 Making the best decisions

5. Delivering the Strategy

The range of initiatives presented in Section 4 is very wide and most likely beyond what is achievable in the short to medium term. It is also important to ensure that we align with system approaches. Delivery of this strategy will be directed by a Steering Group with joint LCH and third sector representation, to be chaired by the LCH Director of Operations.

Year 1 high level roadmap:

	Q2	Q3	Q4	Q1 21/22
Strategy Launch	▲			
Establish Third Sector Partnership Steering Group	▲			
Develop Communications Plan		▲		
Reset stakeholder engagement (including third sector) – started June '20	⟶			
Reset and recovery programme comms to encourage collaboration with third sector to support impact on health inequalities - showcase successful collaboration	▲⟶			
Restart priority service areas September 2020	▲⟶			
Longer term embedding of innovations, including partnership working with third sector				▲⟶

LCH / system discussions with third sector partners that we co-deliver services with to understand the impact of COVID on their resilience and explore opportunities to support	▲→			
Implement Accessible Information Standards, explore third sector training	▲————————→			
Develop Year 1 Implementation Plan		▲		
Cross BU discussions with third sector organisations who work with specific communities of interest to identify opportunities for collaboration		▲————————————————→		
Explore with LTHT and the third sector partnership working to support recruitment from disadvantaged communities of interest and / or priority neighbourhoods and in the Armley locality for the CAMHS T4 service	▲→ ▲→			
Quarterly progress report to Business Committee		▲	▲	▲
Sharing learning event			▲	
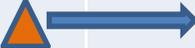
As indicated in the roadmap, the Steering Group will be responsible for developing and implementing a Year 1 Implementation Plan by the end of quarter 2. LCH Business Committee will have oversight, will sign off the Implementation Plan and receive quarterly progress reports.

6. Risks to delivery

Risk	Likelihood	Severity	Risk score (RAG)	Mitigation
Slower pace of implementation as LCH services and third sector focussed on responding to COVID	3	3	9	• Incorporate in reset and recovery programme comms, showcase good practice. • identify opportunities for partnership working to reduce health inequalities through cross BU discussions with third sector organisations who work with specific communities of interest
Impact of COVID on third sector resilience impacts the sector's capacity to engage	3	3	9	• Discussion with third sector partners to understand the impact of COVID on resilience and explore how LCH can support
So many third sector organisations – cannot map all	3	2	6	• Advocated for system support to do this • Engage with sector more widely than just through Forum Central
Procurement/ partnership framework might still only attract the usual suspects	3	2	6	• Engage with sector through Forum Central and more widely • Offer a range of opportunities of different financial sizes to ensure diverse organisations can get involved
The implementation of the strategy	3	3	9	• To prioritise this within organisational plan

would require input from corporate support functions and business teams which could be a drain on capacity				- To be realistic about what to implement incrementally so that we're not trying to achieve everything at the same time – Steering Group to agree priority areas to start with - Early engagement with stakeholders - Scope additional investment for delivery
How do we make this ambition a reality and not just a paper exercise	2	2	4	Establish implementation group with director sponsorship and delivery plan
Some of the ambition is only achievable by engaging with system partners, it can't be done in isolation	2	2	4	- Engage with system partners about delivery - Recognise what our own limitations are
Staff might be fatigued by change, may not have capacity or may not see value in working with third sector more closely	3	3	9	- Communications campaign to sell the benefits of working with the sector, including case studies to bring it to life - Regular news items on intranet/ community talk to sell the benefits - A thank you award for partnership working/ left shift

Appendix 1 – Glossary

Forum Central - the umbrella organisation for the third sector in Leeds

Health inequalities – differences in health experienced by different people / communities. It is estimated that only 20% of health results from direct clinical health care - 80% is driven by healthy lifestyle factors and wider determinants of health such as demographics (who you are – age, gender, disability, ethnicity, sexuality, religion and faith beliefs), socio-economic factors (where you live, poverty, your local environment, social networks, education and employment) and how youa re treated (stigma and discrimination)

Healthwatch Leeds - independent watchdog whose purpose is to ensure people's views and experience shapes health and care services in Leeds.

Leeds Clinical Commissioning Group (CCG) – plans and funds health care for the population of Leeds including hospital services, mental health, community care including some delivery by the third sector

Left shift – relates to a shift in focus of healthcare policy, plans and funding from hospital services to prevention and better meeting people's physical, mental and emotional health and well-being health and care needs in the community

Local Care Partnerships (LCPs) – the long term vision in Leeds for creating integrated community services through building local partnerships that include health, social care, local third sector organisations and local people to design services that are responsive to local needs.

NHS Long Term Plan – national 10 year plan to achieve sustainable health and care delivery which centres on a shift in NHS focus and funding from acute services to prevention and better meeting people's physical, mental and emotional health and well-being health and care needs in the community

Neighbourhood Team – provides community nursing and therapy services for patients aged 16 and over whose health needs are best met by community based nursing and therapy services.

Population Health Management (PHM) – an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities through locally designing better ways of meeting healthcare needs informed by analysis of data about health outcomes.

Primary Care Networks (PCNs) – PCNs, formed in July 2019, bring together general practices to develop and provide a wider range of services to patients and more easily integrate with other health and care providers.

Third sector - previously known by other terms including the 'Voluntary, Community and Faith Sector'. Includes voluntary organisations, charities, community groups, informal self-help groups, the community work of faith groups, social enterprises and community interest companies where there is a wider accountability to the public through a governance board or a membership.

Appendix 2 – mapping of third sector involvement in LCH (past 3 years)

Business unit	Service	third Sector involvement	Nature of involvement
Specialist	HALP	St Georges Crypt	Subcontractor
	Liaison and Diversion	Community Links	Subcontractor
	IAPT	Touchstone, Northpoint, Community Links	Partnership
	Gypsy and Traveller Nurse	GATE	Integrated working, pathway development
	Leeds Sexual Health	Yorkshire Mesmac	Subcontractor
Adults	Neighbourhood Teams	Neighbourhood networks such as Armley Helping Hands, Age UK	Subcontractor
	Community Care Beds	Kissing it Better	Subcontractor
Children's	0-19 PHINS	Women's Health Matters, Touchstone, Health for all, the Marketplace	Contractual relationships and pathway development
	Watch It	DAZL, Health for All	Integrated working, pathway development
	CAMHS	Advonet – Advocacy Services for Children & Young People	Subcontractor
	Audiology	National Deaf Children's Society	Pathway improvement, multiagency working
	Children's occupational therapy, physiotherapy, community paeds	Sunshine and Smiles, Leeds Mencap	Coproduce service improvements, pathway development
	Mindmate SPA	Northpoint Wellbeing, Sunshine and Smiles	Subcontractor
	CAMHS	Community Links	Joint working
Corporate	QPD	Healthwatch	Public involvement in agreeing quality priorities and Quality Account development
	QPD	Stonewall, Black Health Initiative, Forum Central, Carers Leeds	Inclusion work
	QPD	Healthwatch	Involvement and public accountability

	Business Development	Leeds Involving People	Patient involvement to bids
	Operations	Carers Leeds	Developing LCH Carer's Strategy
	Estates/ facilities	SHINE, Thackray medical Museum, Stanningley Rugby Club, Old Fire Station, Hillside	Regular use of third sector venues

Appendix 3: Summary of workshop discussions at Third Sector Strategy workshop – 27.08.19

Blue text = staff views
Black = views from third sector workshop

Workshop 1: Opportunities for LCH & third sector in working together to improve health and well-being in Leeds

- Opportunities to input to individual cases, could be part of multidisciplinary teams (MDTs), opportunities to share information to enable this and create more holistic care (want to see Leeds Care Record (LCR) and input to it)
- Sector could help prevent crisis, e.g. with dementia
- Employ support workers in Neighbourhood Networks to enable people to engage in what's available, pilots etc
- Otley Leg Club – delivered in Otley Action premises who provide transport: NTs
- Opportunity to deliver more clinics and falls/ exercise classes in third sector venues. Coincide with sessions they attend e.g. lunch clubs. Em: always consider this as part of winter planning, barrier is capacity eg if 1 therapist off sick struggle to get to Otley Leg Club
- NTs: more patients could be seen in clinics if transport provided. third sector able to provide?
- Opportunities for sector to provide ongoing and longer term rehab
- Providing interim service whilst people waiting e.g. therapeutic opportunities for suicidal person.
- LCH to attend services to provide health/ clinical input and could sector take some of this delivery on, does it need to be statutory? third sector as bridge to mainstream services
- Cynical referrals to the third sector – dumping people – not working in partnership
- third sector impact on broader outcomes – providing a safe space, advocating e.g. support around mental health leading to impact on crime reduction
- Enabler of personal health budgets, navigating the system
- Partnership of agencies – function of Local Care Partnerships (LCPs) in future
    - Shared demand management
    - Referrals could go to partnership to decide best place – like an MDT
    - We have the systems for partnerships – it's the relationships we need to develop
- More creativity around how situations are managed to ensure they are more patient/ person centred
- Working together to help meet needs of marginalised groups such as asylum seekers and refugees
    - third sector providing training e.g. re why refugees find it hard to access healthcare. Lesbian, Gay, Bisexual, Trans (LGBT) – universal training to support access to services. Opportunity to link training offers, co-deliver, build social capital. Society for Deaf and Blind deliver free training – including LGBT?

Contract arrangements & delivery - enabling working with third sector
- Contract arrangements e.g. Improving Access to Psychological Therapies (IAPT) – risk and reward- this is comparable to the stake that each organisation has in the contracts.

Larger organisation's funding is dependent on results, smaller organisations are contracted to block funding

- Consortium – big contract – changing contract every 3 months to benefit group / young people. Competition and challenge of survival for the third sector is eroding partnerships – down and upsides of consortiums
- Capacity and resource- smaller organisations cannot always contribute the time/resource to attend meetings, etc.
- Partnering with the private sector
- Opportunity to learn from good examples/best practice
- Proportionate reporting - consider
    - how we measure within each partner organisation and who takes responsibility for this
    - how we evidence outcomes across all third sector organisations
- Capacity is a challenge e.g. weekly meetings
- Promote working with good will, outside of agreements –not necessarily sustainable
- LCH supporting and enabling procurement from the third sector e.g. enabling third sector partners to come together to bid for work – spend the Leeds £ in, and invest in Leeds
- Communication- there needs to be a shared and common ground for how we communicate. Align language more – quite technical in NHS
- Information sharing – patient records
- Increase promotion of 'what's going on', baseline knowledge, shared opportunities.
- Continuity of funding within the network and strategy
- Leeds Plan implementation-present a great opportunity

Building effective working relationships with each other *– overlap with navigating health systems below*
- Neighbourhood Networks attend case management meetings in some areas (Opel & Horsforth). No longer do in some areas because of GDPR. Solution: practitioners always asking if OK to share with other organisations?
- Re whether NT Coordinators able to support other services to link with third sector organisations. Felt could do some if tel calls but not capacity to do more active follow-up. M: some NT clinicians investigating / linking with third sector. Could pass it on to NTCS to do
- NTS: think about potential to share information about third sector organisations in innovative ways / ways that people will remember
- Building trusting relationships - expertise of the third sector is recognised but there is not always trust to deliver
- Establish shared values
- Focus on person and the system working for them – if not can be counter-productive
- Non-medical model
- Where there are good examples of outstanding partnership working – can these be used as case studies to influence citywide partnership working
- Coproduction from all partners, coproduce needs, specific role to manage partnerships - Live Well Leeds as good model
- Valuing local knowledge - community groups, Neighbourhood network model, working with community based assets, ABCD approach
- Right way to co-commission

- Work together on shared agendas – stronger voice together e.g. transport, climate change
- Recognition that this is a way of working and conversation that's been developing for many years and which we can build on
- Forum Central and other third sector networks act as a good point of contact for much wider networks and relationships and are a good example for how to engage with the sector
- To improve how we work together we should identify the commonalities between us – e.g the need to provide value for money, to be business like, our focus on health and our community values
- We should create more opportunities to enable organisations to link together, to get to know and support each other, to increase awareness of each other and to dispel myths
- Run 'speed dating' events for the NHS to meet a wider range of third sector partners
- LCH could increase visibility of the third sector among our staff and this will have a positive ripple effect across the organisation and NHS about the value of the sector
- Better use of technology can enable better communication and building of relationships
- We should think about the third sector's contribution in all NHS services
- LCH could act as broker with smaller/ unconstituted groups
- Flexibility across all organisations
- We should help find ways to ensure different partners have the capacity to engage with the NHS – e.g. time, funding, physical support
- We need to be careful of unintended consequences of new ways of working – e.g. risk of re-inventing the wheel and be careful that as a system we could be creating confusion through changes
- **Corporate social responsibility:** LCH resources could support the third sector e.g. staff being trustees, providing skills, supporting people development, volunteers

Navigating Health systems
- Navigating the system is difficult, particularly for smaller organisations & difficult to break into the system (get a profile, referrals).
- Be clearer re who does what, how works, share information, lots of acronyms, how everything fits together (social prescribing, LCPs, Primary Care Networks (PCNs), Neighbourhood Teams). Difficult for smaller third sector organisations
- Creating relationships and understanding of each other so that we know proactively who to link with - support local organisation in understanding LCH services and structures
- Mapping services, resources across city to include third sector
- Increase communication/ awareness of services that LCH provides and vice versa
- Develop narratives on pathways and patient journeys
- Creating central resources; should these be provided by commissioners?
- Build on resources, not duplicate
- The role that Forum Central/ Voluntary Action Leeds play in bringing third sector and LCH closer together
- LCH could help GP practices to reinforce messages – people registering and using the service
- How does an organisation become an LCH partner? Could there be a partnership scheme?
- Creating route to raise issues.
- Considering networks wider than the third sector
- Dedicated roles are working well in the NHS – such as Clinical Care Coordinators who have knowledge of the local area and the third sector

- We could develop dedicated roles to building relationships such as partnership managers
- What also works well is information sharing through forums and in GP surgeries
- We need to promote more 1:1 face to face contact, as this builds meaningful relationships
- Thinking needs to start locally and then move up to wider and city levels
- We need to ensure there's an up to date directory of services
- Can a central care record include the third sector? GDPR currently acting as a barrier
- We need to be careful that the digitisation of services does not exclude certain communities
- The system can sometimes act as a barrier for joined up working

Volunteering
- Huge potential for LCH to support users to become volunteers – giving something back to users. Needs to be funded to be sustainable. Not integrated into each service / provide. Need volunteer co-ordinators. Share expertise
- Could help LCH achieve its aims
- LCH could promote to staff opportunities to become a trustee in third sector or volunteering
- Students are often keen to volunteer and are a community that should be targeted
- Can be a huge resource to support – requires ongoing support and training for volunteers and volunteer managers including social support and opportunities, also needs governance, policies, structure
- Volunteers could be used to support people to access medical appointments, self-advocacy in a restorative way
- As a system we could encourage volunteering as a route to well-being
- LCH/ NHS could be used a route in for service users into volunteering in the third sector
- Volunteers could be used as experts by experience, tapping into people's lived experience
- LCH work with volunteer managers network to explore opportunities, best practice
- Could NHS staff be given time to volunteer as part of corporate social responsibility?
- Could NHS staff be trustees in the third sector – encouraging personal & professional development
- Third sector not always aware what LCH does so it's difficult to know how volunteers could contribute to the organisation

Utilising specialist expertise of the third sector
- The sector has specialist expertise around peer support which could be utilised
- Specialist expertise of communities and client groups
- Sector can provide training around how to work with different communities – but this should be resourced and not one off
- Need a system for knowing what expertise is out there and how to access it
- lack of support for MH preventing discharge – third sector filling need?

third sector enabling engagement with services, ensuring information/services are accessible - people can't or won't engage. Working together to achieve this and creating consistency
- Engagement at grassroots level – build on what's been started as there's lets more opportunity
- Difference in engagement with local and national organisations
- Have more planned and coordinated engagement with sector

- Communication with and support for people with a disability to access services - getting this wrong impacts significantly on engagement.
  - buddies who know service / setting / expectations - taxi takes you, to support once inside.
  - Provide transport to access community services (Lions International – Rothwell Rollers). Publicise better dial-a-ride
  - The profoundly deaf have significantly worse health outcomes often as they cannot access public health / health prevention work
    - Diabetes and self-care – third sector partners have routes for engaging deaf and blind community with referrals and access to services
    - Often not support / poorer support in small local services e.g. loop systems not working / hard to use. Risk of not attending if don't know what support is available.
    - Communications standards not checked / used. Significant hearing impairment: phone overused, letters not the answer as British Sign Language (BSL) users may not read English - patients may not feel able to say if they don't understand the information. Written information can seem too blunt for hearing impaired
    - Free training available for staff in deaf blind hearing / sight impairment awareness sessions - 2 hours / 1 day. Will come to us.
    - Need different ways to let deaf/blind community know about services. What worked well - communication from Live Well Leeds went out city-wide through partners, hub.
    - Appointment access / booking for the profoundly deaf. Staff not always knowing the process for working with interpreters. General Data Protection Regulation (GDPR) an issue.
    - Lions involved in dementia, diabetes, providing eye cameras in schools nationally
- third sector leading consultations
- third sector skill set in impact assessment – evidencing impact: qualitative, telling stories
- Starting relationships with a view to maintain and joining up existing relationships

Peer support, buddying, self-management
- We could implement multidisciplinary joint visits/ assessment, such as for frailty work - Neighbourhood Networks attending initial and / or subsequent visits with NTs. NT manager & coordinators supported this: staff workshop. Would third sector organisations only attend if patient already known to them? If so, would need to find that out
- LCH services providing advice & / or training to third sector organisations e.g. OTs or TI's re balance, walking with confidence. Staff workshop
- Also services delivering / co-delivering sessions to third sector groups e.g. during chair based exercise classes; TIs delivering relaxation, anxiety management, adjusting ferals in Neighbourhood Networks (rubber on the end of a walking stick); self management facilitators supporting MH&WB. Staff workshop.
- Delivering services together in different ways. Fund sector to do future work for Leeds Community Healthcare NHS Trust (LCH) – third sector could support NHS interventions more.
- Sector could provide workshops around self-management and prevention
- Partnership working to support individuals to implement care plans, adherence to treatment

- Clearer communications about what a service is for, how to access and what an appointment is for could help people self-manage more

Peer support
- LCH could tap into and develop relationships with existing peer groups in third sector
- In future service designs LCH could fund third sector to be involved in to help develop peer elements of model
- LCH provide clinical support to existing peer support groups
- Peer support groups are not always the answer and can be poorly attended – should be more embedded as an approach
- Care coordination could be undertaken by peers who understand the person more
- Personal links (through peers) can help people engage in services where they wouldn't have engaged before
- Could service delivery be broken down and shared with third sector – so whilst people are on a waiting list to be seen by a clinical service the third sector could be working with them on other needs

Business Development and Contracting
- Contract arrangements e.g. Improving Access to Psychological Therapies (IAPT) – risk and reward- this is comparable to the stake that each organisation has in the contracts. Larger organisation's funding is dependent on results, smaller organisations are contracted to block funding
- Consortium – big contract – changing contract every 3 months to benefit group / young people. Competition and challenge of survival for the third sector is eroding partnerships – down and upsides of consortiums
- Capacity and resource- smaller organisations cannot always contribute the time/resource to attend meetings, etc.
- Partnering with the private sector
- Opportunity to learn from good examples/best practice
- Proportionate reporting - consider
    - how we measure within each partner organisation and who takes responsibility for this
    - how we evidence outcomes across all third sector organisations
- Capacity is a challenge e.g. weekly meetings
- Promote working with good will, outside of agreements –not necessarily sustainable
- LCH supporting and enabling procurement from the third sector e.g. enabling third sector partners to come together to bid for work – spend the Leeds £ in, and invest in Leeds
- Communication- there needs to be a shared and common ground for how we communicate. Align language more – quite technical in NHS
- Information sharing – patient records
- Increase promotion of 'what's going on', baseline knowledge, shared opportunities.
- Leeds Plan implementation-present a great opportunity
- If contracting with a third sector partner, consider who else they could bring – could it be stipulated that they bring with them smaller third sector organisations, so that they're not left behind or excluded
- LCH can play a role in ensuring third sector is adequately funded by acting as a 'big brother' in the system - challenging unviable commissioning/ short contracts
- Strategically pre-think opportunities for partnership working for bids before they come out – this could be done through a procurement framework
- Does the NHS always need to lead bids or could the sector lead the bids instead

- Provide more proactive support for smaller organisations who may not have resources/ infrastructure to bid or take part in bids
- Avoid tokenistic use of sector in bids

Funding
- Joint bids for services and funding – needs planning ahead – can smaller groups access our business development expertise and infrastructure?
- Continuity of funding within the network and strategy
- Improve funding to smaller organisations - help challenge short term funding
- can lose third sector providers when funded from elsewhere
- potential negatively impact third sector when people referred but reliant on third party funding
- Funding guidelines are generally too restrictive
- Unpaid opportunities- Peer support, Volunteering - how do we celebrate this?

Accessibility, communications, marketing of services
- There's a good culture in Leeds and willingness to share information
- Need to utilise existing city assets such as Leeds Directory, libraries, Community Hubs, Social Media
- Larger organisations to commit to introduce smaller organisations – could LCPs help with this? Tendency to refer to larger organisations as we don't know about smaller ones
- Being clearer on process for developing communication materials – making sure they meet different needs
- Don't assume people have someone to read materials to them and make current information more accessible in multiple formats
- Ensure there is a system-wide approach to communications across the city that is consistent – e.g. agreed pictorial symbols used across Leeds
- Process to learn from feedback where communication hasn't worked and make sure this learning is cross organisation
- Can we develop accessible documents/ shortened versions – does someone always need full details in a letter?
- Can we stop the reliance on letters and use Skype, text etc
- Can we help people know how to access a service quickly – people shouldn't need to know who provides a service just to be able to access it
- Could we offer outreach to where people are based and take the services to them rather than expecting them to come to us?

Using Leeds Resources
- The third sector is receptive to and wanting to work better together
- Lots of examples in the sector of joined up services under one roof and examples of sharing resources such as training and expertise
- We could unlock barriers to accessing each other's estate assets
- Create a culture in the system that breaks down silos
- Use talent management better when services change – flexibly share staff across organisations to keep the talent in the city when contracts are lost
- Facilitate cross organisation training – learn from each other's specialist expertise and cultural expertise
- How do we ensure the community influences the health and wellbeing strategy?
- Policies and politics often a barrier to integrated working

- How can citywide services / organisations who work citywide engage and work with LCPs and PCNs? They can't be split 18 ways
- We should use a community development approach to use and strengthen local assets
- Can we do some robust provision mapping so that we know who provides what and where
- Good intentions for joint working are not good enough on their own – we need to see it in practice
- Can we have aligned mechanisms for measuring outcomes so that we can show that collectively we are meeting a need
- One centralised care record that everyone can access

Summary of attendees at engagement event – 27.08.19

Canal Connections CIC
LIP, LCCG,Healthwatch
Touchstone
Leeds CIL
Deafblind UK
Solace
TSL Leadership Group
Inspire North
Special Needs and Parent Support Yorkshire CIO
The Cardigan centre
Feel Good Factor
Cross Gates & District Good Neighbours' Scheme CIO
William Merritt Centre
Outside The Box- Ilkley community Enterprise LTD
Oblong Ltd
Inspire North
Aspire - Community Links
Together We Can
Voluntary Action Leeds
Touchstone Leeds
Leeds Mind
Forum Central
St Vincent's Support Centre
Home-Start Leeds
The Leeds Society for Deaf and Blind People
Leeds Hearing and Sight Loss Services (Age UK Leeds)

Behind Closed Doors
Barca-Leeds
Barnardo's
Forum Central
Leeds Hearing & Sight Loss Service
Leeds Mencap
Keep Real
The Cardigan Centre
Specialist Autism Services
PSI-Volition/Forum Central
TCV
Shantona Women and family centre
Touchstone Leeds
Together women
Live Well Leeds
Rothwell District Lions Club
Forum Central
Leeds Jewish Welfare Board
Diabetes UK
Leeds Older People's Forum
People in Action
Health for All (Leeds)
Refugee Council
Womens Health Matters
HARP
MHA
AVSED

Forum Central
Hamara
BHA Leeds Skyline
Refugee council
LCC
Refugee Council Leeds
Leeds Mindfulness Cooperative CIC
Carers leeds
Carers Leeds
The Leeds Society for Deaf and Blind People

Appendix 4: Results from third Sector Strategy Consultation – Jan/Feb 2020

Referring to priority #1 - Integrated working and co-delivery - does this seem the right priority and is anything missing?

Prevention and encouraging self-management are the right principles, however does this focus risk missing people who are living with LTCs (particularly the older population) and those who require on-going community based treatment/support that is managed in conjunction with services provided by/in the acute trust?

Right priority

Priority is good. From my perspective I'd like to see a more explicit commitment to consider subcontracting elements of traditional NHS delivery to Third Sector partners (eg IAPT, CAMHS, allied health services).

I love the idea of this - some of which we are doing already. I especially like the idea of third sector involvement whilst individuals are waiting on an NHS waiting list to optimise the patient experience. - Also love the idea of using non clinical settings eg cafes, community halls etc. Maybe adding in something on: - scoping out current services, gaps - Exploring the role for LCH staff to dovetail the above existing services and new services. - using population management to actively identify potential gaps and prevention opportunities. - Being a mentor to volunteer and service user led schemes/services eg offering supervision/mentor /project lead scheme.

Yes, as long as there is recognition that capacity within the third sector can only be created through funding it properly

Right priority but lacks of examples from Children & Families Services perspective.

Yes, we have to address that before we can jointly address any inequalities. There could be one, two or three sectors involved with a person but because of separate records, we don't jointly understand their life.

Priority seems acceptable and unable to offer anything further for consideration.

Looks good and is workable/achievable

to recognise and value the experience and expertise of the third sector as equal partners

I don't know what this means in real terms, sorry. There is a lot of jargon here.

yes, also need to remove barriers preventing integrated working

Yes - whilst it references volunteering, is this priority also related to secondments/workforce opportunities?

Really important - lots of opportunities to benefit both LCH and third sector organisations. Need to be really careful co-delivery is never about the larger organisation pushing smaller third sector organisations into delivering the work that is not financially viable or rewarding for staff to deliver.

Referring to priority #2 - What LCH could offer the third sector - does this seem the right priority and is anything missing?

No reference to joint working, developing innovative ways of working where the Third Sector may be commissioned by LCHT to provide services that supplement those delivered within the NTs. Helpful to have the offer of corporate support and LCHT staff being encouraged to volunteer as part of CSR but no reference to the Third Sector being recognised as a delivery partner- part of the solution to making the 'left shift' and 'Home First' a reality

Right priority

Good priority. Generally smaller Third Sector organisations lack visibility, which is something LCH BD team could assist with potentially and which would be valued.

As per previous answer above:- -Dove tail third party services, -create and co run community groups, workshops and services to cover current gaps and areas of needs. - Supervision, upskilling and mentoring third sector staff .

Again, yes as long as there is recognition that the third sector needs to be resourced to operate e.g. even having volunteers can be problematic if there is not a paid staff member to ensure they are properly managed and supported

appropriate priority and examples

Potentially yes as there is a gap with hundreds of potentials for solid opportunity to work together, have access to each others resource and expertise etc and perhaps funding.

We concur with the priorities outlined but feel liaising with third sector should be paramount. Often unaware of what is available and how things can be accessed.

Visible support - use of LCH logo on approved projects. Job swaps/shares

full cost recovery funding for all services bought in from the third sector to enable us to fully fund our own infrastructure. support to get community led groups off the ground - e.g. project support

yes

Yes - again as above, could this extend beyond volunteering and incorporate more formal collaboration within the workforce e.g employment

It would be great to offer other support / coaching / mentoring functions to current or aspiring leaders in the third sector

Referring to priority #3 - Working on shared agendas - does this seem the right priority and is anything missing?

Ageing population, home first, UCR

Include housing

This priority seemed the vaguest, so it was hard for me to identify gaps.

-Pro-actively using data and clinical need eg population health data to anticipate and identify areas for input. - Work collaboratively with partners to identify need and current assets and resources. - Based around LCPs and local needs for local people. Meetings/networks held locally to ease access for all to participate/contribute/engage with. - Use a range of forums and mechanisms through which to identify and engage with the local community to identify agenda issues/priorities.

Addressing inequality needs to be included: financial, digital, race, gender etc - all these contribute significantly to health inequalities

could mention Leeds plan on a page

Partly yes as we are all working for the same objective but time is always precious.

Agree the priorities as shown, but the opportunity to share needs to be fully communicated to all parties.

Homelessness Food poverty

think this should be re-named to improving health outcomes as I think that is the shared agenda

Yes

be good to understand more about what this could look like to make an informed decision - is this about Leeds System as well as LCH and Third Sector? Are other providers/CCG looking at their strategy too and does this align?

Homelessness and inclusion / community development would be 2 other areas that could be shared agendas

Referring to priority #4 - Enablers and aligning system infrastructure - does this seem the right priority and is anything missing?

I would add enabling the Third Sector to access management development, and talent management initiatives, this will add to ensuring that Leeds operates as one system

right priority

Right priority. Nothing missing that I could see.

-Removing barriers to sharing info including shared IT/networks and communication channels. -Having info held centrally eg on a central portal for individuals to access (as appropriate). - Creating a staff data base and contact list which can be accessed by all relevant parties.

Ok

Seems appropriate

I'd potentially put this as number 3 as enablers would have to be in place to work on shared agendas before, not after. Aligning infrastructure is vital for people to understand it, in plain text without the jargon and confusion fo "another" way of working together.

Agree the priority. However need to recognise third sector may require assistance with sustainable resources.

Looks about right

needs to be about valuing us as equals and LCH covering full costs of services bought from third sector. Digital agenda

Thanks

Yes

Yes

This might be harder to have as a separate priority, unless we can be clear about how much of the other priorities can be achieved without these. Also, I think the third sector must be accessible by all third sector and the terminology in this title isn't necessarily understandable by all

Referring to priority #5 - Business Development/ contracting - does this the right priority and is anything missing?

Nothing to add

right priority

This seems fine.

- A commitment to securing long term and permanent staff contracts where able to ensure consistency for the service, the patients and the local community. Provides and aids staff wellbeing and job security for staff. - Identifying what can be contracted for centrally across Leeds for all and which need to be more locally contracted and funded to meet local Leeds depending on the population it serves.

Yes

Nothing to add

Priority fine. Need to show a clear pathway for contracting that enables all a level playing field when contracts being considered

Could add: capacity building / stimulating the local economy for small VCS providers to become engaged with services through small grants programmes. The contracting proposal elsewhere is a good one, but likely to be for large amounts. There are a lot of smaller providers who could deliver bespoke or one off projects and joint initiatives for a few hundred / few thousand pounds that would make a significant difference.

Good

Joint bid development

Yes

is there something in here about supporting the third sector with their bids for funding / evaluation of outcomes?

I really like the values embedded in this, it makes a refreshing change from many statutory approaches to sub-contracting

Referring to priority #6 - Navigating the health system - does this seem the right priority and is anything missing?

Navigation and clarity of services offered by LCHT to the general public is vital, not sure that this is explicitly stated? Older people in particular find health and social care system challenging to navigate as such will default to what they are familiar with rather than what is most appropriate/effective to address their needs.

right priority

I think this priority is something that could generate a lot of activity and noise, and good works, but not result in anything particularly tangible for the Third Sector in terms of new income streams.

Make further use of and LCH and third sector staff more aware of and actively using a central forum to map services eg the existing Leeds Directory. Mechanisms to keep this up to date as staff and services change/develop.

Yes as long as it is kept up to date

comprehensive

As above.

Feel very comprehensive particularly with reference to knowing small groups.

Fine

Yes

needs tidying up! doesn't read well, duplication of issues needs to identify system integration and how this will include the third sector

would be good to have specific reference to Leeds Health system partners - system leadership etc

Rather than emphasising the 'us and them' parts of the health system, could this instead be about how we all navigate it together, being part of the same system (and overlapping with community systems, not just health)

Considering all of the draft priorities is there anything else you would add and include as a priority area?

Nothing to add

Working with the third sector to improve the health and wellbeing of older people - including working with Leeds Older People's Forum

No. It seems pretty comprehensive.

Priority on - Staff health and wellbeing within all this to ensure we secure and retain the best staff for Leeds. Priority on - staff development and training to fulfil these roles across the city. Also n terms of future staffing so liaising with education organisations eg Leeds Beckett. - Encouraging and facilitating staff to have a wider and more holistic skills set which is likely to be required to attain the left shift more fully. - Hear about current practice to learn what worked well and what didn't - so we can learn lessons and avoid pitfalls.

Supporting growth and sustainability in the third sector , recognising their ability to provide tailored support, time, and space to the most vulnerable in society

I'd like to see where public perception is involved and properly listened to.

Nothing to add.

As above - a range of small to medium grants programmes

Some sort of understanding of when it's appropriate to work third sector and a simple protocol for getting approval. Understanding of how to approach third sector - single point of contact or direct to most likely organisation? It has to be clear and simple or it won't work.

No where does it say you are going to measure outcomes. There is a lot of good stuff here but it is necessary to measure the success or failures of these changes.

Health outcomes, joint ambition, being the healthiest city etc - link to Leeds plan stated commitment from LCH to the sector? Diversity and BAME focus? including excluded groups - only vague mention of this in community/unconstituted groups. Does the left shift include a left shift of resources from LCH something broader about supporting leadership and workforce development

better communication between different organisations

No necessarily a priority in its own right, but assuming that good practice and learning from the sectors as partners will be intrinsic as there is a wealth of expertise - aligns with priority 1

If you could prioritise the draft priorities in order of importance how would you order them?
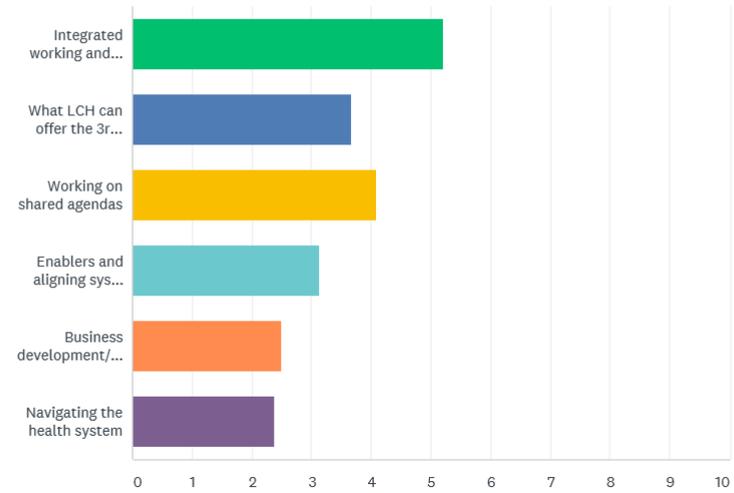
		1	2	3	4	5	6	TOTAL	SCORE
▼	Integrated working and co-delivery	57.14% 8	21.43% 3	7.14% 1	14.29% 2	0.00% 0	0.00% 0	14	5.21
▼	What LCH can offer the 3rd sector	6.67% 1	26.67% 4	13.33% 2	33.33% 5	20.00% 3	0.00% 0	15	3.67
▼	Working on shared agendas	14.29% 2	28.57% 4	28.57% 4	14.29% 2	7.14% 1	7.14% 1	14	4.07
▼	Enablers and aligning system infrastructure	0.00% 0	14.29% 2	28.57% 4	28.57% 4	14.29% 2	14.29% 2	14	3.14
▼	Business development/ contracting	7.14% 1	7.14% 1	14.29% 2	7.14% 1	28.57% 4	35.71% 5	14	2.50
▼	Navigating the health system	15.38% 2	0.00% 0	7.69% 1	7.69% 1	23.08% 3	46.15% 6	13	2.38

Do you have any ideas about how the strategy could be implemented successfully?

Active broad Third sector engagement, participation, development, happy to assist where I can

By involving the third sector from the beginning.

It would probably benefit from an implementation steering group, with some clear goals and measures of success, comprising reps from LCH and third sector partners.

-As above. Learn, listen and hear from examples of this work already happening so we can learn lessons and avoid pitfalls. -Need a good project management lead and cross refence which things need to be done and which order as likely one thing cant be done until something else has been completed etc. - Begin to involve staff and service users now - hold listening events, consultation events, to ensure staff and service user engagement at an early stage (not later). - Harness key champions and existing advocates ie those who embrace and champion this way of working (assets). Of which im one!

To make it actually work, please let's not be looking at another new strategy in a few years time.

Do LCH require a mapping exercise of where the third sector organisations are If already in place then are the third sector aware of what NCH might be able to offer their specific group. All groups should be asked to nominate a contact with a view to providing information for possible resource sharing.

Keep it clear and simple. Show where projects have succeeded/failed to create learning.

needs driving from leaders in LCH embedded via LCPs etc

Use less jargon

Ambassadors within respective organisations supporting colleagues across all levels to have an appreciation of the contribution they can make. Be great to get service users involved about the difference this would make.

NHS
Leeds Community Healthcare
NHS Trust

Meeting Trust Board – 7 August 2020	**Category of paper** *(please tick)*	
Report title Reset and Recovery	**For approval**	
Responsible director Executive Director of Operations **Report author** Programme Lead – Reset and Recovery	**For assurance**	✓
Previously considered by SMT 22 July 2020, Quality Committee 27 July 2020, Business Committee 29 July 2020	**For information**	

Purpose of the report

Following LCH's response to the first wave of the Covid-19 pandemic a reset and recovery programme was established in June 2020 with the aims of increasing priority service operations by September 2020 and by March 2021 embedding longer term innovations, to provide outstanding and more accessible patient care and an outstanding employment experience for staff. This paper provides an update on current progress and a focus on key activities currently underway.

Recommendations

The Board is recommended to note the contents of this paper and to discuss how the reset and recovery programme can be further developed or improved

RESET AND RECOVERY

1.0   Purpose of this report

Following LCH's response to the first wave of the Covid-19 pandemic a reset and recovery programme was established in June 2020 with the aims of increasing priority service operations by September 2020 and by March 2021 embedding longer term innovations, to provide outstanding and more accessible patient care and an outstanding employment experience for staff. This paper provides an update on current progress and a focus on key activities currently underway.

2.0   Current Progress

High level timeline
A high level timeline for the programme is included in appendix 1. Key activities during June and July included:
- Agreeing the programme strategy and structure using a leaner and more empowering/ engaging approach
- Setting up the project team
- Undertaking 'getting ready' activities with services
- Undertaking staff and patient/ public engagement to reflect on our response to the pandemic and help shape service reset project plans

All LCH services have now started their resets with staff engagement either completed or underway.

Getting ready and prioritisation
Getting ready activities for services were designed to help services proactively plan for reset whilst waiting for the project team to be developed and aligned to their service. Activities included reviewing waiting lists, getting on top of operational issues such as training and appraisals, and starting to think about future staff, estates and PPE needs.

A prioritisation self-assessment tool was developed using the quality impact assessment and CQC domains. It was designed to help services identify and quantify clinical risk, urgent need and complexity to assist with decision making around priority service areas to restart first and to help shape the future project plan. All completed self-assessments are now with Business Unit senior leadership/ management teams to sense check and progress.

Project mechanics and governance
The Programme Lead, Dan Barnett, has been in post since 1st June 2020. The Business Logistics Team, which is a team made up of the merged Business Teams, Business Development Team and Major Change Project Team, is providing project management and project support for the programme. At present 40 project roles from this team have been aligned to service reset projects and to cross cutting theme projects (such as PPE, estates, digital).

The programme governance structure (see appendix 2) has now been put into place, and demonstrates how the reset structure fits into LCH and system governance arrangements. The reset element includes:

- Problem solving group – meets weekly and sets the strategy of the programme and supports with addressing complex risks or issues. Members include SMT, it is attended by the GP Confederation, and it includes rotating membership from the staff networks and shadow board to ensure membership diversity.
- Business Unit senior leadership/ management teams – meet weekly and acts as a programme board for the reset projects within that business unit. Members include General Managers, Clinical Leads, Service Managers, Business Managers, Project Managers and corporate support functions.
- Reset project teams – meets at least weekly and oversees the day to day delivery of the individual service's resets. Membership varies but is likely to include service leadership, project manager, commissioner, service reset champions.
- Project Manager Network – meets fortnightly and acts as a support network for the reset project resource. Provides project roles with peer support and training and development around project management, change management and quality improvement.
- Critical friends – these include the staff networks, shadow board, trade unions. The trade unions in particular are well engaged in the reset agenda.

Redeployment
A big focus of reset to date has been on redeployment in terms of planning for how and when staff can return to their substantive services. A cross-business unit meeting took place earlier this month to agree a transitional plan of 6 weeks, by the end of which all staff will have returned to their original service. A group has also been established to look at resilience and winter planning to ensure we are well prepared for a second wave of Covid-19 and the added complexities of winter pressures and flu.

Clinical Lead
A Clinical Lead is currently being recruited and is expected to be in post by September 2020. The role will ensure there is a senior clinical voice and perspective leading reset. The role will also ensure that success can be measured through effective quality and outcomes measures and that any changes being made to services are contributing to the improvement of health inequalities.

Toolkit
A toolkit of useful enablers has been designed to help project managers lead their reset projects and means that corporate support can be more effectively split across all services at the same time. The toolkit includes:
- Infection Prevention and Control risk assessment, checklist and action plan
- Patient and public engagement toolkit
- Communications plan and universal communications messages
- Estates allocation process
- Capacity and demand tool
- Existing tools such as Quality Impact Assessment, Equality Impact Assessment and Data Protection Impact Assessment templates
- Developing outcomes resources

The toolkit will continue to be developed throughout the programme and shared via the Reset and Recovery intranet pages.

Communications

A communications plan is being drafted to ensure stakeholders are up to date about the progress of reset and recovery, with an initial focus on keeping staff up to date. Staff communication mechanisms include:

- Weekly news round up in the Covid-19 midday briefing and reset and recovery intranet pages
- Development of service specific reset intranet pages
- Regular vlogs from the programme team and with a focus on key services as case studies
- Standard agenda item at leaders network and team LCH virtual meetings

3.0 Focus on staff engagement

One of the first activities for a reset project has been to undertake extensive staff engagement. This was a really important starting point because we recognised that the pandemic was an unusual event that we are not used to responding to. It affected us all differently in terms of psychology and complexity. We also recognised that a lot of changes took place, over a very fast pace, with little or no structure and so engagement was a necessary reflection to help us embed the useful innovations it was worth retaining and to stop doing work that wasn't adding value.

Engagement sessions have been led by service leadership teams and project team using MS Teams and were structured around the crisis response measures (see appendix 3) which get participants to reflect on their experiences during the crisis in terms of what we want to amplify, restart, end and let go of. All intelligence is then used to help shape the service reset project plan.

Staff engagement is still underway across the organisation. To date 40 sessions have taken place with involving over 800 staff. Additionally, in some services online surveys have been developed to create more flexible ways for staff to feedback - to date around 100 staff have been engaged with through this route.

Key themes identified across the engagement events to date include:

Strengths

- Recognition that the crisis brought teams together with a shared focus and that people felt supported by each other
- People felt that the organisation's values and behaviours came to life during the crisis
- Evidence of lots of new ways of working developed such as changes to pathways, referral routes and engagement mechanisms
- Use of MS Teams for virtual team meetings unanimously praised
- Virtual meetings mean that there is less time wasted on travel, more flexibility and better productivity
- Increase in virtual and telephone contacts which is being received positively by service users
- Staff in services that received redeployed staff really grateful and pleased with the additional support

- Lots of examples of where service user self-management is being promoted and embedded properly
- Lots of online training and webinars have been available and we need to do more of this
- Recognition that during the crisis there has been a lot of learning which we need to ensure goes into how we might respond to a second wave

Challenges
- Concerns about unmet need and how this will be managed as we start to reset and restart again
- Concerns about how waiting lists and backlog will be managed effectively
- The need to prioritise face to face delivery around safeguarding, risk and urgent clinical need
- Ensuring that we work in partnership with key stakeholders to make sure our reset plans are aligned
- Some difficulties with managing work/ life balance when there is so much home working
- Concerns about the long term impact of home working in terms of social isolation and health and wellbeing
- People are missing face to face contact with patients and colleagues, which is impacting on health and wellbeing
- Concerns about redeployment – staff want to go back to their substantive services and would have liked their expectations managed better
- Impact on students needs some attention as there are not the placements available for them now
- In some instances virtual consultations are actually taking longer than face to face and so whole approaches will need to be redesigned if virtual is to become the norm
- Concerns about what PPE is available to services restarting and how clinical environments will be made safer for face to face interventions
- Acknowledgement that delivering within social distance requirements will be difficult

4.0 Audiology case study

A case study on the progress of Children's Audiology is attached as Appendix III.

5.0 Risks and issues

The programme is already identifying a number of complex and inter-related risks and issues, for example:

Prioritisation – following the first wave of the pandemic services have been reviewing their waiting lists and quantifying potential unmet need. The self-assessment tool was developed to help them do this and support with decision making around how to prioritise. Despite this it is likely that difficult decisions will be required around what elements of service, or which services, take precedent over another. Given the limited estate availability it is likely that waiting lists will take some time to address, and most services will need to offer services in more creative ways.

Pace – there has been some criticism about the pace of reset being too slow. Despite this it has felt right to start all service resets with reflection on their response to the pandemic, to inform how they want to transform. The pace is now set by the service itself and we are finding that there is hesitance in some services to restart too quickly. The pace of the LCH reset could also impact on reputation with other providers, so we need to ensure we are aligned with citywide plans.

Winter – it is possible that a second wave of the pandemic, coupled with winter pressures and flu season, will mean that reset plans may be paused whilst the organisation focuses on keeping essential services running. Extensive winter planning is taking place now, as well as managing the expectations of non-essential services. It is likely that more redeployment will be required at this time, and all the learning from the last round of redeployment is being used to improve our approach.

Estates – we estimate that 30-50% of our estate will be available for face to face interventions and services have been asked to model what they need based on this. Priority will need to be given to services that can only be delivered face to face or where service users may be disadvantaged if a service is virtual. All services are being asked to think creatively and to support each other in sharing the space available.

PPE – as all services are now restarting at the same time there is a risk that this puts pressure on the flow of PPE. We are mitigating this by aligning a member of the PPE team to each business unit, who will then work with the individual reset projects to make early judgements about what might be needed.

Students – it is likely that in September we will have a flux of students coming into the organisation who require placements. Supporting student placements is a key part of our workforce strategy, however with some services still closed and others offering a high proportion of virtual interventions this will need some thought. A cross business unit workshop is taking place next month to plan our approach.

Project team capacity – services are all restarting at the same time and the Business Logistics team have been aligned to specific service areas with no spare capacity. Additional roles have been brought in from the project management talent pool but project team but capacity is still difficult to manage due to sickness, summer annual leave and childcare responsibilities. The resource is therefore being managed as flexibly as possible.

Pressure on corporate teams – again, as services are all restarting at the same time, there is a risk that corporate support functions will be overwhelmed with requests for support. To some extent this is being mitigated through the development of toolkits, which mean corporate support, such as communications, patient engagement, outcomes development and Infection Prevention and Control can be provided remotely.

Finances – the cost of additional, temporary project roles and the development of innovations that support services in transforming into a new post-COVID context mean that there is a risk that the organisation overspends. Services are being asked to reset within existing budgets and this is being monitored.

Staff morale –there is a risk that staff will have low morale and fatigue. Responding to the pandemic used a lot of energy and emotion, which, now we move into reset, could create low staff morale. This is being monitored through ongoing staff engagement. The ODI team are a key part of the reset team and we are already planning how to support staff better.

5.0 Focus of future papers

The focus of this paper has been about the start-up of the reset and recovery programme and future papers will have more of a focus on specific progress and transformation within the reset projects such as the impact on:
- Waiting lists
- Staff wellbeing and morale
- Finances
- Contribution to delivery of digital and estates strategies
- Safeguarding and harm
- Health inequalities
- Quality measures, including outcomes

The plan is to work closely with the Clinical Lead to develop metrics that will provide assurance on the progress of the programme.

6.0 Recommendation

The Board is recommended to note the contents of this paper and to discuss how the reset and recovery programme can be further developed or improved.

APPENDIX I

APPENDIX II
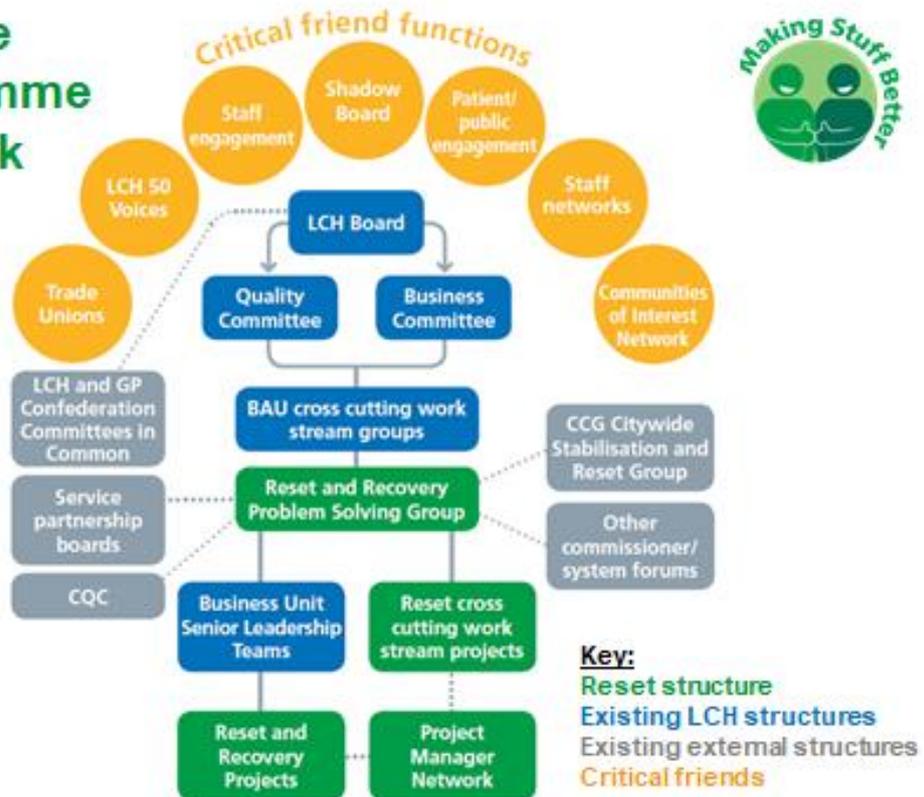
Children's Audiology Service Reset and Recovery July 2020

Our Journey . . .

Making Stuff Better

Project Team:
Reena Chudasama, Project Manager
Stephen Harris, Service Manager
Vicky Hodgson, Team Leader

𝒪n 23rd March 2020, Children's Audiology Service temporarily suspended the service due to the Coronavirus pandemic. The team work with children and infants with hearing impairments so that their conditions can be managed as well as possible.

All appointments were cancelled and all patients were informed by letter. At the start of the reset process, our staff team telephoned patients to update them on proposed timeline, gather feedback and inform service delivery and to measure parent confidence of returning to Clinics!

Here are a few changes we have implemented:

Staff engagement and IPC guidelines highlighted the need to now move to a service that wears a uniform. Uniforms have now arrived and staff feel happier and more confident.

Established a process of ensuring appropriate and correct quantities of PPE delivered to clinics.

Longer appointment times to allow for 'donning and doffing' of PPE. We have set up a buddying system so staff can support each other in the initial stages.

We now have new audiological equipment that allows us to provide a quality service whilst maintaining safe distance for staff and children.

Installed specific audiological software to reduce the amount of paper we use and increase staff safety. The software allows the direct upload of hearing assessments onto SystmOne. This means the service will also save on admin time.

We are now sending all patient letters via Synertec reducing these costs by 50%.

As we are one of the first services on this journey, we have been able to inform processes for other reset projects!

Challenges

All our appointments need to be carried out face to face in a soundproof room. We have a proposed start date of mid August with 1000 children with overdue appointments on our waiting list.

Limited access to estates means delivering our service from 1 of our 3 clinics - at Armley Moor Health Centre – however we have been able to extend the length of the day to see more patients.

As we progress in operating from the other 2 sites, this will help reduce our waiting lists.

Our patient engagement has shown a concern with confidence of certain communities accessing clinics in certain areas. Some of our patients rely on public transport and in some areas of the City, there is not a direct link.

We are aware there could be potential inequalities around access. We will actively gather reasons for patients not accessing our service.

Running our clinics from the other 2 locations across the City will ensure the needs of all our patients are met.

And for the Parents:

Detailed patient COVID-19 safety information on reverse of letters, text reminders amended and website updated

Looking after our little ones . . .

We have asked for a new child-friendly yellow brick road to help guide children and parents to our rooms

Child friendly way of capturing feedback using Ipads

How did we get to this point?

Through weekly staff meetings via MS Teams, discussing workstreams and providing emotional support to each other. Lots of enthusiasm and laughter!

A IPC webinar was accessed remotely by the whole staff team which increased confidence in returning to clinics.

"The journey to reopen, overall has been a good experience. The whole team has been included, and all our suggestions, thoughts and concerns have been taken into consideration. I am looking forward to being back in clinic working with our families again."

Staff feedback

How will we know we have got it right?

Patient engagement and feedback has never been so important –using latest digital technology we are able to use IPADs for completion of FFTs.

Continuing staff discussion and using the PDSA model to run our clinics, we envisage we will get quicker at changing PPE so our service model will become slicker over time.

Closely monitor the risks raised using various monitoring tools such as BAME opt-in rates and families by postcode.

Patient engagement exercise contacting those who did not 'opt in' to find out reasons why.

Work in progress

Digital strategy for FFTs - QR codes available to download for patients to complete FFTs in their own time.

Reducing our carbon footprint and costings by offering patients choice in how they receive their appointment information - by email.

Monitoring impact of reduced estate on certain groups to minimise impact of health inequalities.

Using tools to forecast recovery timeline.

Completing our child/parent friendly video. We are waiting for new images. Parents welcomed the video and many said it was useful to show their children staff wearing PPE beforehand.

Meeting Trust Board 7 August 2020	**Category of paper** *(please tick)*	
Report title Annual Executive Medical Director's Report	**For approval**	✓
Responsible director Dr Ruth Burnett, Executive Medical Director **Report author** Executive Medical Director	**For assurance**	
Previously considered by: Quality Committee 27 July 2020	**For information**	

Purpose of the report

To provide Trust Board with an update and overview regarding our responsibilities as an employer of Medical and Dental staff within the Trust, including:
- Appraisal and medical revalidation
- Managing concerns
- Pre-employment checks.

It fulfils the requirements set by NHS England in relation to:
- Annual Organisational Audit
- Designated Body Annual Board Report
- Statement of Compliance

Main issues for consideration

This Executive Medical Director's report covers the period 01/04/19 to 31/03/20 and includes information and activity relating to the Trust responsibilities regarding employment of medical and dental staff; including appraisal and medical revalidation, managing concerns and pre-employment checks.

In November 2018 the GMC published an updated handbook and guidance regarding "Effective Clinical Governance for the Medical Profession"[1] This was followed in February 2019, by new guidance[2] from NHS England regarding the suggested information and template required for Board assurance. This report both follows this and utilises the new template and format for the Statement of Compliance suggested in 'Framework of Quality Assurance for Responsible Officers and Revalidation, February 2019'. Whilst this template formally refers to our employment of medical professionals, for the purpose of the Board report it also references our employment of dentists, unless specifically noted otherwise.

During 19/20 the Medical Directorate, on behalf of the Trust, started to undertake the revised

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[1] Effective Clinical Governance for the Medical Profession
[2] Guidance

self-assessment template provided by the GMC in regards to "Effective Clinical Governance for the Medical Profession". Work has started in conjunction with the Medical & Dental Leads, and Workforce Directorate, to complete this, review the findings and ensure actions are underway to address any areas for improvement. This is due to be completed during 20/21 as part of the Reset and Recovery work following Covid19.

Key areas of high performance, quality improvement work and areas for improvement during 20/21 are highlighted in the Executive Summary.

Recommendations
The Board is recommended to:

- Note the contents of the 2019/20 Annual Executive Medical Director's Report
- Note the requirements by NHS England to include the statement of compliance from the Board.
- Approve the statement of compliance and agree submission to NHS England

Executive summary

Leeds Community Healthcare NHS trust is a Designated Body responsible for the appraisal of all doctors employed by the Trust. In LCH the position of Responsible Officer is held by the Executive Medical Director, and therefore is represented on the Board. Responsible officers play a key role in improving the quality and safety of patient care, and are responsible for ensuring the Trust has in place systems and processes that provide a framework within which doctors are encouraged to maintain and improve their practice.

In November 2018, the GMC published revised guidance regarding "Effective clinical governance for the medical profession" outlining the role that the Boards should play in governance for doctors, and how this can contribute to high-quality patient care. This is based around four key principles that underpin effective clinical governance in this context.

These are:

- Principle 1: Organisations create an environment which delivers effective clinical governance for doctors
- Principle 2: Clinical governance processes for doctors are managed and monitored with a view to continuous improvement
- Principle 3: Safeguards are in place to ensure clinical governance arrangements for doctors are fair and free from bias and discrimination
- Principle 4: Organisations deliver clinical governance processes required to support medical revalidation and the evaluation of doctors' fitness to practice

The annual Medical Directors report has previously focused primarily on Medical revalidation (Principle 4), which is a fundamental part of clinical governance for doctors. Revalidation provides patients and the public with assurance that doctors in the UK are part of a governed system which checks their fitness to practice on a regular basis, and supports their continuous improvement and development. It also supports the identification and management of concerns at an early stage.

During 19/20 the Medical Director, Deputy Medical Director and Responsible Officer Manager started work to complete the self-assessment toolkit associated with the new GMC guidance, based on each of the four principles above. Work had started with the Medical & Dental Leads, and the Workforce Directorate, to complete this and to identify key areas for focus during 20/21. This was not completed due to the Covid19 pandemic but is planned as part of the reset and recovery work underway in the Trust.

The Trust continues to perform strongly in regards to Principle 4, despite which work has been undertaken to further improve and strengthen our appraisal system, improve our consideration of full Scope of Work and encourage doctors and dentists to lead on quality improvement projects relevant to their services. Work is needed to ensure the process of assurance regarding engagement with appraisal and revalidation is robustly ensured for all non-Designated Body doctors working in the Trust.

Medical engagement has been strengthened by the introduction of quarterly pan-Trust medical and dental engagement meetings, together with quarterly Appraisal Forums.

Our ongoing work during 19/20 to ensure that the process for application and awarding of Clinical Excellence Awards (CEAs) in the Trust is fair and free from bias and discrimination; particularly focused on gender, ethnicity and less-than-full-time employees, is to be commended.

The focus for 20/21 needs to be on strengthening our clinical governance systems out with the appraisal process. It is planned to review the initial findings from the GMC self-assessment template and opportunities for improvement with the Medical & Dental leads, alongside colleagues in Workforce and QPD. This will include review of how the Trust gains assurance and oversight of the clinical governance systems for medical and dental staff, and also ensures they are free from discrimination and bias.

The Trust needs to develop a clear plan during 20/21 in regards to how we train and maintain competence in regards to undertaking MHPS investigations when required, and this is planned in conjunction with the Workforce Directorate.

1. Purpose of this report

To provide Quality Committee with an update and overview regarding our responsibilities as an employer of Medical and Dental staff within the Trust, including:

- Appraisal and medical revalidation
- Managing concerns
- Pre-employment checks.

It fulfils the requirements set by NHS England in relation to:

- Annual Organisational Audit
- Designated Body Annual Board Report
- Statement of Compliance

2. Governance Arrangements

Regulations require that all Designated Bodies must nominate or appoint a Responsible Officer, who must be a licensed doctor. This post is held in LCH by the Executive Medical Director and is therefore represented on the Board.

The Responsible Officer is supported by a Deputy Medical Director (Professional Standards) and a Responsible Officer Manager. The former post was vacant for a period during the 19/20 year, but has been held by an individual holding consultant status since Sept 2019. This individual has undergone NHSE approved Responsible Officer training.

This report covers the period of 01/04/19 - 31/03/20. During this period LCH had a prescribed connection with 39 doctors, and responsibilities to 8 dentists who undergo

annual appraisal but whose regulatory body the General Dental Council (GDC) does not currently have a revalidation process. The Trust also has responsibilities to doctors working in LCH who are self-employed or agency, but conduct regular work for the Trust. LCH does not currently provide appraisal and revalidation services for this group of doctors, but supports them to ensure they have appropriate alternative arrangements for appraisal and Responsible Officer alignment.

In the last financial year LCH has appointed 3 consultant paediatricians and 1 consultant dentist who will be the clinical lead for the service. In addition to this there has been a successful appointment of a rehabilitation consultant in partnership with Leeds University and Leeds Teaching Hospitals, and an academic consultant post in CAMHS in partnership with Leeds University.

LCH has not had any doctors in a remediation or MHPS process during 19/20, but had one doctor with undertakings imposed by the GMC, who transferred to another Designated Body on 01/04/2020. The Board were kept fully informed of this via Cause for Concern reports. The original group of medical and workforce staff trained in MHPS Case Investigator and Case Manager training pre-2018 have either left the Trust, or have been few or no opportunities for involvement in case-work since then. Work is planned for 20/21 to identify whether further training opportunities are required, and whether opportunities for working with neighbouring larger Trusts provide increased resilience in this regard

3. Position statement for 19/20

3.1 Principle 1: Organisations create an environment which delivers effective clinical governance for doctors

3.1.1 Three of the four Trust policies related specifically to the employment of medical and dental staff were due for renewal during 19/20:

- Appraisal & Revalidation Policy
- Medical and Dental Job Planning Policy
- Remediation, Reskilling and Rehabilitation Policy

These have been reviewed and are in the process of re-approval. The Maintaining High Professional Standards (MHPS) policy is due for review and re-approval during 20/21.

3.1.2 The Trust has robust processes in place to ensure appropriate checks are undertaken to confirm that all doctors and dentists undertaking employed work in the Trust are appropriately qualified and fit for role. Work has been undertaken during 19/20 with the Workforce Directorate to ensure that the processes undertaken in regards to bank and agency doctors and dentists are similarly robust.

3.1.3 Work was planned for 19/20 to review and improve our recruitment processes for medical and dental staff, including consistency and quality of interview questions and panel organisation, but this was not able to be completed and is planned for 20/21.

3.1.4 During 19/20 the introduction of pan-Trust Medical Engagement meetings quarterly have been well received and well attended by 10-15 medical and dental staff at each session, from all specialities except police custody. These have been utilised to cascade key information, to engage all staff to the Trust strategic direction and to cover key areas for discussion, including reflective practice, the new LCH leadership development offer and city wide developments. Feedback has been positive; with medical and dental staff reporting they feel better connected and engaged to the Trust strategic direction, priorities and values than they have done previously.

3.2 Principle 2: Clinical governance processes for doctors are managed and monitored with a view to continuous improvement

3.2.1 LCH has a combination of various individual service and central mechanisms which hold information pertinent to effective clinical governance for medical and dental staff. Each service is responsible for meetings and discussions regarding these, and medical and dental staff of all employment status are encouraged to participate and actively contribute.

3.2.2. During 19/20 work was started with the Medical & Dental Leads, QPD and the Workforce Directorate to align the service level and central systems and processes that sit behind this, where appropriate, in order to provide central assurance. During 20/21 as part of the Reset & Recovery work post Covid19, work is planned to ensure these are carefully considered and the Trust can gain robust assurance.

3.2.3 Revalidation Panels established during 19/20 link with Trust systems to ensure that appropriate submission and reflection on incidents and complaints is included in the relevant appraisals. During 20/21 it is planned to complete the next stage of this work, to improve the system and ensure this can be covered with confidence at annual appraisal to allow timely challenge where this has not occurred in an appropriate manner. This work has been commended by the GMC as an example of quality improvement.

3.3. Principle 3: Safeguards are in place to ensure clinical governance arrangements for doctors are fair and free from bias and discrimination

3.3.1 The introduction and embedding of Revalidation Panels during 19/20 ensures that all revalidation recommendations are supported by a thorough consideration of all aspects of the five years of appraisal preceding the recommendation. This has strengthened the Trust process, and reduces the possibility of bias or discrimination.

3.3.2 Medical and dental leads, together with the Medical Director and Deputy Medical Directors underwent Unconscious Bias training during 19/20 as part of development. Work is planned for 20/21 to ensure all appraisers are offered the opportunity to attend Unconscious Bias training.

3.3.3   Significant work took place during 18/19 and 19/20 to ensure that the process for application and awarding of Clinical Excellence Awards (CEAs) in the Trust was fair and free from bias and discrimination; particularly focused on gender, ethnicity and less-than-full-time employees.

3.3.4   At present it is not possible for the Trust to conduct similar work regarding concerns for medical and dental staff, or other indicators of clinical governance, due to the way in which data is held. Work is planned for 20/21 to conduct a review in regards to other aspects of clinical governance in the context of medical and dental staff; specifically concerns, complaints, incidents and grievances.

3.3.4   The Medical Director works closely with the Freedom to Speak Up Guardian (FTSUG). There have been no specific concerns raised by medical and dental staff via this route during 19/20, but work has been commenced to explore why medical and dental staff appear to be under-represented in raising concerns via this approach.

3.3.5   During 19/20 there has been one grievance raised by a doctor employed by LCH, which remains open and is following the correct process supported by Workforce.

3.4   Principle 4: Organisations deliver clinical governance processes required to support medical revalidation and the evaluation of doctors' fitness to practice

3.4.1   LCH has a longstanding history of robust clinical governance processes to support medical revalidation and has continued to perform well in this regard.

3.4.2   During 19/20 a quality assurance exercise was conducted utilising the NHSE approved "Appraisal Summary and PDP Audit Tool" (ASPAT) for the 18/19 cycle. No significant issues were identified but both individual feedback and thematic learning are planned for 20/21. Work is planned for 20/21 to ensure compliance with conflict of interest standards (NHSE 2017). A copy of the report can be found at Appendix 2.

3.4.3   In 19/20 regular Appraiser Forums have been initiated quarterly. These are an opportunity for the appraisers in the Trust and the RO to discuss any new guidance, or development work to improve the quality of appraisal within the Trust. During the two meetings held during 19/20 prior to Covid19, topics included:

- feedback from the yearly quality assurance audit
- focus on issues of concern
- covering the full scope of work of practice
- feedback updates from NHS England revalidation team
- peer support

Particular focus has been on the Quality Improvement section of appraisal submissions which was noted during 18/19 to be consistently of lower quality than other areas. Repeat of the appraisal assurance process for 19/20 appraisals has been delayed due to Covid19, but this will measure whether improvement has been seen as a result of this training focus.

3.4.4 During 19/20 work has been undertaken to improve our processes to support appraisers fulfil their obligations in regards to Scope of Work, including the introduction of a Scope of Work letter template and training.

4. Conclusions

The Trust continues to perform strongly in regards to Principle 4, despite which work has been undertaken to further improve and strengthen our appraisal system, improve our consideration of full Scope of Work and encourage doctors and dentists to lead on quality improvement projects relevant to their services. Work is needed to ensure the process of assurance regarding engagement with appraisal and revalidation is robustly ensured for all non-Designated Body doctors working in the Trust.

Medical engagement has been strengthened by the introduction of quarterly pan-Trust medical and dental engagement meetings, together with quarterly Appraisal Forums. Our ongoing work during 19/20 to ensure that the process for application and awarding of Clinical Excellence Awards (CEAs) in the Trust is fair and free from bias and discrimination; particularly focused on gender, ethnicity and less-than-full-time employees, is to be commended.

The focus for 20/21 needs to be on strengthening our clinical governance systems out with the appraisal and revalidation process. It is planned to review the initial findings from the GMC self-assessment template and opportunities for improvement with the Medical & Dental leads, alongside colleagues in Workforce and QPD. This will include review of how the Trust gains assurance and oversight of the clinical governance systems for medical and dental staff, and also ensures they are free from discrimination and bias.

5. Recommendations

The Committee is recommended to:

- Note the contents of the 2019/20 Medical Director's Report
- Note the guidance and requirements by NHS England to include the statement of compliance from the Board
- Agree to sign the Annual Board Report

Appendix 1:   Designated Body Annual Board Report

Section 1 – General:

The Board of Leeds Community Healthcare NHS Trust can confirm that:

1. The Annual Organisational Audit (AOA) for this year will be submitted when requested by NHS England.

   Date of AOA submission: TBC

   > Comments: The process this year was interrupted in the final month by COVID, despite this all but two doctors had completed their appraisal by the end of March.
   >
   > Action for next year: The two outstanding appraisals were completed in May 2020

2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

   > Dr Ruth Burnett Executive Medical Director is the appointed Responsible Officer.
   >
   > Action for next year: None

3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

   > In 18/19 a Deputy Medical Director was appointed to support the Medical Director in the Appraisal process alongside the Revalidation Support Team. During 19/20 there was a change of individual in post, which resulted in a period without this being filled. The new individual undertook NHS England training relating to the Responsible Officer function in October last year.
   >
   > LCH has supported regular attendance at Responsible Officer and Medical Education networks, and the report contains evidence of reflective learning and quality improvement as a result of this attendance.

4. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

   > Accurate records of all licenced medical practitioners with a prescribed connection to LCH are maintained via PREP, which is a designated electronic system

5. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

   > Policies are actively monitored and regularly reviewed. Three of the four Medical & Dental Policies (Medical & Dental Job Planning Policy, Appraisal & Revalidation Policy, Remediation, Reskilling & Rehabilitation Policy) have been reviewed during 19/20 and are with JNC for approval. The MHPS policy is due for review and re-approval in 20/21.
   >
   > Action from last year: Repeat peer review with matched organisation

Comments: We were not allocated a matched organisation for peer review in 19/20, but in light of the size of LCH NHS Trust and the positive outcome of our matched peer review with Local CIC in 18/19 it is not felt this is a cause for concern.

Action for next year: Repeat peer review if matched organisation provided

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Doctors for whom LCH is not the Designated Body are supported to find an appropriate Responsible Officer and provided with opportunities and evidence to support effective appraisal and revalidation.

All doctors regardless of employment status are involved in governance processes relating to incidents and complaints. LCH encourages them to be actively involved in any issues raised by patients, will ensure they have access to relevant notes and will provide copies of documentation relating to these incidents for the purposes of appraisal.

Training and development opportunities are available and will be supported for all doctors regardless of employment status. Every member of LCH staff has access to regular support from their clinical and operational line managers, including discussion regarding development needs and opportunities, clinical supervision and encouragement and opportunity to be involved in our local governance and service improvement processes.

Section 2 – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

During 19/20 work has been completed via the Medical & Dental Leads meetings and the Appraiser Forums to ensure that appraisal covers the full scope of a doctor or dentist's practice. Medical and dental staff have been reminded about the need to have a whole of practice appraisal and the importance of providing information from other organisations or roles in which they use their medical registration to work. LCH has developed examples and template letters that can be sought or provided from other organisations to support appraisal of the full Scope of Practice, and this was highlighted to peer organisations as gold standard via the Responsible Officer network meetings.

Revalidation Panels established during 19/20 link with Workforce information to ensure that appropriate submission and reflection on incidents and complaints is included in the relevant appraisals. During 20/21 it is planned to complete the next stage of this work which will improve the systems to ensure this can be covered with confidence at annual appraisal as well to allow timely challenge

> where this has not occurred in an appropriate manner. The proposed work has been commended by the GMC, as has the level of reflection and quality improvement the Trust has shown over 19/20 in regards to improving the quality of Trust processes.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

> Yes.

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

> The Appraisal and Revalidation policy was reviewed during 19/20 and is currently with the JNC for approval.
>
> The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

> We have a ratio of approximately one appraiser to five appraisees, this ensures that no individual takes on an excess of appraisals. This ratio is in line with NHS England guidance.

4. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[3] or equivalent).

> Appraiser Forums were introduced during 19/20: quarterly meetings established for the purpose of cascading new guidance and information, improving the quality of our appraisals and enabling supported peer discussion and development in the context of an appraisers work.

> In 20/21 it is planned to change these to Appraisal Forums, enabling our appraisees to also attend and widen the opportunity for supported learning, quality improvement and peer support.

5. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

> During 19/20 the Deputy Medical Director and RO Manager conducted a quality assurance exercise utilising the NHSE approved "Appraisal Summary and PDP Audit Tool" (ASPAT) for the 18/19 cycle. 20% of each appraiser's output forms

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[3] http://www.england.nhs.uk/revalidation/ro/app-syst/

Doctors with a prescribed connection to the designated body on the date of reporting.

were randomly selected and assessed together with 360 feedback forms for each appraiser. In total 14 appraiser output forms were reviewed. Where there were low scored output forms, the appraisal input forms were reviewed and the information triangulated. No significant issues have been identified, but work is underway to ensure compliance with conflict of interest standards (NHS England 2017).

There were no complaints or appeals, and appraisers all received positive feedback. An audit of appraisals demonstrated very good performance as judged by the appraisees.

It is planned that scores and comments will be fed individually to appraisers and aggregated information with key themes will be discussed in the first Appraiser Forum during 20/21. We aim to complete the quality assurance and feedback cycle more promptly in future years; there was a delay in 19/20 due to the Deputy Medical Director (Professional Standards) post being vacant for a period.

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

The RO made 15 positive recommendations to the GMC during the period covered by the report, all in a timely manner and supported by a Revalidation Panel process. This covers all doctors for whom recommendations were due during this period.

LCH has made timely recommendations for all doctors with a recognised connection regarding appraisal. There are currently no doctors undergoing investigation by the GMC.

The Responsible Officer and RO Manager meet regularly with the Trust Employment Liaison Advisor (ELA) from the GMC and the Trust has actively provided information when required by the GMC regarding non-designated body doctors who work for the Trust.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

LCH ensures that the doctor is informed about all recommendations in a timely fashion

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

LCH has a mixture of individual service and central mechanisms which hold information pertinent to effective clinical governance for doctors. Each service is responsible for meetings and discussions regarding this, and doctors of all employment status are encouraged to participate and actively contribute.

During 19/20 work was started with the Medical & Dental Leads and the Workforce Directorate to standardise the systems and processes that sit behind this, where appropriate, in order to provide central assurance regarding the quality and validity of data underpinning it. It has been identified that there is a lack of consistency regarding which data is available, discussed, where it is stored and whether it is benchmarked, and during 20/21 as part of the Reset & Recovery work post Covid19 we plan to conduct further work with the Medical & Dental leads and Workforce Directorate in regards to this.

Work was undertaken in 19/20 to develop our appraisers in regards to Quality Improvement activities that doctors could undertake as part of their annual appraisal cycle, aiming to improve the quality of submission but also the embedding of these activities within service quality improvement mechanisms. A further workshop is planned for 20/21 to revisit this with all appraisees and appraisals, particularly focussed on this in the context of Reset & Recovery, and utilising clinical leadership to drive quality improvement methodology and clinical outcomes as the evidence-base for reset work in each service.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Comments: Revalidation processes include cross-verification of information submitted with Workforce and Trust systems to ensure any incidents and complaints are appropriately submitted and reflected on during a revalidation cycle.

Action for next year: Present processes identified during 19/20 revalidation panels some instances where this has not occurred. This has been explored with the individual clinicians, but work has also been undertaken in the Medical & Dental leads meetings and Appraiser Forums to develop a process that would enable this to take place in a more timely manner at annual appraisal. This is due to be implemented in 20/21 and has been supported and commended by the GMC. Further work is required to establish how we may strengthen the process regarding doctors who do not have LCH as a designated body

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: None
Comments: The Remediation, Reskilling & Rehabilitation Policy was reviewed during 19/20 and is currently with JNC for approval. The Trust Maintaining High Professional Standards (MHPS) policy is due for review during 20/21.

Action for next year: Review MHPS policy

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors[4].

> Action from last year: None
> Comments: There is no formal process of quality assurance of responding to concerns in relation to doctors and currently detailed analysis is not presented to Board or an equivalent governance group.
> Action for next year: Review the options in regards to implementing a quality assurance process in regards to responding to concerns about doctors and dentists in the Trust, and present the findings to the Board and/or Quality Committee.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation[5].

> There is a process in place for the transfer of information and concerns between the Responsible Officer in LCH and other organisations. During 19/20 work has focussed on improving the quality of information provided to, and received from, other organisations by the development of a Scope of Work letter including examples, training and a template.
>
> In response to challenges experienced during 19/20 in regards to providing supporting information when a non-Designated Body doctor entered a GMC investigation process we have started work to improve our systems and processes in regards to responding to concerns, and our processes for holding information and evidence regarding our medical and dental staff. this The GMC have supported by providing a training session for the Workforce Directorate regarding the responsibilities of the RO, the requirement to inform the RO regarding concerns and the need for information to be available such that it can be provided on request to other Responsible Officers and regulatory bodies.
>
> LCH has robust processes for requesting appropriate information from partner organisations on transfer of new Designated Body doctors, and for providing it when doctors transfer out.

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[4]This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

[5] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice are fair and free from bias and discrimination (Ref GMC governance handbook).

> During 19/20 LCH conducted significant work to ensure that our processes for Clinical Excellence Awards applications and awards were examined to ensure that they are fair and free from bias and discrimination, particularly in regards to ethnicity, gender and less-than-full-time workers.
>
> Work is planned for 20/21 to conduct similar analysis and consideration in regards to our clinical governance arrangements within the Trust.

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

> The Trust has always had robust processes in place to ensure that appropriate checks are undertaken to confirm that all doctors and dentists undertaking employed work in the Trust are appropriately qualified and fit for role. Work has been undertaken during 19/20 with the Workforce Directorate to ensure that the processes undertaken in regards to bank and agency doctors and dentists is similarly robust.
>
> Work was planned for 19/20 to review and improve our recruitment processes, including interview questions and process, but this has not been possible due to capacity issues within the Workforce Directorate. This is planned for 20/21.

Section 6 – Summary of comments, and overall conclusion

> Leeds Community Healthcare NHS trust has a robust system in place for ensuring appraisal and revalidation of doctors employed by the Trust, for the appraisal of dentists and checking on the suitability of other medical staff who work for the trust. All doctors and dentists have now had an annual appraisal for the year April 2019- March 2020. 15 doctors successfully revalidated.
>
> The completion of the self-assessment template in regards to "Effective Clinical Governance for the Medical Profession" during 19/20 has been a valuable exercise to identify key priority areas to focus on during 20/21 to strengthen our Trust assurance and quality improvement processes further in regards to our responsibilities as an employer of medical and dental staff.

Section 7 – Statement of Compliance

The Board of Leeds Community Healthcare NHS Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body
[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: _ _ _ _ _ _ _ _ _ _ _

Name: _ _ _ _ _ _ _ _ _ _ _   Signed: _ _ _ _ _ _ _ _ _ _
Role: _ _ _ _ _ _ _ _ _ _ _
Date: _ _ _ _ _ _ _ _ _ _

Appendix 2:

Quality Assurance of appraisals at Leeds Community Healthcare NHS Trust 2018/19 appraisal cycle

Background
As part of the Independent verification process there is an expectation that the RO office will undertake a sample of appraisal output forms to check standards against evidence.

In December 2019 the RO office (Dr Stuart Murdoch 'Deputy Medical Director for Professional Standards; and Leanne Wilson 'Responsible Officer Manager') undertook a 'Quality Assurance' exercise.

Methodology
The NHS England Appraisal Summary and PDP Audit Tool (ASPAT) was used.

The ASPAT was developed by doctors from the primary, secondary and independent care sectors as a generic tool that may be used to audit the appraisal summary and PDP for doctors. It may also be used as a reference for appraisers as they write their appraisal summaries.

The ASPAT was written after reviewing other available appraisal audit tools such as PROGRESS, EXCELLENCE, the East Midlands tool and the Oxford tool. This audit tool covers many similar areas to its predecessors and offers further development in certain areas.

A sample of output forms was reviewed from the list of 2018/19 Leeds Community Healthcare NHS Trust (LCHT) appraisers, two from each of seven appraisers. The second and third appraisee was chosen from each appraiser according to the appraisee allocation analysis spreadsheet. In the instance of one appraiser the third appraisee was reallocated to another appraiser, so the fourth appraisee was selected for the sample.

In total 14 appraisal output forms were reviewed.

The scale used from the 'NHS England Appraisal Summary and PDP Audit Tool' (ASPAT) was:
0 = Unsatisfactory
1 = Needs improvement
2 = Good

Findings
The Table below shows the Appraisal Summary and PDP Audit Tool (ASPAT) questions and the range of scores in each section.

Table 1: The Appraisal Summary and PDP Audit Tool (ASPAT)

	1.1.1 Setting the scene and overview of supporting information:	Score Range: 0 - 2
	Overall	
a	The appraiser sets the scene summarising the doctors scope of work	1 – 2
b	The evidence discussed during the appraisal is listed	1 – 2
c	There is documentation of whether the supporting information covers the whole scope of work	1 – 2
d	Specific evidence is summarised with a description of what it demonstrates	1 – 2
e	Objective statements about the quality of the evidence are documented	1 – 2
f	All statements made by the appraiser are supported by evidence	1 – 2
g	Appraiser comments about evidence refer/fit in to the four GMC domains and associated attributes set out in the GMC guidance Good medical practice framework for appraisal and revalidation	1 – 2
h	Reference is made to whether speciality specific guidance for appraisal has been followed e.g. college recommendations for CPD and quality improvement activity	2
i	Reference to completion of locally agreed required training (e.g. safeguarding training, basic life support training) is made.	1 – 2
	1.1.2 Reflection and effective learning	Score Range: 0 – 2
a	There is documentation of evidence showing that reflection on learning has taken place or that the appraiser has discussed how the doctor should document their reflection	1 – 2
b	There is documentation of evidence showing that learning has been shared with colleagues or that the appraiser has challenged the doctor to do so	1 – 2
c	There is documentation of evidence showing that learning has improved patient care/practice or that the appraiser has explored how this might be taken further with the doctor	1 – 2
	1.1.3 The PDP and developmental progress	Score Range: 0 – 2
a	There is positive recording of strengths, achievements and aspirations in the last year	1 – 2
b	There is documentation of appropriate challenge in the discussion and PDP e.g. significant issues discussed and new suggestions made	1 - 2
c	The completion (or not) of last year's PDP is recorded	1 – 2
d	Reasons why any PDP learning needs that were not followed through are stated	1 – 2
e	There are clear links between the summary of discussion and	1 – 2

	the agreed PDP	
f	The PDP has SMART objectives	1 – 2
g	The PDP covers the doctor's whole scope of work and personal learning needs and goals	1 – 2
h	The PDP contains between 3-6 items	1 – 2
1.1.4 General standards and revalidation readiness		**Score Range: 0 – 2**
a	The documentation is typed onto an electronic toolkit in clear and fluent English	2
b	There is no evidence of appraiser bias or prejudice or information that could identify a patient/third party information	2
c	The stage of the revalidation cycle is commented on	1 – 2
d	There is documentation regarding revalidation readiness relating to supporting information. Any outstanding supporting information/other requirements for revalidation are commented on with a plan of action to address them	1 – 2
e	Appraisal statements (including health and probity) have been signed off or if not, an explanation given	1 – 2

Analysis

The reports have a maximum score of 50.

30/50 was the benchmark score.

Overall scores ranged from 30.5/50 to 49/50.

As part of the appraisal process all appraisees must complete feedback before the next appraisal cycle can commence, this feedback was compiled into an 'Aggregated Feedback Report' for each appraiser.

All appraisers will be provided with their own feedback reports and a redacted version of the feedback summary to allow them to view benchmark scores at the next Appraiser Forum.

Conclusion

This is the first year that 'Leeds Community Healthcare NHS Trust' has used the 'ASPAT' tool to carry out the 'Quality Assurance' exercise. The analysis provided valuable information and identified an improvement in the standard of appraisals across the board.

NHS
Leeds Community
Healthcare
NHS Trust

AGENDA
ITEM
2020-21
(52ai)

Meeting: Board Meeting 7 August 2020	**Category of paper**	
Report title: Safeguarding Strategy 2020-2023	**For approval**	√
Responsible director: Executive Director of Nursing and Allied Health Professionals. **Report author:** Lynne Chambers Head of Safeguarding	**For assurance**	
Previously considered by: Quality Committee 27 July 2020	**For information**	

Purpose of the report:

This document forms the Safeguarding Strategy for Leeds Community Healthcare NHS Trust (LCH) 2020-2023.

The purpose of this strategy is to set out LCH's strategic approach to strengthen our arrangements for safeguarding both adults and children over the next 3 years and into the future.

Main considerations

Over the next three years LCH will focus on six safeguarding work-streams, which are underpinned by the six key principles of; Empowerment, Protection, Prevention, Proportionality, Partnership and Accountability. These are detailed in this strategy document.

The scope and remit of safeguarding is increasing to take on a broader agenda including Prevent, Child Sexual Exploitation, modern slavery, Domestic Homicide Reviews, Care Leavers and Dementia so there is a need keep resources, priorities and goal setting under continuous review to be able deliver against these complex and demanding work-streams.

The safeguarding agenda is constantly changing to reflect national, regional and local developments, learning and statute or case law; this strategy and annual work-plans will need to be flexible to respond to any changes in a timely manner.

Recommendations

The Board is recommended to approve this strategy.

Safeguarding Strategy		AGENDA ITEM 2020-21 (52aii)
Author	Lynne Chambers Head of Service – Safeguarding Adults, Children, Children Looked After and Care Leavers	
Service and **Clinical Lead**	**Leeds Community Healthcare NHS Trust** Acting Designated Nurse - Children Looked After & Care Leavers Angela Dillon	
Applies to	All business units	
Document Version	Draft 2	
Document Status		
Date approved		
Date issued	June 2020	
Review date	3 years from ratification date	

Leeds Community Healthcare Safeguarding Strategy 2020-2023

'Safeguarding is everybody's business and doing nothing is not an option'

Contents:

1.0 Introduction

Everyone, including the citizens of Leeds has a right to live free from abuse and neglect. Leeds Community Healthcare (LCH) is committed to safeguarding all patients who access services across the Trust. The term 'safeguarding' covers everything that assists a child, young person or adult at risk to live a life that is free from abuse and neglect and which enables them to retain independence, well-being, dignity and choice. It is about preventing abuse and neglect, as well as promoting good practice for responding to concerns on a multi -agency basis.

Working Together 2015 identifies physical, sexual, emotional abuse and neglect and provides the statutory framework for protecting children and promoting their wellbeing regardless of their faith, culture and circumstances. Inequalities are considered in everything LCH safeguarding does.

Preventing and responding to abuse is essential to achieving optimal standards of health, safety and wellbeing and is integral to all care delivery. Safeguarding is everybody's business – doing nothing is not an option; abiding by this principle and our organisation's vision and values, will ensure we safeguard and protect the people of Leeds.

This three year strategy sets out LCH's direction of travel and priorities for Safeguarding 2020-2023 The strategy outlines the vision of making safeguarding everybody's business, and recognising safeguarding is fundamental to our duty as care providers. This brings together safeguarding activities from across the business units and covers Safeguarding Adults; Children; Mental Capacity Act 2005 (MCA); Sudden Unexpected Deaths in Childhood (SUDIC); and Children Looked After (CLA) and Care Leavers (CL).

LCH is committed to safeguarding our population through effective multiagency working and public engagement in line with our organisation's vision and values while recognising Leeds City Council's Social Work service as the lead agency.

In Leeds this work is coordinated through Leeds Safeguarding Children Partnership (LSCP) and Leeds Safeguarding Adults Board (LSAB). LCH is a key partner on both Boards and our strategy supports the objectives of the Safeguarding Boards whilst focusing on priority areas for LCH, in order to move this shared agenda forward.

The rapidly changing world of health and social care requires a proactive approach to safeguarding and the strategy will be reviewed periodically and adapted to reflect this.

2.0 Context

The Local Authority is the lead agency in Safeguarding adults and children, however all agencies have legal and statutory duties to ensure that safety and welfare are promoted. Protection from abuse and neglect is fundamental to care provision and integral to service delivery.

LCH recognises the economic challenges facing health and social care providers and the need to deliver high quality, person-centered care, with a focus on innovation, productivity and prevention of harm. This cannot be achieved single-handedly and safeguarding is most effective when delivered through a partnership approach.

Safeguarding occurs across all services, all settings and within an ever evolving context of:

- learning from patient experiences,
- organisational development,
- regulation and inspection of services,
- statutory guidance,
- local single and multi-agency protocols

And with the delivery of quality healthcare at the heart of everything we do.

2.1 National and Local Drivers

As a health organisation we have a duty under Working Together (2018) and the Care Act (2014) to learn from, and improve practice. We use Key Drivers such as legislation, government guidance, statutory frameworks and learning from formal inquiries with the aim of strengthening safeguarding procedures and making guidance as clear as possible. Some examples of the drivers used as follows:

Key national drivers include:

- Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework 2015
- Cheshire West - Supreme Court Ruling 2014
- The Care Act 2014
- The Mental Capacity Act 2005
- Safeguarding Adults – a guide for Health Service Managers and Boards, Commissioners and Practitioners 2011
- The Francis Inquiry 2013 (re Mid-Staffordshire NHS Foundation Trust) which led to the introduction of - Statutory Duty of Candour 2014
- The Lampard Inquiry 2015 (re: Savile)
- The Laming Inquiry 2003 (re: Victoria Climbié)
- The Children Act 1989 and 2004
- The Munro Review 2011 (re: Child-centred Child Protection system)
- Working Together to Safeguard Children 2018
- Promoting the Health and Well-being of Looked After Children 2015
- Safeguarding Children and Young People: roles and competences for health care staff 2014 (intercollegiate document)
- Adult Safeguarding Roles and Competencies for Health Care Staff 2018 (intercollegiate document)
- The Jay Report 2014 (re: Child Sexual Exploitation in Rotherham)
- The Goddard Inquiry (2015 onwards)

Local drivers which result from and respond to the national agenda include:

- Strong partnership working at all levels of the organisation
- Executive membership of the LSCP and LSAB and representation at sub-groups
- Integration and co-location of services
- LSCP and LSAB multi-agency policies, procedures and protocols
- The development of action plans and implementation of learning from:
  - ❖ Domestic Homicide Reviews (DHRs),
  - ❖ Safeguarding Adults Reviews (SARs)
  - ❖ Safeguarding Practice Reviews (SPRs), (previous SCR)
  - ❖ Learning Lessons Reviews (LLRs)
  - ❖ Sudden Unexpected Death in Childhood (SUDIC) processes
  - ❖ LSCP Case File Audits
  - ❖ Child Death Overview Panel

Alongside these drivers sit various cross-departmental government initiatives and public health campaigns which also impact upon the Safeguarding agenda, such as:

- Prevent (Counter-terrorism Strategy – prevention of radicalisation)
- National Referral Mechanism for Human Trafficking and Modern Day Slavery
- Eradication of Female Genital Mutilation (FGM)
- Dementia Friends campaign

These lists are not exhaustive, but are indicative of the highly complex arena in which front line practitioners, services and our organisation as a whole seeks to ensure the safety and protection of the population of Leeds.

3.0 Vision

The vision and values of LCH feed seamlessly into the Safeguarding agenda. In providing the best possible care to every community in Leeds and abiding by our values we will ensure that, those most vulnerable in our communities will be safeguarded and protected from harm.

LCH believes that safeguarding is everybody's business and is essential in exercising our duty of care as health providers. We believe that all service users, their families and carers, have the right to live free from abuse and neglect.

LCH will work in partnership to promote effective communication, shared learning and feedback in order to safeguard vulnerable groups within Leeds. As an accountable organisation we will ensure a confident and competent workforce, who are valued and supported in all aspects of safeguarding work.

3.1 Delivering the vision

This strategy covers a broad range of safeguarding activities and is built around the Care Quality Commissions 'Fundamental Standards' 2015 to give a clear focus and will be achieved through six work streams and associated objectives, which will be delivered through a safeguarding annual work plan.

Over the next three years LCH will focus on six safeguarding work-streams, which are underpinned by the six key principles of; Empowerment, Protection, Prevention, Proportionality, Partnership and Accountability (Department of Health, 2011 Safeguarding Adults: A Guide for Health Service Managers and Boards, Commissioners and Practitioners).

Work-stream One – Making Safeguarding Personal – embed 'talk to me hear my voice' and the voice of the child

- ❖ All services users will be treated as individuals and their care and protection needs assessed and care plans are outcome focused.
- ❖ All staff assessing risk for service users over 16 year old will record Mental Capacity and Best Interest decisions
- ❖ All Deprivation of Liberty Safeguards will be lawful and least restrictive
- ❖ Listening to feedback and offer choice, flexibility and control over care

Work-stream Two - Employ fit and proper people and workforce will be confident and competent in all aspects of safeguarding

- ❖ LCH to carry out DBS checks before allowing employees to work in a Regulated Activity with children or vulnerable adults to ensure they haven't been barred from doing so.
- ❖ Implement and monitor recommendations in the intercollegiate document
- ❖ To increase organisational ability to take ownership of safeguarding
- ❖ To increase the numbers of staff and managers involved in Safeguarding Supervision to above 90% by the end of year 3
- ❖ Staff dealing with safeguarding cases access safeguarding/clinical supervision in line with LCH supervision policy
- ❖ Learning from incidents, complaints, serious case reviews, domestic homicide reviews and safeguarding adult reviews will be used to influence practice and bring about change, improving patient experience whilst promoting quality, honesty and safety throughout the organisation
- ❖ All staff will attend safeguarding training as outlined in the intercollegiate documents, statutory and mandatory training grid, Prevent strategy and SUDIC training plan with priority targeting of those staff most directly involved in Safeguarding Practice.
- ❖ All staff will know how to access safeguarding information, support and supervision.

Work-stream Three – Improve health outcomes for children looked after and care leavers

- ❖ Complete Initial Health Needs Assessment's in statutory timeframe (20 days from a child coming into care)
- ❖ Meet statutory guidance, quality standards and implement all CQC recommendations.
- ❖ Ensure staff training meets intercollegiate standards.
- ❖ Continue to improve the service for children looked after and care leavers to reduce health inequalities and promote good health.
- ❖ Continuation of a creative range of services which keep CLA and Care Leavers safe in Leeds
- ❖ Assessment and follow-up will be evidence based and outcome focused
- ❖ A recent reduction of service area from an 80 mile radius to 20 miles will ensure care delivery will remain consistent and high quality. This was in response to an increase in children over the age of 13 going into care.

Work-stream Four – Regard for duty of candour

- ❖ All staff are aware of information sharing agreements and boundaries of confidentiality
- ❖ All safeguarding concerns will be taken seriously and dealt with using a transparent and consistent approach

Work-stream Five – Recognised as effective and valuable Partners

- ❖ Attendance at information gathering, safeguarding outcome meetings and strategy meetings will be prioritised
- ❖ Be an effective partner in Leeds Child Death Review Process and the wider national process.
- ❖ Contribute to the work of the safeguarding Boards and subgroups
- ❖ Work with partners to evaluate and review the front door arrangements at Merrion House
- ❖ Continue to contribute to LSCP Neglect Strategy 2017-2022 and promote LCH practitioner understanding of Neglect experienced at different ages
- ❖ All staff will contribute to the Prevent agenda
- ❖ Partnership working with Safer Leeds on the subjects of Domestic Abuse and Modern Slavery.

Work-stream Six – Neglect/Self-Neglect

❖ Staff working with adults and children have a better understanding of Neglect/Self-neglect through training, lunch & learn sessions and learning from, SARs etc.
❖ LCH safeguarding team and partners to support LSAB in the development of a self-neglect policy

The key objectives for the next three years will be delivered through a series of strategic and operational actions contained in the annual safeguarding work plans; progress against the annual work plan will be monitored by the Safeguarding Committee.

5.0 Monitoring of effectiveness

The safeguarding strategy will be monitored by the Safeguarding Committee bi-monthly, and exception reporting will be escalated to LCH Quality Committee quarterly as required. The Safeguarding Committee will produce an annual report for LCH board and commissioners in July of each year.

6.0 Resources

In order to implement the three year strategy key people have been identified to take a lead role for each of the actions. Whilst emphasis is placed on delivering the objectives the implementation of the vision is everybody's business irrespective of their role within the organisation and commitment across all business units – Adults, Children Specialist and Corporate is essential to the delivery of this strategy. The resource implications engendered by the strategy cannot be met by any single service or team – Safeguarding is everybody's business.

The scope and remit of safeguarding is increasing to take on a broader agenda including Prevent, Child Sexual Exploitation, modern slavery, Domestic Homicide Reviews, Care Leavers and Dementia so there is a need keep resources, priorities and goal setting under continuous review to be able deliver against these complex and demanding work-streams.

The number of services to which the Safeguarding Team provides training, support, guidance and supervision will increase and become more complex, as LCH successfully tenders for new business; in the light of these changes, the impact on and priorities of the Safeguarding Team must be considered, in order to maintain the capacity of the team to be responsive to service needs.

The Trust continues to support the growth and development of an integrated safeguarding team which ensures the leadership and capacity to manage this agenda.

7.0   Training

Training is delivered through a variety of methods, including e-learning, classroom teaching and bespoke sessions for frontline teams and services and with due regard to intercollegiate guidance on staff competences. The safeguarding team has developed some face to face training to be delivered virtually to complement existing methods which will enable easier access to all staff including our regional teams (Custody Suites). Where possible training is undertaken by a combined approach covering adult and children's safeguarding; the content of all courses delivered face-to-face now includes information on Prevent, Domestic Violence, 'Think family, Work family' and Modern Slavery to be added August 2020.

The safeguarding training flowcharts (available via the LCH intranet) are reviewed annually; the flowcharts and training programmes are amended accordingly, to reflect any local, regional or national changes.

A target of 90% compliance is set against adult and children's safeguarding, and MCA. Compliance is monitored and reported on a quarterly basis through business unit's performance meetings. Safeguarding and MCA training compliance is also reported externally to CCGs, LSCB and SAB.

Where staff are non-compliant a process has been established to remind individuals of their contractual obligations. Feedback from practitioners is acted upon and consideration given to removing any barriers to support them to gain compliance.

8.0 Risks & horizon scanning

The safeguarding agenda is constantly changing to reflect national, regional and local developments, learning and statute or case law; this strategy and annual work-plans will need to be flexible to respond to any changes in a timely manner.

Locally, the development of the Safeguarding Hub at Merrion house is ongoing and growing due to previous success.   This year (2020) will see an evaluation and review of the hub the service by all four partners LYPFT, LTHT, CCG and LCH, a draft report will be presented to Directors of Nursing for comments July 2020.

Nationally, the broad scope of the Goddard Inquiry has the potential to skew the safeguarding agenda, first as demands are placed on health service providers to respond to specific allegations of historic abuse within institutions or organisations and subsequently as practice guidance is developed to prevent any repetition of those abuses.

Potential also exists for criminal prosecutions and civil actions through the Courts to arise from the inquiry; these could have significant fiscal impact on any organisation drawn into the legal arena.

The Safeguarding Adults agenda is likely to undergo rapid growth and development within the timeframe of this strategy as the full implications of the Care Act (2014) are embedded along with local and national systems and processes to govern and support practice e.g. imminent implementation of *"Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document"*.

9.0 Conclusion

Safeguarding is everybody's business; doing nothing is not an option.

Safeguarding practice develops through proper use of reflection, supervision, incident reporting, serious incident investigation and sadly, through close scrutiny of practice in relation to incidents where serious injury or death has occurred.

We are committed and open to any opportunity for learning and to listening carefully to service users, to ensure safeguarding is personal.

This strategy sets out the key safeguarding priorities and areas of development within Leeds Community Healthcare over the next three years, while acknowledging the crucial importance of inter-agency collaboration and close co-operation with our service users, commissioners and inspectorates to ensure we safeguard the population of Leeds through the delivery of high quality, effective healthcare.

Appendix 1

DEFINITIONS

Abuse

Abuse is a form of maltreatment. Anyone may abuse or neglect a child, young person or adult at risk by inflicting harm or failing to act to prevent harm. (Working together 2018). Abuse is the violation of an individual's human or civil rights by any other person/s and involves the misuse of power by one person over another. (Safeguarding Adults). ADASS, 2005)

Abuse can be unintentional or deliberate and can result from either actions or inactions.

Abuse can take many different forms and is often considered under the following headings:

Physical	Sexual	Emotional
Financial	Organisational	Modern slavery
Domestic violence	Neglect	Self-neglect
Discriminatory		

Adult at Risk

Where a local authority has reasonable cause to suspect that an adult (aged 18 years or more) in its area (whether or not ordinarily resident there)

- has needs for care and support (whether or not the authority is meeting any of those needs),
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

The local authority must make (or cause to be made) enquiries to enable it to decide whether any action should be taken and, if so, what and by whom.
The decision to carry out a safeguarding enquiry **does not** depend on the person's eligibility for services.

Concerns

This refers to any suspicion, allegation, or other concern relating to the safety or wellbeing of an adult who may be experiencing or at risk of abuse. Individuals do not need 'proof' in order to raise concerns under the safeguarding adults' procedures.

Mental Capacity

Mental capacity is the ability to understand, retain and weigh up information in order to make a decision and to communicate the choice they have made. When an adults' ability to make a particular decision is reduced, they can be at increased risk of abuse, including neglect.

Mental Capacity Act

The Mental Capacity Act (MCA) 2005 provides a statutory framework to empower and protect people who may require help to make decision or may be unable to make decisions for themselves.

The Mental Capacity Act is accompanied by a 'Code of Practice' which provides practical guidance and everyone who works with people who may lack capacity has a duty to work within and have 'due regard' to the Code.

Safeguarding Children and Young People

Working Together 2018 definition:
- Protection of children from maltreatment
- Preventing impairment of children's health or development
- Ensuring children grow up in circumstances consistent with the provision of safe and effective care and
- Taking action to enable all children to have the best life chances.

Safeguarding work can include;
Prevention – actions which identify and reduce the risk of abuse, and
Protection – actions to protect someone who is experiencing abuse

Appendix 2

Equality Analysis (EA) – Relevance Screening Form

1. Name of the document	Safeguarding Strategy 2020-2023
2. What are the main aims and objectives of the document	This strategy sets the direction of travel, and identifies a range of objectives for staff working for LCH around the safeguarding agenda. The objectives are based on The CQC fundamental standards It also aims to support the delivery of LCH Strategic Objectives which are: • To provide high quality, safe services, continuously improving the patient experience and measuring our success in outcomes; • To work in partnership with service users, communities and to deliver service solutions, particularly around integrated care and care closer to home principles; • To engage and empower our workforce; ensuring we recruit, retain and develop the best staff; • To become a viable and sustainable organisation, with the ability to invest in the community, and with a relentless focus on value for money. There is an accompanying, Safeguarding Annual Report and work plan prioritising actions from the strategy.

3. Is this a key strategic document?	**Yes**		**No**	
			X	
4. What impact will this document have on the public or staff?	**High**	**Medium**	**Low**	**Don't know**
			X	

Explain:
Preventing and responding to abuse is essential to achieving optimum standards of health, safety and wellbeing and is integral to all care delivery.

The protection from abuse and neglect is fundamental to care provision and integral to service delivery. LCH recognises the economic challenges facing health care providers and the need to deliver high quality person-centered care with the need to focus on innovation, productivity and prevention. All this cannot be achieved single handed and safeguarding is most effective when delivered through effective multiagency working and public engagement.

Meeting: Board Meeting 7 August 2020	**Category of paper**	
Report title: Safeguarding Annual Report 2019/20	**For approval**	√
Responsible director: Executive Director of Nursing and Allied Health professionals. **Report author:** Lynne Chambers Head of Safeguarding	**For assurance**	
Previously considered by:	**For information**	

Purpose of the report

This document forms the Safeguarding Annual Report for Leeds Community Healthcare NHS Trust (LCH) 2020-2021.

The purpose of the Safeguarding Annual Report is to provide LCH Quality Committee and LCH Board with a brief overview of the Safeguarding achievements and challenges in 2019 – 2020 and outline key ambitions for 2020-21.

The report covers the period 2019-2021 and provides information on:
- Safeguarding Adults
- Mental Capacity, Deprivation of Liberty Safeguards (DoLS) and Dementia
- Safeguarding Children
- Specialist Child Protection Medical Services
- Sudden Unexpected Death in Infancy and Childhood (SUDIC)
- Children Looked After and Care Leavers

Main issues for consideration
- Maintain full Safeguarding service provision throughout the COVID-19 pandemic
- Work with partners including LSAB to raise awareness of Self-Neglect and Modern Slavery
- Develop an intranet page to support staff in fulfilling PREVENT duties
- Preparation for implementation of Liberty Protection Safeguards (LPS)
- Conclusion of Delirium Pilot
- Develop more virtual training packages
- Redesign of the delivery of Child Protection Medical Services
- In conjunction with SUDIC Strategic Reference Group partners organise a West Yorkshire wide SUDIC conference
- To review and improve health information to UASC's in Leeds across health economies, to ensure they have the information needed in accessible form

Recommendations: The Board:
- is recommended to note the contents of this report and approve its publication.

Safeguarding
Annual Report 2019-20
Draft v1

Authors:
Safeguarding Adults – Grace Stewart-Hanson
Mental Capacity, Deprivation of Liberty Safeguards (DoLS) and Dementia –
Kulvant Sandhu
Safeguarding Children – Wendy Brown
Specialist Child Protection Medical Services – Dr Anna Gregory
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Children Looked After and Care Leavers – Angela Dillon

Contents Page:

<u>Introduction and Executive Summary</u>

Leeds Community Healthcare NHS Trust (LCH) places high priority on the safety of all children and adults at risk who are or whose parents or carers are in receipt of services. The Safeguarding Team ensure LCH meets its statutory requirements outlined in Working Together 2018, The Care Act 2014 and the Mental Capacity Act 2005.

The purpose of this suite of reports is to provide the Quality Committee and LCH Board with a brief overview of the Safeguarding achievements and challenges in 2019 – 2020 and outline key ambitions for 2020-21.

Team Structure
The Safeguarding Team based at Stockdale House provides both corporate and operational functions and sits within the Quality and Professional Development directorate providing safeguarding advice, guidance, support, supervision and training for all LCH employees.

The team consists of Named and Designated Professionals, Lead Professionals, Safeguarding Advisors and Specialist Practitioners with responsibility for:
- Safeguarding Adults
- Mental Capacity, Deprivation of Liberty Safeguards and Dementia
- Prevent
- Safeguarding Children
- Specialist Child Protection Medical Services
- Sudden Unexpected Death in Infancy and Childhood
- Children Looked After and Care Leavers

Throughout 2018-19 the Safeguarding Team worked to restructure the service. We have now delivered this structure which offers the potential for career progression to safeguarding practitioners.

Another important motivator for change was to ensure we remain fit for purpose as we enter a time of significant change locally and nationally in response to the NHS Long Term Plan. The LCH Safeguarding Team will need to be agile in response as we move toward Integrated Care Systems which will impact on how we organise and respond to safeguarding issues both within the Leeds health economy and across the West Yorkshire and Harrogate footprint; and as we work in ever closer alliance with the Leeds GP Confederation.

Functions
Staff can contact the safeguarding team Monday to Friday for specific advice in relation to new and ongoing cases where a safeguarding concern is under consideration. The team also undertakes Health Needs Assessments (HNAs) and health interventions for Children Looked After (CLA) and Care Leavers for Leeds children and those children placed in Leeds from other areas across the country.

Partnership Working
The Team works closely with the designated and named professionals within community paediatrics, the Clinical Commissioning Group (CCG) and across other health care providers as well as colleagues in Social Care to ensure our work force have the skills and support they need to safeguard all those in our care.

Governance Arrangements

The Safeguarding Team sit within the Quality and Professional Development unit under the Executive Director of Nursing and Allied Health Professionals (our board member with responsibility for safeguarding). The Safeguarding Committee, a subcommittee of the Quality Committee meets bi-monthly to both drive and oversee the safeguarding agenda

The Safeguarding Nurses meet with operational service lead practitioners on a bi-monthly basis (safeguarding operational groups) to develop and implement objectives identified in the safeguarding work plan. We have two safeguarding operational groups:

- Safeguarding Adults Champions, and the
- Safeguarding Children Operational Group

Safeguarding reports go on a quarterly basis to the Quality Committee via the LCH Safeguarding Committee. In addition outcomes from these groups are shared with Leeds Clinical Commissioning Group (CCG) through the Children's and Adults Advisory groups and with Leeds Safeguarding Children Partnership (LSCP) and Leeds Safeguarding Adults Board (LSAB) through the relevant sub-groups.

Safeguarding priorities are set down in an annual work plan which is regularly reviewed and updated through the Safeguarding Committee.

In June 2018 the CQC undertook a Review of health services for Children Looked After and Safeguarding In Leeds which highlighted a significant level of good practice within LCH services which came under scrutiny (CAMHS, School Nursing, Health Visiting, Sexual Health and Children Looked After and Safeguarding), as well a bringing focus to some areas for improvement which have been addressed through an action plan, owned by Leeds CCG with LCH elements overseen by our Safeguarding Team.

The Safeguarding Team is continually learning, improving and disseminating best practice. Through our contributions to LSCP practice audits, the continuous cycle of preparation for Ofsted Joint Targeted Area Inspection (JTAI), as well as through collaboration with agencies in the Leeds Safeguarding Children Partnership, Leeds Safeguarding Adults Board and Safer Leeds, we have scrutinised, analysed and identified practice learning points as we strive to ensure the people of Leeds receive the best possible care.

Key achievements in 2019 – 20 are set out at the head of each report

Safeguarding Adults

Key achievements 2019-20:
- Maintained a full safeguarding service during COVID_19
- Raised awareness of the principles of "Talk To Me, Hear My Voice" and embedded the 2019 LSAB Safeguarding Adults Ppolicy and Procedures
- Began the process to replicate the safeguarding templates in other EPR systems
- Embedded the learning from the thematic review of rough sleeping in Leeds
- Introduced a Domestic Violence "Telephone in the Toilet" direct line to LDVS
- Worked in partnership with Safer Leeds to provide a Domestic Violence/Coercion and Control conference, funded by LSAB. One of our staff members Lisa Bolton (Children Looked After Service) shared her story of how her sister Fiona was unfortunately murdered by her husband some years ago.

- The team developed and delivered a training plan with Safer Leeds to expand the use of Routine Enquiry in LCH services
- Raised awareness of self-neglect, developed and delivered a bespoke self-neglect training package.

Key ambitions 2020-21:
- To raise awareness of Modern Slavery/Human Trafficking.
- Develop and deliver an LCH Modern Slavery/Human Trafficking training package to include flow charts and a one minute guide (currently online training is provided by West Yorkshire Police).
- Work in partnership with Safer Leeds on the Modern Slavery/Human Trafficking agenda.
- Work in partnership with LSAB and partners to develop a city wide Self-Neglect policy.
- Work in partnership with LSAB and partners to explore a multi-agency risk assessment committee for vulnerable adults (to include self-neglect).

A key priority for LCH is to raise awareness and empower staff to recognise the signs and symptoms of abuse. The Team want all staff to feel informed and confident to access the team for support and advice.

The Safeguarding Adult Team does this by continuing to provide advice, training and support to staff, in line with our statutory duties.

Multi-agency working is a crucial element of safeguarding and the safeguarding team works closely with colleagues in other provider organisations, Leeds CCG, Adult Social Care, West Yorkshire Police and voluntary and private sector organisations to safeguard and protect the people of Leeds.

We follow and promote the six safeguarding principles set out in the Care Act (2014):

Adult Safeguarding is shaped by 6 principles:

Empowerment — Person led decisions and consent

Protection — Support and representation for those in greatest need

Prevention — Prevention of harm and abuse is our primary objective

Proportionality — Proportionality and least intrusive response appropriate to the risk or risks presented

Accountability — Accountability and transparency in delivering safeguarding

Partnerships — Local solutions through services working with communities

National safeguarding Principles

Inter-agency Policy and Procedure
In response to the findings from a Safeguarding Adults Review, the Leeds Safeguarding Adults Board undertook a full review of inter-agency safeguarding policy and procedures; LCH as an LSAB partner was fully in engaged in the development of the new Leeds approach – "Talk to Me, Hear My Voice" a 'Citizen Led Approach'.

In 2019-20, LCH in partnership with the LSAB will embed the new Citizen–Led multi-agency policy and procedures launched on 1st April 2019. LCH were involved in the design of the leaflets used for advertising which ensured they reflected the client users of the City in which we live.
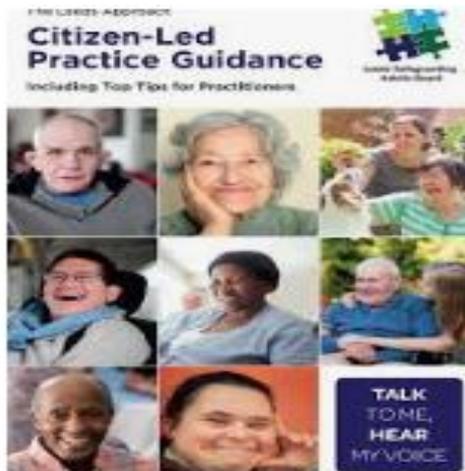
Building on Making Safeguarding Personal (MSP) these procedures centre on the principles of citizen-led safeguarding, focussing on client perspectives, involving them and listening to the person's wishes and views on prospective outcomes.

Workforce Development
Safeguarding training is a mandatory requirement for all staff. LCH has robust E-Learning packages which are accessible to all staff members via ESR.

Learning From Reviews
It has now been 18 months since we have seen a Domestic Homicide in Leeds which may be reflective of the hard work the LSAB members, Safer Leeds, LCH and all of our health partners have collectively done to raise awareness of Domestic Abuse by providing face to face learning lessons sessions, training, literature and involvement in campaigns such as '16 days of action' and the National Safeguarding week. In addition, and as a direct response to previous Domestic Homicide Reviews and Safeguarding Adult Reviews in Leeds we have worked with partners including Safer Leeds to develop and deliver bespoke training to address emerging themes, particularly coercive control & Domestic Abuse and Self-Neglect. LCH recently devised an interactive flowchart for use by practitioners to help them when dealing with Domestic Abuse issues. This can be found on the safeguarding intranet page. Further safeguarding information is available on the intranet e.g. one minute guides, flow charts, Standard Operating Procedures and voice over PowerPoint presentations.

LCH continues to be an open and reflective contributor to Domestic Homicide Reviews (DHR) and Safeguarding Adults Reviews (SAR) where required. Both processes allow for analysis of findings from investigations carried out by individual agencies involved in the case, in order to make recommendations for improving future practice where this is necessary. Previous DHR's highlighted the need for more knowledge and training around routine enquiry and SARs the need for more knowledge of self-neglect, the safeguarding team responded in partnership with Safer Leeds by providing training which has been tailored to address specific needs arising from DHRs and non-statutory Learning Lessons Reviews. Training was delivered in partnership with Safer Leeds and Leeds and York Partnership Foundation Trust. Self–Neglect training was developed in partnership with the CCG using the learning from SARS.

Innovation

The experimental use of placing a telephone with a direct line to Leeds Domestic Violence Service (LDVS), in a safe space within the community has been audited and is to be expanded within the city. This along with the introduction of some public pharmacists becoming safe sites during COVID_19 whereby safe contact can be made with LDVS is further evidence of joint proactive work within the city during the current Pandemic.

Training

In 2019-20 we have introduced training via virutal platforms. This not only enables us to support staff and enable their development, but also allows us to extend our training to our Custody Suite colleagues across the region, by making it easer to access. This is also a cost effective method of providing training as there is no travel time or travel cost to the organisation. Using virtual platforms has become invaluable during COVID_19 and the team are in the process of expanding this resource for further use post Pandemic .

The use of virtual training methods has increased significantly alongside the use of Social Media to ensure Safeguarding is shared on a variety of platforms. This was demonstrated during this year's Safeguarding week with all interactions taking place by a means of a virtual platform.

Systems

The safeguarding team introduced safeguarding templates for use within our adult electronic patient records (EPR) in 2018-19 which mirrors the process for safeguarding children within our organisation therefore increasing consistency throughout the patient journey, we will continue to embed the use of the templates through 2020.

Acknowledging that some services do not use System One, the focus for 2020 will be to work towards replicating the templates in a suitable format for other LCH systems.

Safeguarding Adult Champions

The safeguarding team continues to engage virtually with our Adult Champions; this is set to reach a wider audience supporting staff to learn by sharing identified cases, receiving bespoke training and developing their knowledge and understanding of the wider safeguarding strategy and agenda.

Safeguarding champions act as ambassadors for safeguarding imparting their enhanced safeguarding knowledge to their teams, ensuring safeguarding is on the agenda at team meetings, managing a safeguarding information board, and encouraging staff to maintain alertness to safeguarding in all that we do.

Commitment

LCH has a responsibility to prevent and stop all forms of abuse or neglect happening wherever possible and to keep vulnerable adults safe, meeting statutory obligations and our duty of care.

The LCH safeguarding team focuses on creating an environment where abuse is not tolerated and safeguarding is everybody's business.

The safeguarding team offer guidance, support and training to all staff in LCH to develeop a workforce with the confidence and capability to meet our duty to safeguard; we work particularly with front line staff to ensure our patients can live free from abuse within their own homes.

Some people require more support than others to make choices and manage risks; therefore strong communication skills and mental capacity assessments remain key to ensuring a shared understanding of risk and action in the best interests of vulnerable adults.

Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and Dementia

Key achievements 2019-20:
- The 3Ds Clinical Frameworks was submitted to NICE
- Planning and participation in multiagency city-wide public facing campaign, to promote Advance Care Planning within the city.
- Involvement in city-wide campaign to increase awareness and use of Lasting Powers of Attorneys (LPAs) including trust wide briefings.
- Organisation of city-wide learning event to increase practitioner's skills and practice of Advance Care Planning (event planned for March 2020, postponed due to Covid19, to take place within 2020/2021).
- Enhanced mechanisms in place for DoLS reporting within inpatient settings.
- Developed Electronic Patient Record (EPR) template to capture consent/MCA for children and young people.
- Adaptation of MCA training to continue with virtual delivery.
- Dementia training compliance: 96% for trust wide awareness training, 83% for tier 2 full day training.

Key ambition 2020-21:
- Full implementation of EPR template to capture and audit consent/MCA for children and young people.
- Readiness for implementation of MCA amendment bill of Liberty Protection Safeguards (LPS) legislation (pending on government guidance release).
- Implementation of Dementia Template within EPR to enhance care planning and transitions
- Conclude Delirium pilot within LCH contributing to the regional delirium work stream with NHS England and the Yorkshire & Humber Clinical Network
- Adapt current Tier two Dementia training and new 3-yearly refresher training into sustainable virtual delivery packages.

The purpose of MCA (2005) is *"to empower people to make decisions for themselves whenever possible, and protect people who lack capacity by providing a flexible framework that places them at the very heart of the decision making process".*
(Lord Falconer in the forward to the MCA 2005, Code of Practice).

Everyone working in health and social care who makes decisions for people who lack capacity has a legal responsibility to know and follow the MCA (2005). LCH has a statutory duty to ensure its staff comply with the legislations on consent and MCA (2005), to ensure the care and treatment delivered is lawful and best practice. This is also part of CQC's Key Lines of Enquiry (KLOE) Effectiveness domain which looks for assurances in this area.

The safeguarding team support the embedment of MCA (2005) into everyday clinical practice which can be evidenced for assurance purposes. Routine work that promotes best practice for MCA and Dementia include; giving specialist MCA & Dementia advice and guidance to staff, including the use of relevant legislations for consent and MCA

(2005). Undertaking yearly audit to identify areas of development, facilitation of training and chairing the well-established MCA champions forum. This forum provides vital MCA clinical supervision, relevant case law updates, as well as sharing of learning from Serious Adult Reviews (SARs) where mental capacity has been a feature. Ensuring best practice for dementia care within LCH involves continuing as an active partner representing the trust at various citywide and regional strategic groups, ensuring learning, new developments, and consistent approaches are embedded into the trust's clinical frameworks.

Key Achievements:

Collaborative working

LCH continues ensure the priorities for MCA & Dementia within the trust are aligned with the citywide and regional strategic groups. The Named Nurse for MCA & Dementia continues to be an active member and deputy chair of the MCA- Local Implementation Network (MCA-LIN) which is a sub-group of the Leeds Safeguarding Adults Board (LSAB). LCH also contributes as an active member of the city's Dementia steering group, specialist Dementia & End of Life (EoL) group, and the Yorkshire and Humber Clinical Networks forum for Dementia (led by NHS England).

There is a concerted effort as the part of the MCA-LIN to focus on ensuring people's voices are heard, and to improve practice around this across the city. A conference was planned for March 2020 titled "Let's Talk, Planning Ahead" with the aim of increasing practitioner's knowledge and skills for capturing people's wishes. This learning event would promote the initiatives across the city such as Advance Care Planning, Lasting Power of Attorneys, and ReSPECT forms. Unfortunately this had to be postponed due to Covid-19 pandemic, there are plans to reschedule this during 2020/2021.

Through recognising the need to support carers of our patients and staff who care for someone living with dementia, the Named Nurse also has membership with the trust's Carer's steering group to ensure through the MCA & Dementia work stream the needs of carers can be identified and met. This has resulted in specialised dementia training sessions for LCH staff who are carers for someone living with dementia. Also collaborative working with Carers Leeds to deliver MCA Training to their volunteers who provide support to our patients and LCH staff who have caring responsibilities.

Making Safeguarding Personal

Best interests decisions made under the MCA (2005) are strengthened when we can establish the person's wishes prior to losing capacity; Advance Care Planning is one mechanism for this. Often completed well towards End of Life care, our aim is to improve the awareness and uptake of Advance Care Planning especially for those earlier on in their health conditions.

A public facing campaign took place in April 2019 involving all partner agencies within the MCA-LIN. Information leaflets were developed and used during discussions with members of the public about

Leeds CITY COUNCIL   **NHS**

What is an advance decision?
Think ahead, plan ahead, share your wishes

There may be times in your life when you think about the consequences of becoming seriously ill or disabled. This may be at a time of ill health, as a result of a life changing event, or simply because you wish to plan ahead for the unexpected.

An advance decision makes your wishes clear so that these can be taken into account in the future when decisions are being made in your 'best interests':

• You can have discussions of your wishes with your carers, partner or relatives
• Include anything that is important to you no matter how trivial it seems

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Advance Care Planning, at various locations across the city.

Following the event, a short video animation was also developed to further promote awareness across the health and social care sector, with plans for its use within GP surgeries and One Stop Centres across Leeds.

With initial support from The Office of the Public Guardian (OPG), another area of focus was promoting the awareness of Lasting Powers of Attorneys (LPAs) for Health and Welfare, which enables those named to make care/treatment decisions on behalf of those who have lost capacity.

LPA briefings were delivered to teams within Adult and Specialist Business Units, and a One Minute Guide (OMG) produced to equip teams with key knowledge and good practice when working with people who are considering or have an LPA. There was noted increase in safeguarding queries from staff around LPAs, who were ensuring correct LPAs were recorded, and where required raising safeguarding concerns with Adult Social Care and the OPG.
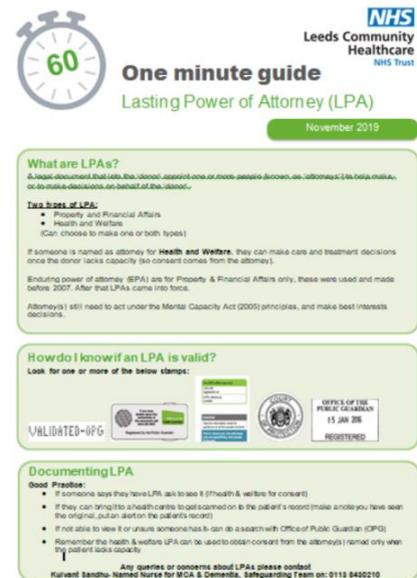
Quality improvement and assurance

This year also saw the development of a mechanism within EPR for recoding DoLS. This will enhance reporting within the inpatient Community Neurological service when a person may need to be deprived of their liberty to received care and treatment. This new mechanism allows for ease of reporting and monitoring for assurance purposes, and involved collaborative working with the service and trust's EPR team.

The Supreme Court judgement in September 2019 ruled that parents are no longer able to consent for the deprivation of liberties for their 16 and 17 year old's who lack mental capacity. Hannah House provide respite provision for children up to their 18th birthday, with many lacking mental capacity due to their complex health conditions. Training has taken place with staff to ensure good practice of MCA (2005) legislation, DoLS training. Processes are being developed to ensure the deprivation of liberty for these young people is authorised in accordance with the change in legislation.

Further quality improvement work has taken place with colleagues within the Children's Business Unit to develop an EPR template to capture consent and MCA documentation for children and young people aged under 18 years. This will enable improvements in documentation and knowledge around the options for consent when working with children and young people, further promoting the child's voice in decisions around their care and treatment. The full implementation and roll-out across children's services will take place within 2020/2021.

Finally this year's MCA audit has focused on the Child and Adolescent Mental Health Services (CAMHS) inpatient unit Little Woodhouse Hall following the CQC inspection. The audit resulted in identifying areas of development around evidencing use of MCA (2005) and DoLS in clinical practice, these have been addressed with training. A re-audit will take place within 2020/2021 to evidence improvements made. This has also led to the development of another EPR template to enhance recording of consent and relevant legislations used for authorising deprivation of liberty, within the CAMHS service.

Developing the workforce and innovation

MCA facilitated training continues to evaluate highly in supporting clinical staff to embed the MCA (2005) and consent legislations into clinical practice, as demonstrated below in pre and post evaluations of this training.

BEFORE: How confident do you feel using Mental Capacity Act (2005) in your clinical practice? (1=not confident at all, 10= very confident)

Score: 5.8 ★
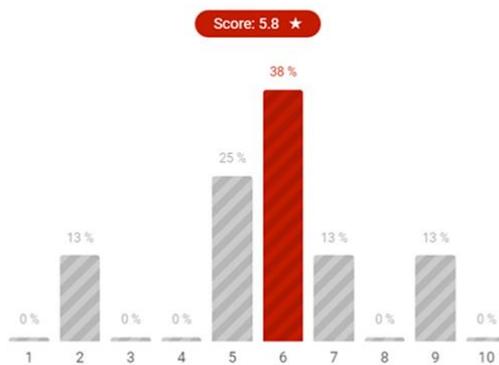
AFTER: How confident do you feel using Mental Capacity Act (2005) in your clinical practice? (1=not confident at all, 10= very confident)

Score: 8.1 ★
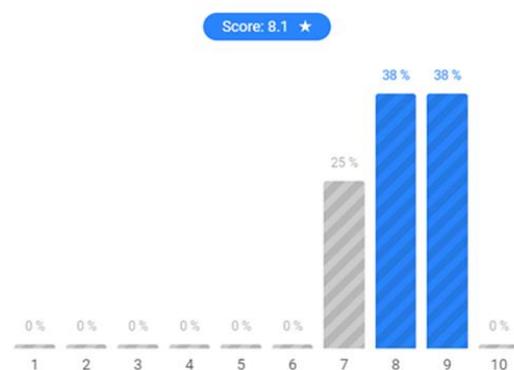
Due to Covid-19 pandemic adjustments were made promptly to enable the MCA training to continue virtually. This has been successful with additional benefits of increased staff uptake and positive feedback for the new format. The MCA Champions forum has also continued successfully through virtual delivery adaptations.

> *"Thank You for the session today. It was really useful and you are very knowledgeable. I just wanted to say I know there's a sense that face to face training is better for all, that I actually felt the virtual training works really well. I noticed more people contributing than when in a training room session. Thanks again".*
> **Participant from virtual MCA training**

> *"One of the best training days I have been on in LCH. Teacher very professional and knowledgeable, so interesting. Many thanks".*
>
> *"It was a really emotive and thought provoking session. I learned a lot and would definitely recommend it to anyone working with people living with dementia"*
>
> *"Gave me a good understanding and support for both my work life and coping with my home life. Thank you".*
>
> **Evaluation comments from dementia training**

Dementia training continues to part of the trust's statutory/mandatory programme with increasing uptake, and is positively evaluated by staff who have attended. 96% of all staff within the trust have completed dementia awareness training (as mandated by NHS England) and 83% of staff who are required to, have completed the enhanced tier 2 full day training. This training equips staff with the knowledge and skills required to deliver person-centred dementia

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care. The year ahead we plan to develop the 3 yearly refresher tier 2 training package, with a view to adapt the current tier 2 package to enable virtual delivery.

Key ambitions:

The MCA amendment bill (2019) gained royal assent in May 2019, with the Department of Health & Social Care announcing plans to bring LPS into force on 1st October 2020. This new legislation will replace the current arrangements under DoLS whereby LCH will take responsibility to authorise the deprivation of liberties for those who lack capacity within our inpatient settings. Due to Covid-19 pandemic, the government has delayed publication of the of Code of Practice, this needed to progress LCH's planning of forming internal governance structures ready for implementing the new law. LPS legislation coming into force on 1st October 2020 is now likely to be delayed by the government, LCH will focus to resume this planning within 2020/2021 as soon as the Code of Practice is published, working with partners within the MCA-LIN.

Dementia

The development and release of a dementia template on EPR will aid staff to incorporate the dementia quality standards into care planning and delivery for patients living with dementia. This template will also aid future audit development, to improve the patient experience. Work is progressing with partner trusts to see how the information can also be shared to aid better transitions of care for those living with dementia.

A delirium pilot commenced this year with further training sessions delivered to embed the 3Ds clinical frameworks, the latter stage of the pilot will be concluded within 2020/2021, contributing to the regional's delirium work stream within the Yorkshire & Humber Clinical Network.

Finally the citywide dementia strategy is being refreshed during 2020/2021 where other key priorities will be identified and aligned to LCH's strategic work around dementia.
_____

Safeguarding Children

Key achievements: 2019-20
- Contributed to the multi-agency thematic review process (Joint Targeted Area Inspection) regarding Child Exploitation.
- Appointed an additional full time practitioner to a band 6 role within the team.
- Introduced a restorative practice approach within children's services utilising our identified "Ambassador" and ensuring appropriate tools for practice are used.
- Raised awareness of the Multi Agency Child Exploitation Framework, Identification Tool and practice guidance, for practitioners to use when assessing children and young people vulnerable to exploitation. The documents have been added to the Safeguarding ELSIE page
- Maintained a service with reduced staffing that supported Children's services and practitioners throughout 2019 and during the COVID 19 period.
- Working with Adult colleagues we have assisted embedding the "Think Family Work Family" approach with Adult business unit.

Key ambitions 2020-21:
- During the resetting of LCH services we aim to establish:
  - A clear communication pathway that engages services and is the most appropriate resource to disseminate Safeguarding information effectively.
  - Develop training packages to reflect audit outcomes using voice over PowerPoint presentations.
- Working with other parts of the Health economy establish an overarching guidance regarding capturing the "Voice of the Child" and provide evidence of how LCH services meet the requirements of that guidance.
- Embed the new safeguarding service structure allocating new staff to appropriate roles and responsibilities whilst offering development opportunities.
- Work with Named Dr to implement Children service audit.

LCH is a strong and active partner of the Leeds Safeguarding Children Partnership (LSCP) contributing to multi-agency processes, policy and audits. LCH Safeguarding team ensure appropriate representation and contribution to the development of safeguarding practice in Leeds. This includes being active members of the LSCP subgroups and specialist meetings. Children and young people, their welfare, protection and the promotion of their best interests continue to be the Safeguarding team priority.

Safeguarding remains a golden thread throughout all LCH children's services and its Safeguarding team seeks to support the Children's Service Strategy 2018:2021. The Safeguarding team offer responsiveness and organisational leadership on emerging safeguarding issues, whether identified through CQC review, Safeguarding Practice Review (SPR), Learning Lessons Review (LLR) or case work. National, regional and local guidance is at the heart of the Safeguarding team practice (Strengthening practice through learning, Risk and Vulnerability Key Strategic Objective, LSCP 2018-2020).

Over the past year the Children's Safeguarding team have demonstrated its leadership, service development and support in practice by:

- Ensuring LCH safeguarding Policies, Guidelines and Standard Operating Procedures are kept up to date.

04 PL361 Child Protection Supervision · 09 GL081 Criminal and Legal Proceedings · LCH OMG CSWS.docx

- Delivery of a supervision session at Grimsby Custody suit and then a bespoke Child Protection (CP) Supervisor training session to 12 practitioners. This enables those practitioners to assist other Custody Suit practitioners with case management and CP supervision competency.

- Auditing the work we undertake via calls, training and supervision to re-evaluate, adjust and improve how the Safeguarding team is working with all other LCH services.

- Working with Information Systems team we have implemented the "Record of Contact" form onto SystmOne and produced a One Minute Guide to support practitioners who complete the document. This has enabled LCH data collection of children and young people referred to Childrens Social Work Services (CSWS) from our organisation, something we have been unable to achieve in the past.

- We continue to ensure access to appropriate training, equipping our practitioners to fulfil their safeguarding role. Recently this has included offering staff alternative methods of achieving competency during the COVID 19 period.

<u>Virtual Learning Page.</u>

- LCH Safeguarding team and service practitioners continue to bring expertise to the LSCP Learning and Improvement Framework, delivering training and development programmes for multi-agency participants.

- Contributing to the multi-agency triage process for MACE meetings to support the needs of children and young people at risk of exploitation. (Prevent area, as per LSCP Risk and Vulnerability action plan).
- Contribute to LSCP strategies, including Risk and Vulnerability and Neglect strategies.

On-going work that the Childrens Safeguarding Team does to promote safeguarding which we are particularly proud of includes:

- Daily contact with the safeguarding team for all LCH practitioners with safeguarding enquiries.
- Use of "Lunch and Learn" sessions, addressing topical issues, such as Contextual Safeguarding, recommendations from Learning Reviews, Safeguarding Practice Reviews and Appreciative enquiry.
- Standardisation of LCH Safeguarding Supervision model to ensure quality of supervision to support best practice and staff resilience.
- Administrative data collection regarding Initial Child Protection Conferences (ICPC) and Review Child Protection Conferences (RCPC).

Thinking about our quality assurance processes:

- We have an internal SystmOne review process with regards to safeguarding telephone enquiries and "Record of Contact" forms completed. This information is presented at the Safeguarding committee meeting.

- We have a review processes in relation to contacts with the Front Door Safeguarding Hub and how these are managed internally and externally. A member of the safeguarding team attends the audit meeting monthly.
- We attend and contribute to Sexual Health Safeguarding Multi-Disciplinary Team meetings and the Emergency Department Safeguarding Review meeting.
- We are specialist reviewers for Datix and attend internal Review/Serious Incident meetings.
- Working with others we develop annual work plans for implementation and development of the safeguarding agenda across LCH.

The LCH safeguarding children team consider a key adaption and opportunity going forward is in "resetting" the Safeguarding service following the COVID 19 situation and how we continue to support LCH practitioners to the best of our ability in the future.

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Specialist Child Protection Medical Services (SCPMS)

Key achievements 2019-20:
- Significantly improved the working relationships with acute paediatricians in LTHT
- Redesigned the delivery of child protection medical services so they are delivered out of LGI, take into account and manage if possible Covid positive child/family
- The CPMS rota became a 2 person rota with a back up person from March, to cover sickness and occasionally a high volume of referrasl to ensure children are seen promptly. This was without any extra time or resources for the drs and also 2 people were shielding so unable to join this rota.
- Instrumental in changing the ethos of children being admitted from A&E with child protection concerns, ensuring there is a clear SOP to ensure children continue to be protected from harm without acquiring infections.
- Increasing engagement in strategy meetings and case conferences where child abuse or neglect is suspected – many by remote access eg skype.
- Continued to foster strong working relationships with colleagues at the paediatric Sexual Assault Referral Centre including handover of patients
- Strengthened relationships with sexual health and Genito-Urinary medicine doctors
- Involvement with the Risk and Vulnerability Subgroup of Leeds Safeguarding Children Partnership regarding child victims of Female Genital Mutilation.
- Attendance at Multi-agency Safeguarding Operational Group (MASOG) by Named doctor to look at operational processes for community paediatrics, police and social care
- Access to old clinical child protection database has been acquired
- Several team members train on ALSG Child Protection Recognition and Response course
- New named doctor is increasing networking between the Named and Designated doctors for other areas and across Leeds.
- Named dr - Delivered training to a range of professionals – sw, education, police and health incl Gps, also front door team.
- Set up psychologist group supervison for the SCMPS , this has been reasonably successful but impacted by Covid just as we were getting more engaged with it.

Key ambitions 2020-21:
- Continue to ensure the rota means that children are seen in a timely way and there is no delay especially during Covid issue. The group of senior drs have been extremely adaptable to ensuring there is possibility for 2 people on every day to enable sickness to be covered etc despite us being 2 drs down. This has had a significant impact on others areas of clinical work as clinics had to be cancelled.
- Continue to work with the LTHT and deliver CPMS from an appropriate venue and all children who are medically well do not get admitted and are seen for CP medicals by us.
- Continue to improve our interaction around strategy discussions and Child Protection conferences e.g. possibly using skype.
- Develop and implement clinical pathways in partnership with MHL for children with Sexually Transmitted Infections including e.g. ano-genital warts
- Continue to engage in regional peer review and Named Doctor regional meetings
- Continue to learn from patient experiences – giving particular attention to the voice of the child by improving child friendly feedback collection processes
- Maintain strong links with the LCH Children Looked After and Safeguarding team

Who are we?	What are we proud of?
10 community paediatricians, 2 band 5 nurses, 1 play therapist, 2.8 admin staff and 1 clinical services manager Part of ICAN (Integrated Children with Additional Needs) services; commissioned by Leeds CCG	Providing a daily **senior doctor led** clinic to see children (0-18)referred for all forms of child abuse **Trained and skilled administrative staff** to take referrals from 09:00-17:00 on weekdays **Compassionate, highly skilled nursing staff** to chaperone and support families & medical staff in clinic Clinical work underpinned by **peer review and supervision** to challenge practice & offer support **Dedicated team**, who show great strength and resilience to rise to the many changes this year Continuing to provide **medical training** in child protection **information sharing** and working together to safeguard children **Monthly governance programme** for continuing professional development and links with the regional peer review programme.

What did we do in 2019-20?

- Saw 395 children (380 acute, 15 follow up) between April 2019 – March 2020

- 51% were seen for physical abuse; 4% required sexual abuse examination; 6% neglect; 6% anogenital exam for non sexual abuse; and 18% were siblings of index children.

- We aim to provide child protection medical reports to Social Care in 4 working days. Performance has improved over last few years and in 2019-20 with 67% of reports being returned within 4 days; 93% within 7 days.

- We held 51 peer review or colposcopy meetings in the last year and have attended 2 regional peer review sessions

- Clinical governance sessions have been well attended and covered topics including –journal article reviews; and planning with psychology colleagues for group supervision in 2019-20; restraint training. Notes audit.

- As we are unable to use standard Friends and Family Test we have developed a specially designed feedback form for implementation in 2019-20 –this hasn't happened yet.

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Sudden Unexpected Death in Infancy and Childhood (SUDIC)

(Abridged from the report produced for the Local Safeguarding Children Partnership)

Key achievements 2019-20:
- LCH SUDIC Team consistently met the key performance indicators
- Facilitation of a multi-agency study day on: Cot Death and how we can Influence Change
- 'Unsafe sleeping and SUDIC' Light bite sessions delivered in partnership with Safeguarding LTHT to GP Target Sessions across the city
- Effective contributions to the local Child Death Overview Process and LCH Mortality Sub-Group
- Witnessing changes made as a result of SUDIC and CDOP work
- Provided a full and robust service throughout COVID-19
- Evidence of strong multi-agency ways of working to facilitate the SUDIC process
- LCH now provide safe sleep advice to fathers going on paternity leave

Key ambition 2020-21:
- To maintain, and aim to exceed, the current high standards of facilitating the SUDIC process in Leeds by; ensuring we have the right people, with the necessary skills, knowledge and ability in the right place at the right time.
- Implement new ways of working to streamline processes
- In conjunction with SUDIC Strategic Reference Group partners organise a West Yorkshire wide SUDIC conference
- Develop in partnership with LSCP SUDIC Training Package
- Share SUDIC practice with teams across boundaries
- To ensure all team members have access to regular Psychological support to assist their health and mental well-being. Frequency to be determined.

'The death of a child is a devastating loss that profoundly affects all those involved. The process of systematically reviewing the deaths of children is grounded in respect for the rights of children and their families, with the intention of learning what happened and why, and preventing future child deaths' **(Chapter 5, Working Together (WT), 2018)**

SUDIC Activity 2019-20

During the period April 2019 to April 2020 there were 12 deaths of children, resident in Leeds, which met the SUDIC criteria. This is 7 fewer deaths than for the same period 2018-2019. The details are set out in Figure 1.

There was 1 instance where unsafe sleeping practice was identified in a baby under the age of 1 year. This is 3 fewer instances than during 2018-19.

During 2019-2020 the SUDIC process was finalised for the ongoing cases outstanding from 2018-19. Due to the ongoing criminal investigation into the Manchester Arena bombing, the SUDIC process for 1 young person's death from 2017-18 remains incomplete.

Figure 1

	Age & Gender	Details	Red indicates unsafe sleeping identified SUDIC Under 2yrs	SUDIC Process Complete April 2020	Home/scene visit
1	8 months female	Unascertained	RED	GREEN	Home & Scene
2	8yrs 6 months female	SUDIC in child with complex needs			Home & Scene
3	2yrs 2 months male	Collapse at home ? drowning		ORANGE	Police led potential crime scene and parent not available
4	3 months female	SUDI with Prematurity		ORANGE	Home & Scene
5	13yrs 2 months male	Status asthmaticus Anaphylactic reaction		ORANGE	Home and Scene
6	7 weeks male	SIDS		GREEN	Home and Scene
7	5 days male	Renal Failure		ORANGE	Home
8	8yrs 2 months female	Sepsis/ haemorrhage		GREEN	Home
9	11yrs 10 month female	Pneumonia		ORANGE	Home
10	14 weeks female	Hypoxic event prior to death in hospital		ORANGE	Police led and parent on bail
11	1yr 8 months female	Sudden death at home /? cause		ORANGE	Home & Scene
12	17 months male	Child with additional needs – aspiration pneumonia		GREEN	Home only child died abroad

SUDIC Home & Scene Visits

Home Visits by SUDIC Team members were made in 10 of the 12 cases. The timeframe of the responses is set out below.

SUDIC Home/Scene Visits 2019-20				
24-48 hours	**48-72 hours**	**over 72 hours**	**No visit**	**Total**
4	3	3	2	**12**

For the 2 cases where visits were not made to the family both were subject to active police investigation and the parents declined a visit from the team. In these instances written information was sent to the family explaining the SUDIC process.

The team aim to visit the scene within 24 hours of the child's death as a priority for babies under the age of one year and this was achieved for the 3 unwitnessed deaths in this category. The timing of the home visit is influenced by the day of the week on which the child dies as the LCH SUDIC Team work on weekdays only. Therefore if, for example, a child dies on a Friday evening the earliest opportunity for the SUDIC team visit would be more than 48 hours after their death. In all instances where a child collapses at home and subsequently dies, the police carry out a Scene Visit on the day of their death. Their information is shared with the SUDIC Team at the Initial SUDIC Meeting or before if necessary

Initial SUDIC Meetings

This meeting seeks to; understand the circumstances of and, if possible, the reasons for the child's death, consider the immediate needs of all family members, and to contribute to the process of identifying any lessons to be learned about how best to safeguard and promote children's welfare in the future.

Initial multi-agency meetings were held in a sit down format for all 12 of the Leeds childhood unexpected deaths occurring during 2019-20. This is consistent with the previous year's performance.

28 Day Report to HM Coroner

During 2019-20, 28 Day Reports to HM Coroner have been provided by the SUDIC Consultant for all 12 of the deceased children.

9 of the 12 reports met the 28 Day deadline. For the 3 reports which did not meet the deadline, 1 was due to the late notification of a child who had died out of the country. The remaining 2 reports were completed within 30 days of the child's death.

SUDIC Final Case Discussion Meetings

During 2019-20, Final Case Discussion meetings and Final Reports to HM Coroner and the Child Death Overview Panel were completed for 9 of the children who died in the 2018-19 period.

Final meetings were held in a face-to-face format for 3 of the 12 children who died in 2019-20, one of which was both the Initial and Final SUDIC meeting. Final information gathering was carried out remotely to inform the Final SUDIC Reports for 6 of the children dying in the 2019-20 period due to the COVID-19 pandemic.

The team are awaiting the post-mortem reports for 2 children and have received the post-mortem report for a further child. It has been agreed that Final Meetings will be held face to face for these 3 children once the pandemic is past the peak, as each of their deaths occurred in complex situations. This decision is being kept under review and it has been agreed that the practitioners involved will be contacted to keep them informed of the plan and the reasoning behind the delay.

Governance

The SUDIC Team are members of the Leeds Child Death Overview Panel **(CDOP)**. The panel met 8 times in the year 2019-20. 1 meeting was cancelled due to the COVID-19 pandemic.

Each meeting was attended by the SUDIC Consultant and SUDIC Professional Lead.

The LCH SUDIC Team take responsibility for providing the SUDIC reports for each child to the Leeds Local Safeguarding Children Partnership (LSCP) CDOP and ensuring that the recommendations of the CDOP Panel are fed back to LCH Children's Death Review Group.

LCH Children's Death Review Group

All SUDIC deaths are reported into the LCH Children's Death Review Group along with the expected deaths of children under the care of LCH services. The deaths are reviewed with the aim of ensuring that a critical appraisal of LCH healthcare input is carried out and where necessary further action is taken to ensure that lessons are learned. Information from this group is reported to the LCH Mortality Review Group which provides assurance to the LCH Trust Board.

The SUDIC Strategic Reference Group (SSRG)

The SUDIC Strategic Reference Group, a sub-group of the Leeds LSCP, is chaired by the Clinical Commissioning Group Children's Services Commissioner. The Leeds Safeguarding Children's Partnership Child Death Overview Panel (LSCP CDOP) Administrator takes responsibility for the group administration. Two meetings were held during 2019-20 at six monthly intervals. Both meetings were attended by a SUDIC Consultant and the SUDIC Professional Lead.

The Group is represented by partner agencies in the Joint Agency Response and provides an opportunity to examine and address issues raised in the SUDIC process. Actions are agreed and monitored in the meetings. Actions are considered in relation to the following broad headings which also form the basis of the LCH SUDIC Team Work-Plan which is reported into, and monitored by, LCH Safeguarding Committee.

- SUDIC Process Awareness Raising
- Review of Links with Partners
- Process & Performance
- Family Engagement

SUDIC Process Awareness Raising

SUDIC processes were highlighted by the SUDIC Consultant at the LTHT Accident & Emergency Department study day in July 2019.

In November 2019 a Royal College of Paediatrics and Child Health (RCPCH) accredited event was facilitated by the team with the aim of raising awareness of child death review processes. The event was attended by 30 delegates and evaluated positively. A further study day will be held during 2020-21 and will incorporate suggestions made by participants in the feedback process.

During August 2019 the team facilitated a presentation and workshop to the LCH Safeguarding Committee giving an overview of child death review processes and the SUDIC Team's role in the process.

Partnership working and actions related to identified modifiable factors

'Safe Infant Sleep Messages' was presented by the SUDIC Professional Lead and the LTHT Deputy Named Safeguarding Midwife as a 'Hot Topic' at the three Leeds GP Training Events during February 2020. The aim of the session was to present the local picture in relation to infant deaths linked to unsafe sleep practices and to encourage colleagues in primary care settings to have non-judgmental conversations with families in relation to safe sleep.

During 2019-20 Leeds Local Safeguarding Children Partnership (LSCP) produced information on safe sleeping aimed at fathers. This was developed in conjunction with local fathers and targeted at the relevant demographic on social media during Safer Sleep Week. Work is underway within LCH workforce department to incorporate the Baby Safe Sleep Checklist into the information given to fathers when they are taking paternity leave.

Following the tragic death of a young cyclist in Leeds, the Student LSCP were tasked with raising awareness of the importance of being visible when cycling at night. The "Keep them safe, keep them seen" campaign targeted all adults in Leeds, aged 18 – 65+ which included, parents, carers, aunts and uncles and grandparents, all of which could be buying bikes or cycling equipment for a child or young person over the Christmas period.

The LSCP hold an annual event during the summer holidays encouraging parents to be aware of unsafe places that children may play and to talk to their children about those dangers. This event was developed following the death of a young person who fell through the roof of a disused building.

The SUDIC team, working with colleagues from Police, Highways Agency and the Local Authority, has influenced additional road safety measures in part of the city and have also contributed to a "Safe Bathing" campaign due to be launched by the LSCP June 2020 (Safeguarding Week).
Two of the SUDIC cases have been considered for Safeguarding Practice Review and are being taken forward as Learning Lessons Reviews.

Children Looked After (CLA) and Care Leavers

Key achievements 2019-20:
- The whole team need to be congratulated for maintaining high standards of care service delivery over a year that has seen lots of changes and challenges to capacity. Highly skilled and experienced staff have retired (some returning part time); a new service structure with new leadership posts is in place and 2 new members of staff have been the recruitment and are continuing their induction.

- The team has embedded the Leaving care health summary into practice. Audit shows that 97% of Care Leavers have received a health summary this year. The number has rapidly increased since the CQC inspection 2018, following which, the initial audit indicated that less than 30% of young people leaving care had received a health summary.

- Lisa Bolton presented the audit at the Trust's Clinical Audit Plaudits Event in November 2019.

Audits consistenly demonstrated that CLA Nurses and PHINS provide high quality health assessments. Audit enabled timely identification of a service needing support with RHNA's and the team were able to offer training and continued audit to support a speedy return to quality provision for our client group.

Key ambitions 2020-21:
To continue to strive for service improvements for CLA and Care Leavers with all partners in the health economy, CCG and Social Care by :

Developing closer working relationships with our social care colleagues to have regular conversations to explore the development of joint understanding, policies and procedures (including notification of child coming into care, Social work input to IHNA's, immunisations)

- Explore within reset and recovery how we can take the use of technology forward to improve the engagement and the offer to CLA and Care leavers
- To review and improve health information to UASC's in Leeds across health economies, to ensure they have the information needed in accessible form

- To develop use of Speech and Language tool, to enhance offer to CLA to ensure their needs are met in health, school and at home.
- To fully implement CQC 2018 recommendations around IHNA and RHNA assessments

Our client group includes children placed with their parents under a Care Order; placed for adoption or fostering (voluntarily or under a Care Order); Unaccompanied Asylum Seeking Children (UASC), and those living in Residential Children's Homes in Leeds, including secure settings. Our remit extends to Care Leavers who are supported by the Specialists Nurses for CLA and Care Leavers.

Our service collaborates with universal and specialist services within LCH, in particular; PHIN's, Community, paediatricians, Sexual health service and the secure setting health teams; with partners across the health economies and the social care therapeutic team; Commissioners; and with our colleagues in the Local Authority; Children's Social Work Service, the Corporate Parenting Board (CPB) and the Corporate Parenting Operational Group (CPOG).

The delivery of Children Looked After health services is crucially dependent on the commitment of practitioners across LCH children's and specialist services, all of whom recognise and respond to the specific health needs and vulnerabilities of our young people while acknowledging and celebrating their incredible strength and resilience in coping with significantly challenging life events.

Initial health needs assessment (IHNA) are undertaken within the Community Paediatric Service, following this the addressing of ongoing health needs and assessment review falls largely to Health Visitors, School Nurses, SILC nurses and the CLA Specialist Nursing Team, with some reviews also being undertaken alongside Paediatric Neuro Development, Neonatal Abstinence Syndrome or Adoption clinic reviews to avoid duplication of effort and ensure CLA are reviewed by the most appropriate health professional to assess and meet their needs including young people resident in secure settings.

While there is no statutory requirement to assess the health needs of Care Leavers, we have had in place a commissioned health offer to Care Leavers since 2015 which describes the process for accessing support from the nursing team and is publicised to Care Leavers through their CLU'd Up webpage.

The CLA team see all thirteen year olds and over who are Looked After and live in Leeds including those placed by other authorities, and all Leeds children (0-18) who live up to 20 miles outside of Leeds. Prior to January the CLA team travelled up to 80 miles to see Children/Young people. We oversee all Leeds children placed beyond the 20 mile radius, monitoring health needs and quality of RHNA's. Additionally we offer the following service to Care Leavers.

1. Support transition to adult services

2. Complete a leaving care health summary explaining how to register with GP's and dentists; giving links to service's including sexual health and mental and emotional health and the One You Leeds offer and has details of how to contact the CLA and Care Leaver's Nursing team.
3. Care Leavers can be referred or self-refer to the service at any time for support/signposting.

The Cohort

The cohort of Leeds Children Looked After has increased through 2019-20 to 1326 which reflects the national trend. Leeds has a higher proportion of children going into care per 10,000 than regional and national. The numbers of teenagers entering care continues to increase as a proportion of the whole and the number of care leavers continue to increase as more young people are remaining in care until their 18th birthday with statutory Care Leaver rights.

The number of Leeds children placed out of Leeds is 430, 75% of these living within 20 miles of Leeds and are therefore seen by the Leeds CLA health team for their health assessments. The number entering care averaged 32 per month, this is comparable with previous years.

The table below indicates the age profile of the Leeds CLA and Care Leaver population and statutory health assessment requirement relating to those age groups:

Age:	Number:	Statutory health assessment required:
0-4yrs	272	Bi-annually
5-12yrs	457	Annually
13-17yrs	587	Annually
18-25yrs	563	No statutory requirement

There are 280 Out Of Area Children placed in Leeds, and at the end of 2019-20 92.7% of Children Looked After had an up-to-date health needs assessment in place, increasing to 95.7% if we exclude refusals; this is indicative of the high standard of administrative and clinical commitment which we maintain in LCH year on year in our efforts to ensure the health needs of CLA are understood and addressed. This achievement is set in the context of a year of massive change for the CLA and Care Leaver Nursing team, when we had to work creatively for a number of months whilst down to 55% capacity. The number of children and young people with completed of RHNA's continues to meet CCG targets and exceeds national average

The Corporate Parenting Board (CPB), made up of Elected Members, Care Leavers, LA Officers, Education and Health partners hold services to account for continuing improvement to outcomes for Children Looked After and Care Leavers. During 2018-19 the board was expanded and now has regular attendance from the CCG service commissioner in addition to the Designated Nurse for CLA and Care Leavers. The board

is 'taken over' twice a year by Looked After Children and Young People, where they develop the agenda and run the meeting. The December meeting was powerful and inspiring, with Looked After Young People and Care and Leavers inputting directly into policy development that shapes service delivery in Leeds.

The Corporate Parenting Operational Group (CPOG) oversees the implementation of service improvements plans identified by the CPB, service users, inspection or review body recommendations, audit findings and partner agencies.

The CLA and Adoption Commissioning group acts as the Health and Well-being subgroup of the CPOG. Each subgroup has put in place a continuous improvement plan. In partnership with the CLA and Care Leavers commissioning team the LCH CLA and Care Leaver health team will continue to work toward delivering on areas of improvement already identified e.g. through the CQC review (June 2018) as well as those which may need additional commissioning or service specification review in order to implement.

The CLA multi-agency partnership continues to be challenged with timely request for and completion of Initial Health Needs Assessment (IHNA) within a 20 working day time frame. Discussions have continued over the past year as, although the CLA Administrative team is now able to request clinic slots outside of the dedicated IHNA clinics when there is a potential for breach of statutory timescales, there continues to be significant numbers of requests that are not received in a timely manner and so cases continue to breach the 20 day statuary requirement. Regular meetings between health and Children's Social Care continue to work to address this issue and to look at how we can work closely to overcome these difficulties. The potential of training ACP's continues to be explored, to increase capacity around IHNA delivery, though statutory guidance requiring a medic undertakes the IHNA will remain a significant risk to implementation of any new service delivery model.

Long standing plans for a Multi-Agency Care Leaver hub reported on in last year's annual report continue to move forward . Discussions with service commissioners are ongoing with regard to the health service component of the hub in the light of feedback from Care Leavers.

Investment in the BUSS (building underdeveloped sensory systems) programme by the CCG through the Therapeutic Social Work Team and Virtual Schools now offers all pre-school Looked After Children the opportunity to access the programme. This recognises the importance of bodily regulation and how work to fill in gaps in a child's foundation sensorimotor systems, missed through neglect and or trauma, can be done. This has been shown to improve children and young people's self-regulation, ability to form relationships and ability to concentrate at school. As well as preschool, this is a service that all children and young people who are looked after can be referred as needed

The Local Authority Children's Residential Improvement Board is now up and running, with Designated Nurse input to oversee service improvement and reporting to CPOG. There has been significant investment to create therapeutic residential homes, with

comprehensive staff training and support from the therapeutic team. A multi-agency hub has been developed to support the residential service. In the coming year the aim is that in addition to therapeutic input all children and young people who access the residential units will have access to Speech and Language Therapy support. The police are a key partner within the hub and they have made significant headway to reduce the number of missing incidents and are working on reducing the criminalisation of our children and young people in residential homes. CLA Nursing input to the hub is yet to be agreed.

Secure Estates held workshops over the past year to raise awareness of the importance of the Healthcare Standards for Children and Young People in Secure Settings June 2019 amongst all staff in the secure settings. Work is ongoing to develop handover for transition from secure.

Safeguarding Annual Report Conclusion

2019-20 has been another busy and productive year for the safeguarding team with the additional challenges brought by the COVID 19 Pandemic.

key themes emerging from this report point to the priorities for the team being:
- The setting and maintaining of quality standards;
- Fast effective responses to COVID_19 and fulfilling of safeguarding duties
- Development of EPR templates to support best safeguarding practice
- The essential development and maintenance of internal and multi-agency relationships and networks to ensure high quality service delivery with safeguarding of vulnerable children and adults remaining at the core of all we do.

2020-21 will see the Safeguarding Team:
- The resetting of services post COVID_19
- Continued response to, and review of the training and support needs of LCH staff
- Develop and deliver more effective/cost effective training
- Continue to work with the Safeguarding Boards to review and develop Safeguarding in Leeds.
- Maintain good working relationships with partners
- A move towards more virtual training packages
- A move towards virtual supervision sessions
- Ensure LCH practice in Children Looked After and Safeguarding is of a high standard and responsive to the needs of the people of Leeds.
- Continuation of excellent working relationships with partners

AGENDA ITEM 2020-21 (53)

Meeting: Trust Board 7 August 2020	Category of paper *(please tick)*	
Report title: Proposal for increased capacity within the IPC Team	For approval	√
Responsible directors: Executive Director of Nursing and Allied Health Professionals / Executive Director of Finance and Resources Report authors: Head of IPC and Deputy DIPC / Executive Director of Finance and Resources	For assurance	
Previously considered by: SMT 22 July 2020 Business Committee 29 July 2020	For information	

Purpose of the report: To appraise the Board of the existing cooperation agreement in place between Leeds City Council and LCH and to seek approval to accept an investment of over £500k per annum for up to 3 years in a response to Covid-19 and 'Track and Trace'.

Main issues for consideration
Leeds City Council wishes to invest in an increase in the capacity of the existing Leeds Infection Control and Prevention service at a cost of £529,200 annually for a fixed period of three years. This will be achieved by formally entering into a co-operation agreement variation with Leeds Community Healthcare NHS Trust to deliver this new vitally important service immediately as the start date announced by the Government was 28th May 2020. This will be reviewed annually.

In accordance with the Trust's Investment Policy any new investment of £500k or over needs Board approval.

The Executive Director of Finance and Resources confirms that additional funding is sufficient for the additional staffing and non-pay costs that the Executive Director of Nursing and Allied Health Professionals has determined is necessary to deliver the new service specifications.

The Business Committee considered this investment at its meeting on 29 July 2020 and recommended that the Board approve the investment.

Recommendation
The Board is asked to approve the acceptance of the increased investment in the IPC team for the next three years

Proposal for increased capacity within the IPC Team

1. Background

Leeds City Council (LCC) wishes to invest in an increase in the capacity of the existing Leeds Infection Control and Prevention service at a cost of £529,200 annually for a fixed period of three years. This will be achieved by formally entering into a co-operation agreement variation with Leeds Community Healthcare NHS Trust (LCH) to deliver this new vitally important service immediately as the start date announced by the Government was 28th May 2020. This will be reviewed annually.

LCC wishes to make the investment through immediate implementation of a co-operation agreement variation to strengthen, enhance and increase capacity and capability of the existing LCH Infection Prevention and Control Service (IPC). This is required in order to deliver infection prevention elements of the Leeds Covid-19 outbreak management plan including the new COVID-19 NHS Test and Trace programme announced by the Government on the 27th May 2020. The cooperation agreement is an existing agreement between LCC Public Health and LCH.

2. LCH Infection Prevention and Control Service Response

The existing LCH IPC service has the specialist skills, knowledge and expertise to deliver this programme.

Leeds has strong local health protection outbreak management arrangements in place which has ensured that we have been able to immediately scale up, on a temporary basis, to respond to COVID-19 in Leeds, working on the principle of building on existing arrangements.

The LCH infection prevention service is an integral service in the provision of the local outbreak management response to community settings in Leeds. Whilst the service has responded effectively to this initial surge in demand through temporarily increasing capacity through mutual aid, this is a temporary arrangement which will cease in July. It is paramount to ensure that the LCH IPC service has adequate resource to provide a resilient, effective and responsive service that can manage the increased demands of COVID -19 on a more sustainable footing during the pandemic.

The next phase of responding to the pandemic will include implementing the Test and Trace programme and managing local COVID-19 outbreaks across the city. In order to do this we need to rapidly increase the existing capacity of the LCH infection control service, as directed by the national COVID -19 Test and Trace programme in Leeds.

This request to increase capacity has come as a recommendation from the National Test and Trace programme and from discussions at a Leeds Gold command level, supported by the Association of Directors of Public Health. It is working on the principle of enhancing and boosting existing outbreak management systems and services as agreed regionally. LCH Infection Prevention Service is the only Infection Prevention Service provider for the community in Leeds and has a strong and award winning track record of effective outbreak management in the community, there is no other service operating in Leeds that could provide this service. This service operates in a fragmented and complex health protection system with well-established systems, relationships, local networks and intelligence and is well placed to provide an enhanced service to support Test and Trace and meet the future demands of responding to the management of COVID-19.

The investment will:

- Increase capacity and capability of existing LCH Infection Prevention Service to ensure there is sufficient capacity to implement the national Track and Trace programme alongside partners in the system and provide expert resource and safely manage outbreaks in the Leeds community.

- Enable the service to scale up to deliver the following areas as outlined in the 'test, track and trace local delivery model'
  - Local outbreak management in complex settings (for example; care homes/ schools / hostels) in line with system partners
  - Collaboratively provide direct infection prevention and wider support to complex groups and households
  - Preventative proactive advice & guidance (e.g. care homes, schools/ workplaces, hostels)
  - Local engagement & intelligence gathering (e.g. Voluntary Community Sector/ LA front-line e.g. home carers)
  - Local communications
  - System wide discussion around roles and responsibilities in relation to Covid-19
  - Care home testing/ support and contact tracing.

Specific activities to be undertaken are listed at Annex 1.

3. Proposal around increased staffing for additional IPC activities:

Additional staffing is required to enable the LCH IPC team to deliver the additional requirements. The service plans to enhance its capacity with a range of skill mix including IPC Nurse Specialist, IPC Nurses, dedicated educational trainers for care homes, schools and nurseries and additional administrative support. All clinical roles (current and new) are to include unsocial hours to deliver a 7 day service.

The Executive Director of Finance and Resources confirms that additional funding is sufficient for the additional staffing and non-pay costs that the Executive Director of Nursing and Allied Health Professionals has determined is necessary to deliver the new service specifications.

The Executive Director of Nursing and Allied Health Professionals is also very confident that the any new staff recruited into the team would have the transferable skills to be redeployed within the Trust should that be necessary at the end of the 3 year agreement.

4. Recommendations
The Board is asked to approve the acceptance of the increased investment in the IPC team for the next three years

Annex 1: Specific activities required from LCH IPC service will include:

- Increased provision of Infection Prevention and Control (IPC) training (increased frequency and additional training requirements including PPE, COVID specific topics, new updated evidence) to care homes using innovative ways of ensuring delivery.
- Monitor and report monthly on numbers training and evaluations.
- Increased provision of IPC training to homecare and other community settings such as luncheon clubs using innovative ways of ensuring delivery.
- Monitor and report monthly on numbers training and evaluations.
- Develop and deliver an IPC package for schools and early year's settings and engaging with existing work across the city.
- Monitor and report monthly on numbers training and evaluations.
- Provide IPC expertise to the management of covid-19 outbreaks, incidents and cases of concern.
- Monitor the number of outbreaks providing daily contact to schools, early years and care settings and a daily update across the system.
- Support with Covid-19 vaccine delivery programme
- Manage and respond to IPC enquiries relating to Covid-19. Promote best practice based on evidence across the Leeds Health and social care system.
- Provide a 7 day service, Monday – Friday 8am-5pm, Saturday, Sunday 9-5pm.
- Ensure the ability to set up IPC services to manage a surge in Covid-19 cases.
- Retain the ability to test for Covid-19 should it be required.

AGENDA ITEM 2020-21 (54)

Meeting: Trust Board 7 August 2020	**Category of paper**	
Report title: Review of Standing Orders and Standing Financial Instructions	**For approval**	✔
Responsible Director: Executive Director of Finance & Resources **Report author:** Company Secretary and Deputy Director of Finance & Resources	**For assurance**	
Previously considered by: Audit Committee 17 July 2020	**For information**	

Purpose of the report

The Trust has an established set of standing orders and standing financial instructions which also include a schedule of powers reserved to the Board and a scheme of delegation. Together, these provide a governance framework that enables the organisation to demonstrate it is well governed and meets the requirements of key corporate governance codes.

Main issues for consideration:

In order to ensure that the Board is discharging its role effectively it should regularly review the components of the standing orders and standing financial instructions and receive assurances that it is meeting the requirements contained within these documents.

This paper summarises a number of amendments and updates. Once approved, a fully updated version of the whole document will be made available electronically to Board members and more widely through the Trust's intranet and website.

The Audit Committee reviewed the proposed amendments at its meeting on 17 July 2020 and agreed to recommend that the Board approves the revisions to the standing orders and standing financial instructions.

Recommendations

The Board is recommended to:
- Approve the revisions to the standing orders/standing financial instructions

Review of standing orders and standing financial instructions

1. **Introduction**

1.1. This report is to inform the Board of the work undertaken in the area of updating the Trust's standing orders and standing financial instructions. This paper summarises changes to be made in order to amend and update content and takes account of: Department of Health standard model documentation, national governance guidance, new regulations and legislation, changes in NHS organisational structure, changes in the Trust's structure and changes that the Trust's executive directors wish to introduce to better regulate good governance and management.

2. **Background**

2.1. NHS trusts are required to adopt standing orders and standing financial instructions and to establish a schedule of powers reserved to the Board and a scheme of delegation.

2.2. Standing orders and standing financial instructions are essential foundations for the good governance of the Trust and set out:

- Mechanisms for how the Trust Board conducts its business
- Decision making powers delegated from the Board
- Expectations of the Trust as to the conduct of individuals entrusted with public resources
- Principles and procedures that direct financial conduct

3. **Current position**

3.1. The Trust's Board approved the current version of the standing orders and standing financial instructions on 24 May 2019 (version 2.8).

3.2. The current standing orders and standing financial instructions are fully functional but there are a number of aspects that, on review, require updating to take account of: national governance guidance, new regulations and legislation, changes in NHS organisational structure, changes in the Trust's structure or changes that the Trust's executive directors wish to introduce to better regulate good governance and management.

On 17 July 2020, a review of the Trust's standing orders, standing financial instructions and scheme of reservation and delegation of powers was completed and reported to the Audit Committee. The Audit Committee noted and agreed to recommend that the Board should adopt the revised standing orders and standing financial instructions in line with the summary of changes.

1. Proposed changes

1.1. The table shown at appendix 1 summarises the changes to be made in order to amend and update content. The revised version, if approved, will be numbered as version 2.9 and retained by the Company Secretary.

2. Impact

2.1. Resources

5.1.1 There are no resource consequences resulting from this paper and its proposals.

2.2. Risks

5.2.1 Failure to establish, implement and assure compliance with standing orders and standing financial instructions may impact on the Trust's decision making and assurance processes, and may adversely affect its reputation and CQC rating.

2.3. Regulatory and legal

5.3.1 These changes to the standing orders and standing financial instructions ensure compliance with all applicable legislation and NHS regulations and guidance.

3. Next steps

6.1. Once approved, an electronic version of the full amended document will be made available to Board members and managers and staff. Use will be made of the Trust's intranet and website to publish the documents.

4. Recommendation

4.1. The Board is recommended to:

- Approve the updating of the standing orders and standing financial instructions in line with the summary of changes outlines in the attached paper.

Appendix 1

Leeds Community Healthcare NHS Trust
Summary of changes to standing orders and standing financial instructions

Section	Change
4.1	Removed the requirement for the Board to approve Committee subgroups (previously referred to as 'subcommittees') membership as this requirement is not aligned with the committees terms of reference
4.2 Subgroups of committees	The addition of this paragraph gives each Committee the authority to appoint subgroups. This brings the SO/SFIs in line with current practice and with the Committees terms of reference.
4.8.8 Committees established by the Trust Board	Details of Leeds Providers Integrated Care Collaborative Committees in Common have been removed as the Committees in Common is no longer in operation.
4.9.9 Auditor Panel	This is a new paragraph to recognise that an Auditor Panel has been established to advise on the appointment of external auditors. The panel is the Audit Committee members. This panel (and associated process for appointing external auditors) has previously been agreed by the Board.
Decisions reserved for the Board	The Board is already required to approve the Risk Management Policy, and a new requirement has been added for the Board to also approve the Health and Safety Policy.
Delegation to Audit Committee	The paragraph describing the Committee's duties in relation to the Board Assurance Framework have been amended to reflect the agreed, revised role of the Committee.
Delegation to Business Committee	An additional duty to provide assurance to the Board that the Trust is compliant with its health and safety obligations has now been included
Section 11. Audit	NHS Audit Committee Handbook updated from 2014 to 2018.
Section 27.1 Director of Finance Responsibilities	Updated Data Protection Act to 2018 which is the UK's implementation of the General Data Protection Regulation (GDPR).
General	Removal of reference to 'NHS Protect' – as this organisation is no longer in operation replace with 'NHS Counter Fraud Authority' where appropriate.

Meeting Trust Board 7 August 2020	**Category of paper**	
Report title: Health and Safety compliance report	**For approval**	
Responsible director: Executive Director of Finance and Resources **Report author:** Risk and Safety Manager	**For assurance**	
Previously considered by: Not applicable	**For information**	✓

Purpose of the report

The law requires employers to monitor and review arrangements for managing health and safety risks. A good health and safety management system within an organisation ensures:
- continuous improvement in performance
- provides assurance that legal requirements are being met
- assists in the creation of a positive health and safety culture
- reduces health and safety risks
- improves the welfare of staff members
- minimises the distress and disruption caused by injuries or work related illnesses

This report provides an update on the developments and effectiveness of the Trust's health and safety management system. It informs the Board that developments are being made towards addressing the missing elements of the health and safety management system as identified by the Health and Safety Group and the subsequent visit by the Health and Safety Executive. Future reports will be adapted as the health and safety management system becomes embedded into the Trust's working practices.

Main issues for consideration

The Board is asked to note:
- The development of the health and safety management system has been delayed due to resources being diverted to assist the Trust with its response to COVID 19
- A new Fire Safety Group has been established to ensure the Trust is legally compliant
- There has been one slip, trip and fall injury reported to the Health and Safety Executive under Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 2003
- There has been one slip, trip and fall accident which resulted in serious harm to a member of staff

The Health and Safety Executive recommends that health and safety should appear 'regularly' on Board meeting agendas. It is proposed that the Board receives an annual health and safety compliance report and the Business Committee is provided with a 6-monthly update and gives assurance to the Board on the effectiveness of the health and safety management system.

Recommendations

The Trust Board is recommended to:
- Note the activities and progress made with implementing the health and safety

management system and arrangements
• Support the recommended frequency of reports to Board and Business Committee

Risk management compliance report

1.0   Introduction

1.1   This report provides the Trust Board with an understanding of the ongoing development of the Trust's health and safety management system (Appendix 1 shows a pictorial diagram of the health and safety management). It focuses on actions that have been completed since the Risk and Safety Team was formed in December 2019.

1.2   It provides a review of the management arrangements, accident performance data and health and safety activities and describes further planned activities which are required to strengthen the health and safety management system in order to fulfil the Trust's health and safety obligations.

2.0   Background

2.1   The law requires the Trust to monitor and review its arrangements for managing occupational health and safety, to ensure legal compliance and demonstrate that continuous improvements are being made to protect the workforce, visitors and third parties who may be affected by its work activities.

2.2   It is Leeds Community Healthcare NHS Trust (LCH) staff who deliver the organisational goals and objectives and therefore it is important to ensure the continued health, safety, welfare and development of the workforce and to minimise the distress and disruption caused by any injuries or work related illnesses which may occur.

2.3   LCH's aim is to provide and maintain a safe and healthy environment for all that use its services. This can only be achieved through effective leadership by senior management, participation of all staff and open and responsive communication channels.

2.4   The Health and Safety Group identified that there were significant gaps in the health and safety management system, including a lack in the provision of information to the Board. This report intends to address that gap, providing key information to the Board to enable informed decisions to be made to improve occupational health and safety performance.

3.0   Risk and Safety Team

3.1   The Management of Health and Safety at Work Regulations 1999 requires the Trust to appoint one or more competent persons to implement the measures it needs to comply with legal requirements.

3.2   The functions of Risk, Fire, Health and Safety and Security were brought together to form the Risk and Safety Team in December 2019. This team is led by the Risk and Safety Manager, who is a qualified health and safety practitioner. The current structure is as follows:

Risk and Safety Team structure

3.3 The Risk and Safety Manager is supported by a team of health, safety and fire safety specialists who provide advice and support to managers and staff, and measure compliance with health and safety policies and procedures.

3.4 The Health and Safety Executive advised that the Local Security Management Specialist role should be reviewed as some functions within the personal safety role were not being implemented because the scope of the role was too broad. This role is currently under review to determine the best solution.

3.5 Three members of the Risk and Safety Team, three building managers and the security specialist successfully completed the three day IOSH managing safely course.

3.6 A review of the knowledge and skills gaps within the team is being undertaken to identify further training and development requirements, ensuring that the Risk and Safety Team are able to provide competent advice and guidance to the Trust.

4.0 Progress against the Risk and Safety action plan

4.1.1 The Risk and Safety action plan details a number of developments which need to be actioned to ensure that the Trust has a comprehensive health and safety management system in place prior to some work activities commencing.

4.1.2 These include the following:

- Review of existing health and safety policies to ensure that they are suitable and sufficient
- The development of new health, safety and fire procedures to standardise processes and document additional functions which have not been addressed previously.
- Identifying and implementing risk assessment and inspection/audit software to ensure these elements are managed effectively, including the outstanding non-conformances.
- The development of a Risk and Safety communications strategy to ensure that the Trust is kept informed of legal updates, lessons learned from events, alerts, bulletins, and an overview of health and safety performance
- Reviewing and identifying training requirements for LCH staff members to ensure that they meet the needs of the organisation and legal requirements

- Developing a register of all applicable health and safety legislation and regulations. A register will categorise the key legislation by themes e.g. health and safety management, hazardous substances, waste etc. It will be a vital source of reference material, useful when developing or reviewing training courses or preparing for an audit. Health, safety and fire policies and procedures will be crossed referenced on the register so in the event of legislation changes, documentation requiring review can be easily identified.

4.1.3 Progress against the Risk and Safety plan has been delayed whilst the Risk and Safety Team supporting the Trust with its response to the COVID 19 pandemic:

- The development and implementation of the safer working environment risk assessment for the Trust's estate (owned or leased)
- Reviewing the fire evacuation procedures for buildings that required amending due to limited staff numbers and potential one-way systems
- The development of the vulnerable person's risk assessment, and presenting the risk assessment at manager support sessions
- Reviewing and amending the Display Screen Equipment risk assessment for home working and presentation sessions of best practice tips and guidance
- Assisting with the IPC risk assessments relating to COVID 19

4.2 Policy and Procedure developments

4.2.1 The following policies/procedures have been reviewed and submitted to the Clinical and Non-clinical Policies group:

- Control of Substances Hazardous to Health (COSHH) policy and procedure
- Driving at work policy
- Display Screen Equipment policy, and associated self-assessments

4.2.2 The following policies are currently under review and development:
- Lone working, violence and aggression policy
- Safer moving and handling policy (supported by QPD)

4.2.3 The following procedures are in development, and will be presented to the members of the Health and Safety Group for approval:

- Health, safety, fire and security inspection procedures and associated check sheets
- Health and safety audit procedure and associated audit schedule
- Fire risk assessment procedure
- Non-conformance and corrective action procedure
- Management of change procedure
- Health and safety incident reporting, investigation and RIDDOR (staff)
- Health and safety legislation register and new legislation impact assessments

4.3   **Risk assessment**

4.3.1   The completion and review of risk assessments is a statutory requirement under the Management of Health and Safety at Work Regulations 1999 and was a weak area identified by the HSE's inspection of the Trust. A new system is being sought to be used for audit, inspection and risk assessments. This software solution will allow staff members to:

- Produce and share risk assessments; allowing their contents to be checked, audited
- develop templates for audits and inspections
- carry out inspections and audits in real time (reducing the need for writing up reports)
- effectively monitor non-conformances and corrective actions
- automatically remind owners that reviews and updates are required, and escalating as required
- reduce time spent on carrying out and chasing actions, increasing productivity

4.3.2   Three software products have been reviewed to date; a business case is being developed which includes a comparison of the products and an options appraisal.

5.   **Health and Safety Performance**

Performance information is based on reactive and proactive performance monitoring (also known as leading and lagging indicators). Reactive monitoring reviews incidents and events that have occurred whilst proactive monitoring identifies what is in place to prevent injury and ill health.

5.1   **Reactive safety performance**

5.1.1   **Staff Accidents and Incidents**

5.1.1.1 LCH's incident reporting system is located on Datix and is used to report and record accidents. Incident reports are forwarded to the Risk and Safety Team to review the contents of the report and determine the severity of the incident.

5.1.1.2 Where a serious near miss, or harm has occurred the Risk and Safety Team now carry out an independent investigation of the event, ensuring that root causes are identified, remedial actions are taken to prevent reoccurrence, and where relevant, lessons are shared throughout the Trust.

5.1.1.3 The Risk and Safety Team is the Trust's statutory reporter of accidents which are required to be reported to the Health and Safety Executive (HSE) under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). This is a change of working practice to ensure that accurate information is submitted to the HSE and if further information is requirement, the Risk and Safety Team is the first point of contact. However, further reinforcement of this communication is required to ensure that all managers are aware.

5.1.1.4 The following injuries are reportable under RIDDOR when they result from a work accident:
- The death of any persons
- Specified injuries to workers
- Injuries to workers which result in their incapacitation for more than 7 days
- Injuries to non-workers which result in them being taken directly to hospital

5.1.1.5 The number of reportable incidents to the HSE for employees for the year to date is one. This injury was reported directly to the Health and Safety Executive by Leeds Equipment Services, 26 days after the incident happened. Unfortunately this was a late report, as incidents resulting in a 7 day injury should be reported within 15 days.

5.1.1.6 The incident involved a driver who had pulled over whilst driving his vehicle to secure a load inside. He exited the side his van backwards, treading on an object, and twisted his ankle. This resulted in damage to his ligaments and 26 days absence from work.

5.1.1.7 There has been one serious lost time event. An employee stood up to open a window in a room within a health centre and tripped over their shoes which they had loosened. The employee fell from ground level to the floor. This resulted in the employee being taken to hospital. As a result of the fall, they sustained a fractured hip. The Risk and Safety Team investigated the event and determined that no lone working procedures were in place. Had the staff member have not been able to walk for assistance, treatment for their injuries could have been significantly delayed as reception staff could not hear shouts from the room due to the distance. The Lone Working Group is to identify lone working scenarios and common responses for managers to follow.

5.1.1.8 A summary of staff accidents and incidents is provided six monthly in the Performance Brief.

5.1.1.9 There has been one serious event involving a member of the public using the welfare facilities in a health centre. It was reported that the member of the public fell and hit their head on the corridor floor (there were no witnesses). After examination by a GP, they were taken directly to hospital for examination. The Risk and Safety Team investigated the event, but found no evidence of the floor being defective. The member of the public did make reference to her shoes not being adequate.

5.1.2 **Occupational Health**

Occupational health data can be used to identify themes and problems which are occurring within the Trust. At present, the current data provided by occupational health data is not sufficient enough to provide any insight or identify improvements which can be made.

Human Resources are in discussion with the current service provider to identify any additional information which can be provided which may assist the Trust in identifying areas of weakness.

5.2 **Proactive Safety Performance**

5.2.1 **Health and Safety Inspections**

5.2.1.1 The Trust's health and safety inspections focus on hazards in the work environment; they are a check on workplaces and work activities to ensure that they are healthy and safe. Inspections can help prevent incident, injuries and illnesses by addressing identified hazards.

5.2.1.2 Within the Trust, building inspections are carried an annual basis for health and safety and every two years for fire. The programme of inspections has been delayed due to COVID 19, and currently no inspections have been undertaken since March 2020.

5.2.1.3 A new risk and safety inspection procedure is being developed to combine the inspection focus of health and safety, fire and security arrangements. It is anticipated that inspections will restart in September 2020, once services have resumed. This inspection will not replace the fire risk assessment inspections, but is intended to compliment them. Fire risk assessments inspections are also expected to resume in September 2020.

5.2.2 **Health and Safety Audits**

5.2.2.1 Health and safety audits should be carried out to ensure that the Trust is compliant with current health and safety regulations, and assess the extent to which staff are following health and safety policies and procedures.

5.2.2.2 The Risk and Safety Team will provide an independent review of the services' performance. The results will allow the Trust to identify areas of weakness, and draw up plans for corrective actions.

5.2.2.3 A new risk and safety audit procedure and an associated three year audit programme are in development, and will be risk based.

5.2.3 **Health and Safety Training**

5.2.3.1 New starters receive an overview of risk and safety management as part of the Trust's induction programme; this is currently an online presentation with a voice over element.

5.2.3.2 Completion of mandatory health and safety training is monitored via ESR. Work has been progressing by Workforce to ensure that the attendance data is robust. Currently statutory and mandatory health and safety training is limited to manual handling, slips, trips and falls and conflict resolution training.

5.2.3.3 A new e-learning package was identified in 2019 which would provide a high level overview of health and safety legal requirements, but this is not totally relevant to LCH as it is written for hospitals. Organisational development is to include this training on ESR.

5.2.3.4 The Risk and Safety Team developed a 2hr presentation to be included in the Essential Management training (a voluntary three day course for managers). Whilst the sessions were at capacity, approximately only 12 staff members were trained every two months; this training has been put on hold due to COVID 19.

5.2.3.5 Drop-in sessions have been held for staff members who are working from home and requiring further knowledge on how to self-assess the risks related to home working and how to mitigate these so as to avoid developing upper limb disorders, eye sight problems and mental stress. Three sessions have been held with approx. 40 staff members attending.

5.2.3.6 Training for clinical and operational leads on lone working and developing risk assessment is to take place in October 2020. Once completed, the lone working risk assessments can be carried out, ensuring legal compliance within this area.

5.2.3.7 A review of staff training needs per job role is being undertaken to identify skills and knowledge gaps which are required to ensure that the Trust is legally compliant.

5.2.3.8 Leading Health and Safety sessions are to be arranged for 18 senior staff members, including those Directors who did not attend the ROSPA training in November 2019, and the Assistant Directors.

6. The Health and Safety Group

6.1 The Health and Safety Group, chaired by the Executive Director of Finance and Resources, provides a structured approach to communication and consultation. It provides a forum where business unit representatives, Staff-side, the Risk and Safety Team, Human Resources, Facilities and Estates can work together to resolve health and safety issues.

6.2 The group approve the health and safety policies and procedures, review health and safety performance, serious incidents and help to develop health and safety standards, rules and processes.

6.3 The Health and Safety Group meet quarterly to review the progress towards developing the management system. Issues which require escalation are forwarded to the Business Committee.

7. Fire Safety Group

7.1 A Fire Safety Group has recently been established as a sub-group to the Health and Safety Group. It is attended by representatives from the Risk and Safety Team, Estates, Facilities, and FES and should improve the communications between management, staff, contractors and partnership organisations to ensure that a suitable fire safety culture is in place for all employees. The Group will ensure that the Trust is meeting its legal obligations and that a suitable management system is in place.

8 Next steps

8.1 A number of developments are planned to ensure that a robust health and safety management system is put into place:

- Consider the Risk and Safety Team's approach to its own reset and recovery
- Business case to support the purchase of a software system which can control risk assessments, inspections and manage resulting actions.
- The continued development of health and safety policies and procedures, prioritising the audit procedure and schedule, building inspections and risk assessments.

- Documenting the Risk and Safety Team communication strategy and schedule, and publish articles, bulletin and latest news relating to health and safety
- Directors and Assistant Directors to attend the Leading Health and Safety course.

9   Recommendations

The Board is recommended to:
- Note the activities and progress made with implementing the health and safety management system and arrangements.
- Support the recommended frequency of reports to Board and Business Committee

Appendix 1 LCH Health and Safety Management System

KEY

Green = in place
Blue = in development or needs further development

Policy

Health and Safety Policy & Statement

Planning

- Hazard Identification & Risk Assessment
- Procedures
- Legal Register & other requirements
- Risk and Safety team plan
- LCH Target and Objectives

Checking and Corrective Action

- Key Performance Indicators
- Premise Inspections
- Behavioural Safety
- Health and safety internal audits
- Legal compliance audits
- Internal audit (TIIA)
- External audit – HSE, CQC, WYFRS,
- Incident investigation, non-conformity and corrective actions and preventative actions

Implementation and Operations

- LCH structure & responsibilities
- Risk and Safety team
- Competence, training and awareness
- Communication, participation and consultation
- Documentation
- Control of documents
- Operational control
- Emergency preparedness and response

Feed Back Loop to Improve Performance

Reviewing Performance

- Health and Safety Group
- Trust Board
- Business Committee

NHS
Leeds Community
Healthcare
NHS Trust

Meeting: Trust Board 7 August 2020	**Category of paper**	
Report title: Annual Patient Safety and Engagement Report	**For approval**	
Responsible director: Executive Director of Nursing Allied Health Professionals **Report author:** Patient Experience and Engagement Lead, Incident and Risk Assurance Manager	**For assurance**	√
Previously considered by: Quality Committee 27 July 2020	**For information**	

This report provides the annual update of Patient Experience and the management of Patient Safety Incidents within Leeds Community Healthcare NHS Trust (LCH).

The report incorporates the information required for the annual complaints report as laid out in section 18 of The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009).

The report summarises the outcomes, themes, actions and learning from Patient Safety & Serious Incident investigations closed within the organisation during 1st April 19 to 31st March 2020.

Main issues for consideration

This report has been produced through a review of Complaints and Concerns, Serious Incidents, feedback via the Friends and Family Test, and wider feedback for 2019/20.

Areas of note:

- There is currently a hold on FFT nationally, and new guidance planned for implementation from April 2020 will be introduced later in the year due to Coronavirus
- Themes across complaints remain consistent with those of previous years and are in line with themes seen nationally over the same period of time
- High level themes from internal concise and comprehensive serious incident investigation reports are emerging which will be explored further within the Pressure Ulcer and Falls Steering Groups
- There is a slight increase in reporting of patient safety incidents related to other organisations
- Work going forward will focus on re-emerging complaint themes to support teams to audit and implement processes to reduce the number of certain types of complaints; with a focus on communication to begin with

Joint work is ongoing between the Business Intelligence team and the Patient Safety team to ensure triangulation of patient safety incident activity and Business Unit data to align all information sources and allow for early identification of upward trends.

Recommendations

The Board is recommended to:

- Receive this report
- Note the updated information and themes

1.0 INTRODUCTION

The purpose of this report is to provide the Quality Committee and Trust Board with the annual data in relation to Patient safety and experience, complaints and incidents within Leeds Community Healthcare NHS Trust (LCH) for the previous financial year. An annual complaints report is prepared in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. This report contributes to those requirements and draws on additional available sources of feedback to gain a more complete picture of the quality of our services.

2.0 LCH PATIENT EXPERIENCE - FRIENDS AND FAMILY TEST (FFT)

2.1 The Trust currently collates feedback via the Friends and Family Test. Overall the organisational recommendation rates across services are consistently very positive. Overall the Trust recommendation rate is 95.5% across the organisation. See Summary of recommendation rate per Business unit in Appendix 1.

2.2 Developments to the FFT cards have been made to increase accessibility, and there has been an organisation wide audit of the use of FFT; this has led to the development of separate Children and Young people cards, and a change in the Neighbourhood teams to move to use the standard FFT card.

2.3 New guidance from NHS England has meant there are changes to the FFT that were due to be implemented from 1st April 2020, and will be introduced following the current hold on FFT implemented in March 2020 due to Covid-19.

3.0 FRIENDS AND FAMILY TEST THEMES

3.1 In 2019/20 there have been a total of 12,751 Friends and Family Test responses; this is a decrease of 3,599 responses on the previous year. It is unclear as to why there has been such a decrease in the number of responses, however this may be due to a more appropriate use of the FFT with these being given out at discharge in line with 19/20 guidance as opposed to being given at all stages of care. This may also have been affected by the increased use of other feedback tools; such as the CHI-ESQ in CAMHS and Patient Experience Questionnaire in the Leeds Mental Wellbeing Service. Although the responses are lower, we can take confidence from the consistently high recommendation rates received Trust wide, along with the qualitative data that shows positive and complimentary feedback far outweighs negative comments (See Summary of number of responses per Business unit and common themes – Appendix 1).

3.2 There has been an increase in response rate for ABU (+5.53%) and CBU (+3.72%) and a slight decrease for SBU (-1.14%); this decrease does not appear to be significant and is consistent with changes in services in SBU

and how these are delivered. Trust wide Community response rate remains consistent however there has been a drop of - 10.45% for Trust wide Inpatient response rate. It is suggested that this has been impacted by the following:

- Low numbers of admission and discharge in some inpatient units; for example, Little Woodhouse Hall, and the readmission of some patients where this may impact on when the FFT is completed (repeated admissions may only lead to one FFT being completed on overall discharge).

3.3 **Staff attitude and professionalism** – Positive comments relate to staff being friendly, compassionate, welcoming, courteous, and offering professional, helpful advice. Less positive experiences describe staff as abrupt, dismissive and sometimes patronising.

3.4 **Communication** – Some really positive feedback received around how information is communicated clearly, with patient's praising detailed explanations of their conditions and treatment from knowledgeable staff and how this helps to allay anxieties and concerns amongst the people we care for. Less positive comments describe information not being passed on when staff are on sick leave and difficulties contacting teams when phone lines are busy.

3.5 **Quality of care and treatment –** Positive feedback highlights how safe and reassured people feel receiving care, how they feel they are ''in good hands'' and that care has been dignified and sensitive to individual needs. Less positive feedback includes lack of privacy in some settings, care feeling impersonal at times and a lack of support in some services.

3.6 **Appointment issues –** Positive feedback includes comments relating to prompt appointments and no waiting times with a number of comments around punctuality and efficiency. Being able to arrange appointments at convenient times is important to service users. Less positive feedback received relates to appointments being cancelled and this not being communicated effectively to service users and waiting times for referrals and appointment bookings.

3.7 **Care environment –** Positive feedback relates to care environments being calm and comfortable, clean, hygienic and tidy across many services. Less positive feedback relates to lack of parking, uncomfortable seating and crowded and noisy waiting areas.

4.0   LEARNING FROM FFT

4.1 Currently, any compliments or concerns that are received via the FFT are recorded on Datix and fed back to the appropriate service lead/manager or picked up with the Complaints Team should they require further investigation. This includes the more general themes that have been noted above. Teams discuss and share the learning from service user feedback at a local and at service level. Transferable learning is shared across the business unit at

business unit celebration events, shared at Engagement Staff Champion group meetings and shared within leadership networks and other relevant communication streams; such as service newsletters.

4.2 The Nutrition and Dietetics service presented their FFT Feedback Poster created using MES (Membership Engagement System) following training sessions with the team. The poster outlines the FFT response rate, recommendation rate as well as comments received by the service and a 'You Said, We Did' section highlighting improvements made within the service based on patient feedback. In this instance, feedback had highlighted patient's would like more time in their consultations as some of this time was taken up with completing questionnaires with the clinician during appointments. The service worked to develop an electronic version of the questionnaire that could be completed prior to an appointment wherever possible, in turn allowing more time during consultations.

4.3 The Patient Experience Team worked with the Homeless and Health Inclusion Team in summer 2019 to develop a local service FFT that could be given out to patient's accessing this service at St James' Hospital, St George's Crypt and in the community. It asks people if they felt they were treated with respect and kindness and how they felt this was shown by the nurses. Feedback has been overwhelmingly positive and highlighted that service users valued the service provided and its staff, particularly by the gypsy/traveller community.

4.4 There were a number of comments from Children & Young People's postcards in February 2020 suggesting children are keen to know their height and weight following their appointment with the School Nursing National Child Measurement Programme team. This was fed back to the service to find out if this is something they had capacity to incorporate to enrich the experience for children accessing the service. However, on review of national guidelines, this states that height and weight measurements are not relayed directly to children and that this information is sent via letter to parents and guardians. This is to ensure children and young people aren't at risk of any negative behaviour as a result of bullying, anxiety etc. Children are told at the time of their appointment that their parents/carers/guardians will get a letter with their results at home.

4.5 Lots of feedback was received from Children and Young People accessing the School Immunisation and National Child Measurement Programme (NCMP) School Nursing Service. The feedback suggests children really enjoyed a game approach during their consultations. A number of the children have also made suggestions for reward stickers after seeing the nurses. The 0-19 PHINS team have reported that stickers have now been ordered by the service to give out to younger children following their appointments.

5.0   COMPLAINTS, CONCERNS AND COMPLIMENTS

5.1 In the financial year 2019/20, the Trust processed over 2200 pieces of patient feedback through compliments, enquiries, concerns and complaints.

Feedback received 2019 - 20 by Type

- Compliment (or positive comment)
- Concern
- Complaint
- PALS: Enquiry signposted
- PALS: Enquiry for LCH

2% 2%
8%
19%
69%
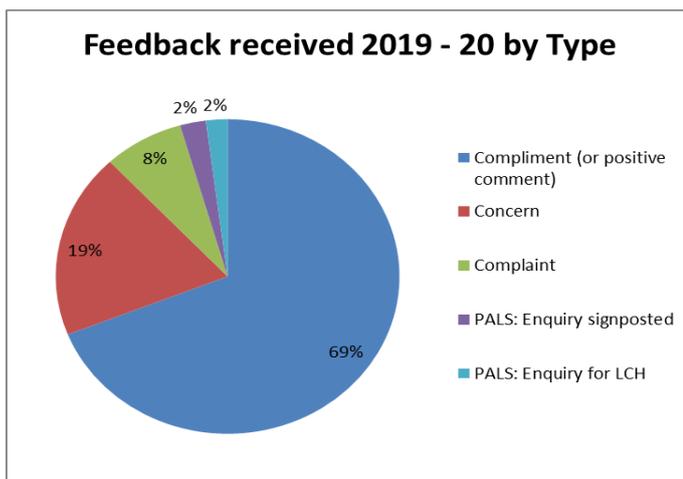
5.2   While benchmarking information for 2019-20 is not available at this time, Appendix 5 provides 2018-19 information collated from other Leeds providers and Community Trusts to provide some context. Benchmarking data will be included in the six monthly update paper after the national data is published in September.

5.3   Appendix 2 demonstrates benchmarking across other organisations however when considering the numbers of services within the Trust and the size of the population we serve it would be expected that complaint numbers would be higher. In Leeds, LCH consistently receives fewer complaints than the other service providers although it is noted that the Trust does receive more complaints than other Community Trusts.

5.4   While LCH has seen an increase in the number of complaints received and responded to in the past year, the increase was small and not attributable to any particular issue, service, or business unit. The Trust has seen an increased number of concerns over the same time period and that the management of issues through what is considered an "informal" process may be preferable for many people and shows that services work with people to resolve issues without escalation to a formal complaint.

5.5   The table below details the comparison of the number of complaints received per month in the past three years. In 2019-20 the organisation responded to 174 complaints of which 97 were upheld (partially or fully) and 14 reopened, in comparison to the previous year when the organisation responded to 150 complaints, of which 13 were reopened.

	2017-18	2018-19	2019-20
Complaints	196	150	174
Concerns	248	355	431
Compliments	2260	1497	1564

6   COMPLAINT AND CONCERNS SUBJECTS, SUB-SUBJECTS AND THEMES

6.1   Complaint subjects are categorised in line with the nationally identified categories. The top five primary subjects and the top sub-subjects within LCH's complaints at the end of March 2020 ranked in the following order:

	Primary subject	Sub-subject
1	Clinical judgement/Treatment	Clinical judgement / professional opinion
2	Appointment	Waiting times
3	Management of operations or treatment	Continuity / coordination of care
4	Communication with patients	Verbal communication
5	Attitude, conduct, cultural and dignity issues	Staff attitude and communication

6.2   Across the entire year, the top five subjects have remained constant, although the ranking has altered slightly in the latter half of the year. As with previous years and in line with the national picture generally, the Trust top areas of concern remain the same,

6.3   We acknowledge that there are consistent themes in complaints that are seen year on year. Actions and learning from individual complaints are listed below; however a wider area of work as part of the Quality Assurance and Information Group (QAIG) will focus on how we identify an organisational approach to, for example, communication issues with patients.

6.4   We very rarely see multiple concerns relating to exactly the same issue; in 2019-20 we did see such a pattern with the Continence, Urology, and Colorectal Service (CUCS). Multiple contacts regarding concerns about changes to the prescription of continence products have been received over the year. This was due to the outcome of a service review led by commissioners which led to each patient being reviewed and prescriptions being updated where clinically required. A number of patients were found to be using products that were not suitable for their clinical needs and as a result they (or their representatives) contacted the service or PE Team to raise concerns when the prescriptions were changed. All investigations showed the decisions were made on the basis of clinical need and patient safety.

7.0   Clinical Judgement / Treatment

7.1   Across the business units, clinical judgement/ poor treatment is consistently the most frequent theme of complaints with concerns about professional opinion or clinical judgement being the most reported concern within that area. These particular complaints are often raised because the clinician has

not been clear enough about the rationale for a choice of treatment which leads to an assumption that the wrong treatment has been given.

7.2 In these complaints, a clinical review is completed and the patients are given reassurance of the choice of treatment and clinical actions. In cases where it is deemed appropriate, further clinical consultations are also offered. The staff involved are always included in the review process and where the findings deem it necessary, relevant training, supervision and support is provided.

7.3 A review of actions and outcomes that have been taken by each service in response to complaints raised shows no overarching themes or comparative complaints.

8.0 Appointment issues

8.1 The two services with the highest numbers of complaints related to appointment issues are both high demand services; Leeds Mental Wellbeing Service (LMWS) and CAMHS. LMWS complaints are focused around waiting times for appointments, cancelled appointments and delays with treatment appointments followed referral/assessment.

8.2 There have been several contacts regarding CAMHS waiting lists. It is noted that following the additional funding provided by NHS England to address the waiting lists for Neurodevelopmental Assessments including Autistic Spectrum Disorder (ASD) and Attention Deficit and Hyperactivity Disorder (ADHD), these waiting lists are expected to start to reduce during the next financial year. This will be monitored.

8.3 Examples of service improvements following complaints/concerns related to appointment issues include:

- *The review of signage and use of ticketing systems for clinics to ensure patients are seen in the order in which they arrived.*
- *The consideration of additional checks for patient arrival at locations where the reception is not next to the waiting area. One example was for staff to phone patients who don't appear to have booked in for appointments in case they have arrived but have missed the booking in area.*

9.0 Management of operations or treatment

9.1 All Business Units received similar numbers of complaints related to management of operations or treatment. Continuity or coordination of care complaints were the top sub category in this area; these complaints often involve multiple services which can be LCH services or those provided by other organisations.

9.2   One complainant reflected upon her experience of a service which specifically provides care to patients with disabilities and offered the suggestion that the service should be restructured. Her experience had been one of a service that was disjointed and caused additional and unnecessary delays for a kind of treatment that already causes anxiety. As a result of the complaint, the service revised the new patient assessment process and also updated the service referral forms to ensure the quality of information received at referral was improved, particularly in regard to patient access needs.

9.3   As an action from a complaint to the School Immunisation Team, the need for clarity around consent led the service to change how parents and carers were asked about this issue. The updated forms now ask that consent is either actively given or refused so the service teams are clear about the wishes of parents and carers rather than assuming no returned form means a refusal to have vaccination.

10.0   Communication issues with patients

10.1   Many complaints involve elements of unclear, unwanted, or lack of communication whether that is from individuals or on a wider service level.

10.2   Multiple actions in relation to the overall theme of communication have been completed over a range of subjects, these include consent; personal information and how/when it is recorded; the way staff talk to or write to patients and their representatives or families; the clarity of information about different elements of different service processes.

11.0   Learning from complaints

11.1   The first Patient Experience Bulletin was circulated in January 2020 to highlight learning from complaints and feedback. The bulletin will continue to be developed throughout the year and will be shared quarterly.

LCH PATIENT SAFETY INCIDENTS 19/20

1.0   Overview – 2019/20 Incidents Reported

1.1   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.

1.2   Appendix 3, table 1, shows a two year comparison breakdown of incidents reported which illustrations comparative incidents reported affecting students, staff and the Trust with the increase in patient safety incidents mainly seen for LCH patients but also an increase in patient related incidents originating from another organisation.

1.3   Patient safety incidents accounted 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.

1.4   LCH patient safety incident reporting has increased in 2019/20 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.

1.5   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.

2.0   Benchmarking Data

2.1   The NRLS (National Reporting and Learning System) collects patient safety data from all health organisations. Below is a review of incidents reported on the NRLS system within 2019 (January to December 2019) for a selected number of community organisations for comparison. However, we cannot guarantee data quality within the NRLS system provided by organisations or compare the size and types of services provided by the different Community Trusts.

All Patient Safety Incidents reported to NRLS in 2019

Organisation	No harm	Low harm	Moderate harm	Major harm
Wirral	2472	1260	380	10
Norfolk	1611	2653	481	52
Lincolnshire	1970	317	87	1
Leeds	1860	1167	633	84
Bridgewater	1657	1143	125	7
Birmingham	2218	1924	114	21
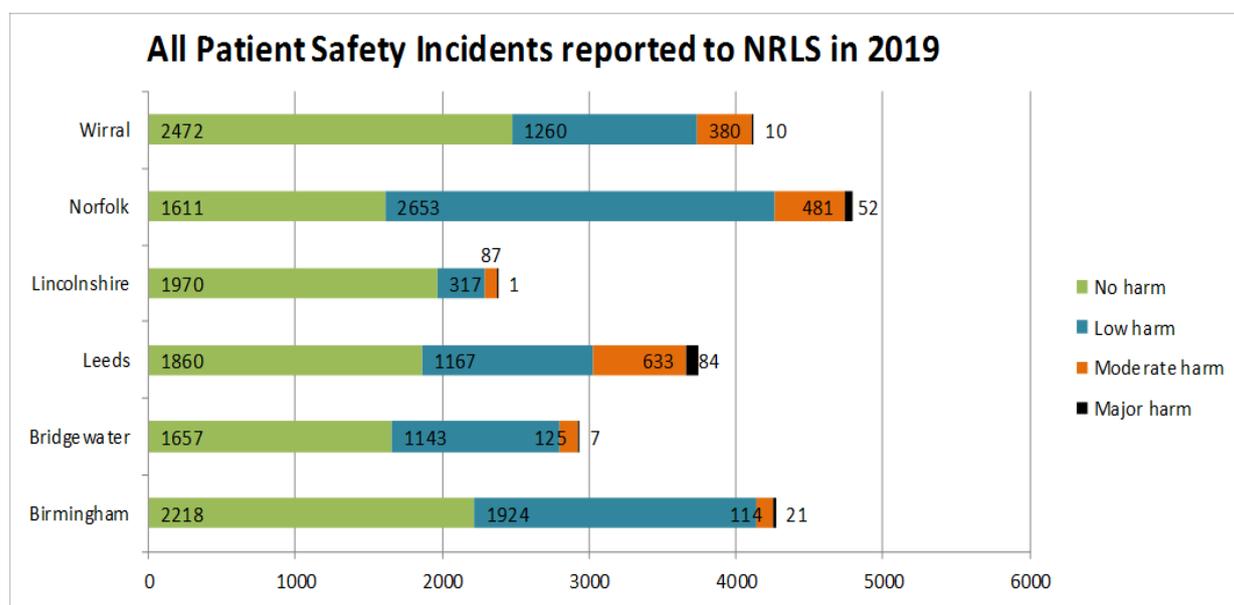
3.0   Incident Reporting (*figures exclude deaths)

3.1   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. The ABU has seen an increase in incident reporting in 2019/20 however, this correlates to the introduction of the additional skin damage categories. Appendix 3, table 2 show patient safety incidents for the Business Units broken down to harm level.

3.2   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 82% (429/522) of all these types of incidents.

3.3   In relation to the increased incidents at Little Woodhouse Hall, the Children's Business Unit (CBU) highlight that there has been changes in governance arrangements with a strong emphasis on incident reporting. The CBU also report that there has been an increase in complexity of the caseload seen in 2019/20, with Little Woodhouse Hall staff reporting an increase in complex cases and presentations in young people. The increase in incidents at Little Woodhouse Hall is being addressed separately and reporting to the Quality Committee.

4.0   Levels of Harm Reported in 2019/20

4.1   We have seen an increase in minimal harm patient safety incidents from 959 reported in 2018/19 to 1663 in 2019/20. 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 (Appendix 3, table 3).

5.0   Lapses in Care Identified during 2019/20 (*figures exclude deaths)

5.1   In the 2019/20 reported patient safety incidents, only 20% (897/*4543) found lapses in care attributable 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 which found lapses in care evident in 26% (885/3447) of reported patient safety incidents.

6.0   Serious Incident Investigations

6.1   All LCH moderate and above patient safety incidents now undergo a 72 review excluding deaths as these undergo a separate review process. All 72 hour reviews are heard at a Serious Incident Declaration Meeting (SIDM) which are held up to 3 times a week. The SIDM process was introduced in December 2019 as a formal process to support the early identification of

learning and actions as well as to determine the requirement for full investigation and external reporting requirements.

6.2 Since December 2019 to 31 March 2020, 133 moderate and above incidents have been heard at a SIDM. Of these, 37 (28%) went forward to a full serious incident investigation with 28 meeting the serious incident external reporting criteria and were reported on the StEIS system (Strategic Executive Information System). Subsequently 4 of these were de-logged following full review as they did not meet the Serious Incident (SI) reporting criteria. Nine incidents did not meet the SI reporting criteria but were deemed appropriate for further investigation for learning. Outcome of the 37 investigations found 62% (23/37) had lapses in care attributable to LCH and 32% (12/37) had no lapses in care evident. The remaining 6% (2/37) are still undergoing investigation – Appendix 4, table 4 shows a breakdown across the months.

6.3 During 2019/20 reporting period there were a total of 82 declared serious incidents reported on the StEIS system. Of these, following full investigation 15% (12/82) were concluded as no lapses in care attributable to LCH and a request to delog from the StEIS system was made to the CCG – Appendix 4 Graph 1 shows a breakdown of StEIS reported incidents in 2019/20 across the months and Business Unit.

7.0 Learning Identified from Serious Incidents

7.1 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.

The top categories of themes identified at investigation include:

Theme	Found in (No. of cases)
Documentation Standards - missing information	21
Assessments - Delay	19
Failure to Identify Risks	18
Poor Care/Case Management	18
Failure to follow policy or agreed procedure	17
Staff - Capacity Issues	17
Communication - Breakdown within the Team	15
Communication - Breakdown with external services	14
Documentation not updated/reviewed	12
Assessments - Poor Quality	11

7.2 Measures to address these recurring themes are a focus of the work plan for the Falls Reduction Steering Group and Pressure Ulcer Steering Group. Further work is scheduled with a deep dive being undertaken to review how

the wound prevention and management service work to support teams and clinicians to improve on these recurring themes.

8.0 ACTIONS AND DEVELOPMENTS

8.1 Actions identified from a sample of serious incident investigations include:

a. Following an incident related to the administration of medication without the legal authority to do so for a detained patient under Section 3 of the Mental Health Act. The following actions have been completed:

- Care Notes template adapted for recording commencement and ('Three Month rule') lapse dates in respect of medication commenced in patients detained under the Mental Health Act.

- Little Woodhouse Hall Adolescent Inpatient Unit Clinicians and Clinical Team to receive electronic reminders in respect of all critical dates relating to patients detained under the Mental Health Act, generated from the clinical system.

b. Following an incident related to a single incident that led to multiple similar incident of self-harm where a young person ingested batteries. The following actions have been completed:

- Admissions altered, asking that parents consult with the nursing team prior to bringing in possible risk items including electronic items containing batteries

- The Adolescent Inpatient Service now have TV remote controls without batteries

- The Adolescent Inpatient Service ensures that all Patient Safety Alerts and newly recognized risk behaviours are communicated with members of the team and building users.

c. Incident related to a catheter related trauma where patient ended up being admitted to hospital. Investigation found that there were several care and service delivery issues including lack of timely clinical review post discharge from hospital, lack of physical observations and inconsistent record keeping. Action implemented include:

- Any patient discharged from hospital must be seen at the first visit by a registered clinician, nurse or therapist and it must be determined if there are any changes to the plan of care and specific patient needs

- Review of urinary catheter template - The NCQL for the Neighbourhood Team will monitor all aspects of urinary catheter care through regular quality assurance checks of the catheter risk assessment. The Catheter risk assessment template should be completed at the first visit and then reviewed / updated if required when the staff visit for re-catheterisation / blocked catheter call out.

- The Deteriorating Patient Guideline will used as a way of facilitating learning with training undertaken relating to Sepsis awareness and use of the NEWS 2 template.

APPENDICES

Appendix 1

The table below shows a comparison between 18/19 and 19/20 FFT response rates and recommendation across Business Units:

Business Unit	19/20 Response Rate %	18/19 Response Rate %	19/20 Recommen ded Rate %	18/19 Recommen ded Rate %
ABU	9.43%	3.9%	94.85%	92.7%
CBU	10.02%	6.3%	94.15%	96.5%
SBU	5.36%	6.5%	96.72%	96.5%
Trust-wide Community	6.87%	5.9%	95.60%	96%
Trust-wide Inpatient	28.95%	39.4%	94.32%	94.9%

Summary of number of responses per Business unit and common themes (Green=positive, Red= Negative themes/comments)

	FFT Positive 2019/20	FFT Negative 2019/20	Themes
ABU	2,215 94.86%	22 0.94%	Staff – wonderful, caring, supportive, professional, thoughtful Communication – information given in a clear, understandable way Waiting times for appointments Lack of communication relating to changed/cancelled appointments Consistency and shortage of staff
CBU	Community – 3,587 (94.15%) In-patient – 25 (96.15%) Total – 3,612	Community – 55 (1.44%) In-patient – 1 (3.85%) Total – 56	Staff - professional, non-judgmental, knowledgeable, kind, friendly, patient Communication - thorough explanations and good advice given Environment – calm, clean, welcoming Waiting time from initial referral Need more staff
SBU	Community – 6,304 (96.72%) In-patient – 58 (93.55%) Total – 6,362	Community – 94 (1.44%) In-patient – 3 (4.84%) Total – 97	Environment – clean, tidy Staff attitude – caring, encouraging, take time to listen, knowledgeable, kind, efficient Information and guidance given helps to instil confidence, well-presented, clear More staff needed Reduce waiting times for appointments

Appendix 2
COMPLAINTS BENCHMARKING DATA FOR FINANCIAL YEAR 2018-19
Leeds
When looking at the other care providers in the city, we do have to take into consideration the difference in the organisations, who they serve, and what they choose to report.
Leeds Teaching Hospitals NHS Trust received 860 complaints of which (on average) 27% were responded to in their target timeframe.
Leeds and York Partnership Foundation NHS Trust received 189 complaints in the year which was acknowledged to be a low number.
Leeds City Council, Adult Health and Social Care Complaints team received 520 complaints which was a 5% increase on the previous year; however the council are clear that they view the increase as a positive trend. It is viewed as proof of client empowerment to speak up which is welcomed. The top three areas of complaint were:
•   Poor quality of service
•   Challenging an assessment outcome
•   Staff attitude and conduct

Community Trusts
Information was reviewed for Community Trusts that were previously benchmarked with LCH based upon Incident activity (Bridgewater and Derbyshire) and for their proximity in the Yorkshire area (Bradford and Rotherham).
Bridgewater Community Healthcare NHS Foundation Trust reported an increase in received complaints in 2018-19 to 104 which was the highest number received in five years. Their top three areas of complaint were Clinical Treatment; Attitude of Staff; and jointly Communication / Information to Patients and Provision of Aids/ Appliances or Equipment.
Derbyshire Community Health Services NHS Foundation Trust report all received concerns and complaints as one figure which was 424 in 2018-19 (an increase of 4% on the previous year). Their responses within 40 working days dropped to 66.4% and their top three areas of complaint were Clinical Treatment; Values and Behaviour; and Access to Treatment. The Trust also reported on a review of their process which highlighted a theme around the demonstration of learning from complaints.
Bradford District Care NHS Foundation Trust reported 774 concerns and 77 complaints which was an increase on the previous year. They reported seeing the number of reported concerns increasing over the previous three years and noted a plan to embed learning from complaint investigations.
Rotherham, Doncaster and South Humber NHS Foundation Trust reported a "significant decrease" in received complaints over a three year period to 2018-19

(137, 165 and 125) while seeing fluctuation in PALS contacts over the same period (431, 350, 425). The Trust reported less than 20% of complaint responses in 2018-19 being sent in under 40 working days and reported top three issues of Clinical Treatment; Communication; and Patient Care.

Appendix 3

Table 1 – below shows break down of incidents reported

Year	Students	Staff	Trust	LCH Patients	Other patients (incidents not directly related to LCH Care)	Grand Total
2018/19	62	713	436	3694	1593	6498
2019/20	64	709	413	4758	2040	7984

Table 2- below shows a breakdown on harm incidents for 2019/20 across LCH Business Units

LCH Business Unit	Major Harm	Minimal Harm	Moderate Harm	No injury sustained	Grand Total
Adult Services	86	1299	457	971	2813
Children's Services	1	162	7	714	884
Corporate & HQ functions	0	1	1	8	10
Operational Support Services	0	2	0	50	52
Specialist Services	4	199	34	547	784
Total	**91**	**1663**	**499**	**2290**	***4543**

*excludes deaths

Table 3- below shows a breakdown down on harm incidents by reported year

Severity	2018-19	2019/20	+/- on year	% Change	% of Total for 2019/20
No injury sustained	1971	2290	319	16%	48.1%
Minimal Harm	959	1663	704	73%	35.0%
Moderate Harm	442	499	57	13%	10.5%
Major Harm	75	91	16	21%	1.9%
Deaths (combined)	247	215	-32	-13%	4.5%

We have seen the number of reported deaths, both expected and unexpected reduce in 2019/20. Reported deaths equates to only 4.5% of the total LCH patient incidents reported in this year and a 13% reduction on the number of deaths

reported in the previous year (247 to 215). However, all deaths of patients who are on LCH caseloads are reviewed within the mortality review process and may not be reported on Datix as an incident.

Table 4 - The outcome of incidents discussed at SIDM from January 2020 – March 2020 is depicted below

Review Month	Lapses in Care (avoidable)	No Lapses Identified (unavoidable)	Undecided - to be determined at SI	Total
Dec 2019	0	9 (6.8%)	0	9
Jan 2020	5 (3.8%)	18 (13.5%)	0	23
Feb 2020	7 (5.3%)	36 (27.1%)	0	43
Mar 2020	11 (8.3%)	45 (33.8%)	2 (1.5%)	58
Total	23 (17.3%)	108 (81.2%)	2 (1.5%)	133

Graph 1 - shows total number of incidents reported to StEIS by month and Business Unit – 2019/20

	AGENDA ITEM 2020-21 (57)

Meeting Trust Board 7 August 2020	**Category of paper**	
Report title Nursing and Allied Health Professional (AHP) revalidation and registration	**For approval**	
Responsible director Executive Director of Nursing and AHP's **Report author** Executive Director of Nursing and AHP's and Assistant Director of AHPs, Patient Experience and Engagement	**For assurance**	√
Previously considered by Not applicable	**For information**	

PURPOSE OF THE REPORT

This report provides an update on nursing and AHP revalidation and registration. The paper describes the current context for regulation for both nurses and AHPs and an overview the current situation within the organisation.

MAIN ISSUES FOR CONSIDERATION

Nurses and AHPs are required to register with the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC) respectively in order to be able to practice their professions. The registration status of each employee employed in a nursing or AHP role is recorded on ESR and responsibilities and processes for registration described in the Professional Registration policy. In addition to annual registration for nurses they also have to revalidate every 3 years and where registration is referred to for nurses in this report it includes those that were due to revalidate within the year as well.

As of June 2020 there are currently 1073 nurses employed by the trust based on being in the staff group of 'Nursing and Midwifery Registered' only and 500 AHPs based on being in the staff group 'Allied Health Professionals'. There are 27 nurses based on being in the staff group Nursing and Midwifery Registered who are registered with other professional bodies e.g. Social work England, HCPC. This is related to the job title suggesting it is a nursing role e.g. Matron.
Within the data there are 7 individuals within the 'Nursing and Midwifery Registered' group that do not have a registration and 3 individuals in the 'Allied Health Professionals' group that do not have a registration. On investigation these individuals are not required to be registered for the roles they undertake or on further review did have registration.

In addition the Trust employs 6 Registered Nursing Associates all of whom are registered with the NMC as required for that role.

RECOMMENDATION

The Board is recommended to:
- Note the positive position of nursing and AHP registration.

Nursing and AHP revalidation and re-registration

1.0 Introduction

1.1 Nurses are regulated by the NMC. They are required to pay an annual subscription to remain registered annually and revalidate every 3 years. The process of revalidation is clearly set out and includes confirmation from the individual's line manager that they have met all parts of the revalidation requirements. Staff will receive an email from the NMC and from the Electronic Staff Register (ESR) 3 months prior to their revalidation date.

1.2 AHPs are regulated by the HCPC. HCPC protect the titles that AHPs work to meaning that it is an offence to practice under any of the titles unless you are on the register. Registrants are required to pay an annual fee and re-register every 2 years. They are required to maintain a portfolio of continuing professional development (CPD) which they may be asked to submit at the time of re registering. Staff will receive a notification from ESR 4 months prior to re-registration and a letter from HCPC 2 months prior. LCH employ 7 of the 14 professions regulated by the HCPC. (Podiatrist, Dietitians, Occupational Therapists, Paramedics, Physiotherapists, Practitioner Psychologists and Speech and Language Therapists). Re registration for each profession takes place every 2 years. During the last year, Occupational Therapists, Physiotherapists and Speech and Language Therapists have undergone re registration. Dietitians were required to re-register by 30th June and Podiatry are currently in the process of re registration completing on 31st July.

1.3 From January 2019 the NMC have regulated the role of Nursing Associate. The regulation of Nursing Associates is similar to nursing staff in relation to code of conduct and revalidation. What is different to how nurses are regulated is that Nursing Associate has been designated as a protected title in the same way that AHP titles are. It is illegal to practice under this title without being on the register. The revalidation process will be the same as for Nurses.

1.4 In December 2019, the regulation of Social Workers moved from HCPC to a new regulator Social Work England. The impact on staff has been minimal with all information being transferred between the 2 organisations.

1.5 Within the last year there has been one request from HCPC in relation to a member of staff who has had a fitness to practice allegation made against them. This request has highlighted gaps in the organisational professional registration policy in relation to the following points:
• Notification of the accountable executive
• Sign off of information being sent to the regulator
• Support for managers collating information for the regulator
• Support for the individual undergoing a fitness to practice process
These points have been raised with the workforce team and will be considered in the review of the policy which is being undertaken imminently.

2.0 Current situation

2.1 There are currently 1073 staff identified on ESR in the category "nursing and midwifery registered" of which 1066 are shown to have current NMC registration or other appropriate registration (see below). Of the 7 without current registration, a check of the NMC online register has confirmed that 2 are registered. Of the 5 remaining staff NMC registration is not required for their current roles. This highlights an anomaly with the LCH systems and processes and this will be addressed through review of the policy as described below.

2.2 There are 27 members of staff in nursing and midwifery designated roles that are registered with HCPC. This designates an AHP working in a job role that is categorised as a nursing role, for example a physiotherapist undertaking the role of community matron or a paramedic undertaking the role of a custody nurse. It is likely that we will see more roles in the future where ESR categories and regulatory bodies do not align given the development of new roles, extension of scope of practice and cross boundary working. We will need to ensure that our internal processes are able to identify all clinical posts that require statutory registration regardless of the regulating body and this will be picked up in the review of the current policy.

2.3 There are currently 500 staff identified in the ESR category as "Allied Health Professionals" 497 of which have current HCPC registration. The remaining 3 staff members do not require registration for the roles they fulfil currently.

2.4 There are 6 Nursing Associates in the organisation and all hold NMC registration as required for this role.

3.0 Main Issues

3.1 The LCH Professional Registration policy details the responsibilities and processes currently in place to ensure staff have relevant registration on commencing employment and thereafter. This policy was due for revision in September 2019. This has been delayed and the policy has a current extension in place. However, due to the issues raised above it has been agreed that a working group will be established urgently to review this policy. The group will consist of representatives from all the professional groups in the Trust e.g. Nurses, AHP's, Doctors, Dentists and Pharmacists and will review the current policy and processes to ensure a robust process is in place for ensuring registration of professional staff groups in the Trust. There is currently a clear process for notifying staff when their registration is due to expire and to ensure that it is updated. However, this does not extend to notifying line managers and the review of the current policy and process needs to review this and ensure a robust process is in place.

3.2 There is a lack of consistency within the ESR system between job role and regulating body. This has arisen as job roles and the requirements of staff have developed. It is envisaged that this complication will continue as new ways of working are further embedded and will be reviewed as part of the review of the policy as stated above.

4.0 Recommendation

4.1 The Board is recommended to:

- Note the position on nurse and AHP revalidation and re-registration

Meeting Trust Board 7 August 2020	**Category of paper**	
Report title Safe Staffing	**For approval**	
Responsible director Executive Director of Nursing and AHPs **Report author** Executive Director of Nursing and AHPs and Business Unit Clinical Leads	**For assurance**	√
Previously considered by Not applicable	**For information**	

PURPOSE OF THE REPORT

The paper describes the background to the expectations of boards in relation to nurse staffing, outlining where the Trust is meeting the requirements and highlighting if there is further work to be undertaken. The report is written in the context of the current system and local pressures which currently includes the Covid-19 pandemic.

MAIN ISSUES FOR CONSIDERATION

The report sets out progress in relation to maintaining safe staffing over the last six months. It covers the range of services provided in the Trust which is a change from previous reports and was requested by the Board in February 2020. The statutory requirements and data is contained in an appendix with the main body of the paper being used to provide assurance to the Board in relation to the effect of staffing pressures on services and how these are being mitigated. It also includes the significant impacts on staffing of the current pandemic since the middle of March 2020.

Safe staffing has been maintained across all inpatient units for the time period, however, this has only been possible through the use of temporary staff albeit in the main through LCH's internal staff bank (CLASS). The usage of temporary staff is highlighted for all services within the appendices of the report. The paper sets out the mitigation in place and also triangulates elements of patient safety data to the staffing numbers where this is possible.

There has been a major impact to a number of LCH services in relation to the current Pandemic and this has included staff being moved to support C1 services and some services having reduced delivery or being paused completely.

RECOMMENDATIONS

The Board is recommended to:

- Continue to meet the national monthly collection and publication of staffing data as recommended in "Hard Truths"
- Keep staffing levels under constant review
- Note the contents of the report and the progress being made and support six monthly reviews in a public Board meeting

1.0   Background

1.1   In line with the NHS England requirements and the National Quality Board (NQB) recommendations, this paper presents the six monthly nursing establishment's workforce review.

1.2   In addition to reporting on the in-patient areas the paper also provides information on all the Trusts services for the first time. It has previously focussed on the Neighbourhood Teams and Health Visiting but at the request of the Trust Board in February 2020 it now considers all services.

1.3   The paper also provides some triangulation of patient safety data to staffing numbers to provide assurance to the Board in relation to the effect of staffing pressures on services and how these are being mitigated.

2.0   Safe staffing

2.1   We continue to use a set of principles as set in Appendix1 below to monitor safe staffing in our in-patient beds and wider teams in the absence of a national definition of community safe staffing. This is also underpinned by the national Quality Board good characteristics (Appendix 2).

2.2   The Board receives monthly data via the Performance brief in relation to safe staffing on the in-patient units within LCH.

3.0   Specialist Business Unit

3.1   As recognised in Julys Clinical Lead report for Quality Committee it is important to recognise the ongoing achievements made by the staff and leaders within the business unit during the ongoing challenges and uncertain times of the COVID-19 pandemic. Clinical and operational flexibility to respond to service and patients' needs has been crucial to maintaining safety and has been a dynamic process throughout the pandemic and moving forward during both reset and when responding to any future peaks across the Leeds system. The ongoing willingness and resilience of staff is a key factor to the SBU in continuing to respond safely and effectively.

3.2   The following information will inform the board on how the Business Unit ensures safe staffing levels. With particular focus on services particularly impacted by COVID (MSK, Dental and Podiatry), CNRC as an inpatient Unit, LMWS as a new contract and the 24 hour services that are YOI/ Adel Beck and Police Custody.

4.0   Community Neurological Rehabilitation Unit (CNRC)

4.1   This regional unit consists of five inpatient beds and up to five day case places with additional community based services. The Unit maintained 100% safe staffing levels between January and March of both registered and non-registered staff.

4.2   Being a C3 service CNRC was closed on 20th March 2020 in response to the COVID-19 pandemic. Patients with high risk needs and concerns were offered advice and support and once addressed all patients were placed on a waiting list. All new referrals have been clinically triaged. High risk patients were/ are offered interventions (face to face or non-face to face as necessary) to keep them safe. All paused patients have had a letter advising who to contact if they had concerns or there was deterioration in their condition. Approximately 10 patients have contacted the service for further support or advice. None of these have identified significant risk – no deterioration has been identified.

4.3   CNRC staff were redeployed to support the C1 services primarily in the Stroke Team with some also going to the Neuro Discharge Team, Community Care Beds and the Neighbourhood Teams Night Service. Those staff will remain redeployed during reset whilst there is a commissioner led review of CNRC (planned prior to COVID).

4.4   There were no reported moderate harm incidents, Serious Incidents or complaints for CNRC between January and March 2020.

5.0   MSK, Dental and Podiatry

5.1   Safer staffing concerns have been primarily in Podiatry, MSK and Dental services. These services were paused in response to the pandemic and significant numbers of staff have continued to be redeployed to support critical services. Concerns regarding risks to patients (both apparent and hidden) and potential harm have increased due to the length of time services have now been paused and numbers of patients now waiting. This has resulted in some staff and leaders feeling under significant pressure.

5.2   Actions to address these concerns to keep staff and patients safe are ongoing and include:
•   Risk assessments being undertaken.
•   All redeployed staff returning as soon as possible throughout July and August. With all staff returned by 1st September unless there are exceptional circumstances.
•   Services being supported by the Business Unit senior leaders and Reset Programme to ensure robust action plans are in place to address immediate high and short, medium and long term risks.
•   Dental reset prioritised to move towards the earlier phased introduction of routine dental services with effect from 1st August.
•   Triage processes being put in place to identify wherever possible patients whom are waiting who are now high risk so that they can be seen without further delay.
•   Escalations to the wider system such as GP Confederation and Commissioners to jointly manage emerging risks and concerns.

5.3   All services are continuing to closely monitor of incidents, complaints and concerns.
        MSK and Dental - In MSK and Community Dental there have been no moderate harms incidents. MSK had 2 complaints that were not upheld. There was 1 in February in Dental which was upheld. This complaint was

related to waiting times and cancellations, on investigation factors that impacted were staffing levels.

5.4 Podiatry – In Podiatry between January and June there have been 3 moderate harm incidents reported and investigation of these is ongoing. Between January and June 2018 there were no patient Moderate incidents reported and in the same period in 2019 there were 4 moderate patient harm incidents.

5.5 Complaints - There were two complaints in Podiatry in January and February one of which was partially upheld due to miscommunication.

6.0   Leeds Mental Wellbeing Service (LMWS)

6.1 The new Leeds Mental Wellbeing Service has been mobilising its contract since November 2019 and aims to target areas of deprivation, focussing on health inequalities and those most at risk of developing poor mental health, whilst keeping co-production at its core.

6.2 LMWS consists of a partnership of key providers of mental health services in Leeds all of whom employ staff:

6.3 As LMWS was identified nationally as a C1 service no staff have been redeployed during the COVID-19 crisis. The service has continued in an adapted way with most interventions currently being delivered through telephone, online and video-conferencing platforms.

6.4 There are a number of workforce challenges that were identified prior to mobilisation including a national shortage of Psychological Wellbeing Practitioners (PWP) and Band 6 nursing workforce. To address these challenges the staffing structure has a broad range of roles within an integrated model. This includes nationally mandated IAPT roles, primary care roles, specialist roles such as perinatal mental health practitioners and a new roles focussing on peer support and co-production.

6.5 Recruitment - Within the reporting period the LMWS has been implementing a staged approach to recruiting to the new posts above. Of the 55 new posts planned 75% have been recruited to which is in line with the mobilisation plan. There have been no other significant staffing shortages within the service. There has been no agency or bank usage.

6.6 Concerns, complaints and incidents - There was 1 incident leading to Moderate harm in June. This was not related to staffing issues. From January to June there were 3 complaints relating to access to the service, nothing related to staffing.

7.0 Police Custody Services

7.1 The Police Custody Healthcare Team provide physical and mental healthcare assessment and treatment, along with forensic specimen collection from detained persons in police custody suites across the whole of Yorkshire and Humber. Healthcare is provided by a multi-skilled group of healthcare professionals, including paramedics, mental and learning disability nurses, general nurses and forensic medical examiners.

7.2 Police Custody is a C1 service and therefore no staff have been redeployed during the COVID-19 crisis. The service has continued to deliver care as per the usual model.

7.3 Within the reporting period there were 11.25 WTE vacancies and whilst there were some delays there have been no problems recruiting to these posts. In total 438 CLaSS shifts were used to provide cover and maintain safe staffing levels mainly due to vacancies and sickness.

7.4 In April there was 1 moderate harm incident and 1 death in custody. Neither of these incidents occurred whilst the patient was under LCH care and were not related to staffing issues. In June there was 1 moderate harm incident. This was not related to staffing issues. There were 5 complaints received. All have been investigated and were found not to be upheld and were not related to staffing issues.

8.0 Wetherby Young Offenders Institution (YOI) and Adel Beck Secure Children's home (AB)

8.1 LCH is the lead provider of the Integrated Healthcare Service at AB and YOI of which the key services are Primary Care Nursing, Emergency Response, Substance Misuse Services, Dental (all LCH provided), CAMHs, GP, Podiatry, MSK, SaLT and Optician (all provided through sub contracts although LCH is the lead provider).

8.2 As YOI and Adel Beck are C1 services no staff have been redeployed during the COVID-19 crisis. Two staff from the Children's Business Unit were redeployed into the service, one going to WYOI and one to AB.

8.3 During COVID-19 pandemic there were HMPPS and YCS directives to reduce face to face contact by changing the regime and restricting access and movement across the site. Young people have only been allowed one hour out of their cell within 24 hours. Additionally HMPSS has mandated that no staff can cross work between any sites and this has put pressure on rota requirements and this will continue for the foreseeable future.

8.4 Additionally in response to NHSE national guidance C2 service elements of the service delivery were either stopped or reduced. These included:

- GP 5 days a week clinic reduced to urgent appointments only visiting on the wings
- Fortnightly optician clinic stopped
- Podiatry ad hoc visits stopped
- Weekly dental clinics stopped at WYOI for routine appointments
- Six weekly dental clinics stopped at AB
- Face to face substance misuse interventions stopped
- Routine face to face CAMHs 1:1 interventions stopped
- Harmful Sexual Behaviour face to face interventions stopped
- Routine immunisations and sexual health screening stopped
- Speech and language therapy stopped

8.5   An interim service delivery plan was developed identifying changes in service delivery with measures in place to reduce risk of reducing services. These included: triage processes, well-being checks, information on how to access healthcare and increased visibility on the wings,

8.6   Concerns, complaints and incidents - There have been three moderate harm incidents reported between January and June and none of these were related to staffing issues. There were 6 concerns raised and 1 complaint; these were not related to staffing issues.

9.0   Children's Business Unit

9.1   The majority of Children's services are C1 services and have continued to deliver services in the usual way.

10.0   Hannah House

10.1 Hannah House provides short breaks for children with complex disabilities and long term health needs.

10.2 As part of the planning for Covid-19 and delivery of services since March 2020 Hannah House has remained open to support vulnerable children and families with respite, with appropriate IPC measures in place. Some families have chosen to keep their children at home during this period. This has resulted in reduced occupancy at Hannah House since March 2020. With the ending of shielding planned for 1 August 2020, alongside some children having returned to school the numbers accessing care packages at Hannah House are increasing again. The service has also accommodated two families for emergency reasons and continues to provide 24hour, 7 day a week care for a long term ventilated child in the "step-down bed".

10.3 Hannah House has maintained safe staffing levels throughout the reporting period; this has included use of CLASS staff at times. The safe staffing data, include use of CLASS staff can be seen in Appendix 3.

10.4 There have been no serious incidents reported during this period time and no complaints have been received.

11.0   Inclusion Nursing

11.1   Inclusion Nursing support children who attend a Leeds Specialist Inclusive Learning Centres (SILCs), and the children with complex health needs in partnership sites.

11.2   The service was a C1 service to ensure healthcare provision for vulnerable children and families, where children were still attending school. The service extended by also providing a service during school holidays as SILCs remained open. With reduced workload in the SILC sites as some children remained at home, the nursing team have kept in contact with families digitally, ensuring assessments and care plans were meeting the child's needs. If clinically indicated children have been visited at home.

11.3   There have been a number of staff who have been shielding due to recognised health issues, and they have been supported to work from home undertaking activities for the service as a whole. As part of Covid 19 planning PHINS practitioners have been redeployed to work in the service. Appropriate staffing levels have been maintained during this period.

11.4   There has been one reported serious incident during this period time, concerning a child with a category 3 pressure ulcer; this was not related to staffing issues. There have been no complaints received.

12.0   Continuing Health Care

12.1   The service currently provides 920 hours per week of care for children being care for at home and also provides 90 hours per week of care for short breaks. The service has continued through as it was identified as vital in supporting vulnerable children as part of Covid-19 planning. The service also supported private providers delivering care to children with complex needs, by providing advice and where necessary training for private provider staff.

12.2   There have not been any moderate or major harm incidents. There has been one complaint received by the service, that is currently being investigated but this does not appear related to staffing issues.

13.0   Children's Community Nursing

13.1   The service is a C1 service and has continued throughout. Clinical care has been provided digitally and face to face as required. There has been an increase in number of children requiring phlebotomy due to closure of acute based outpatient services.

13.2   Staffing levels have been maintained throughout despite sickness levels being high at 7.56%. There are vacancies in the service as well.

13.3   There have been no moderate or major harm incidents received by the service.

14.0   CAMHS including Little Woodhouse Hall

14.1 CAMHS Adolescent Tier 4 Inpatient Service (AIS) is based at Little Woodhouse Hall.

14.2 The unit has maintained safe staffing levels during this reporting period of both registered and non-registered staff. However, this has required extensive use of temporary staff. Since the end of January 2020 safe staffing information is reported via e-rostering. This report includes permanent staff and temporary staff broken down to show registered and non-registered staff as agreed from the last report (see appendix 3 for staffing detail).

14.3 Colleagues from other services within the Children's Business Unit have been redeployed into the unit to support during this time and particularly to enhance staffing due to acuity of patients on the unit.

14.4 All the temporary staff have completed the required training to work in an Inpatient CAMHS service; this includes positive management of violence and aggression. Temporary staff are either from LCH's own bank, LYPFT's bank or from a single agency where assurance is given that staff have completed required training. The table showing temporary staff usage can be found in Appendix 3.

14.5 There is concern about the high numbers of self-harm incidents on the unit, these are being monitored and there is regular reporting to Quality Committee. There have been 4 serious incidents during this period. These are not related to staffing issues. There have been no complaints or concerns voiced during this reporting period in relation to staffing issues.

14.6 The community CAMHS services have continued to deliver care via virtual consultation or telephone contact. There have been no reported staffing concerns.

14.7 There have been no moderate or major harm incidents or complaints related to staffing issues during this period.

15.0 0-19 Public Health Integrated Nursing Service (previously reported as Health Visiting)

15.1 The 0-19 PHINS Service consists of Specialist Public Health Nurses (Health Visitors & School Nurses), Staff Nurses, Family Support Workers and Health Care Support Workers working geographically within six citywide teams. The Admin Single Point of Access (SPA) based at Stockdale House is integral to service delivery.

15.2 The service is contracted to provide 145 Specialist Public Health Nurses (125 Health Visitors and 20 School Nurses). The table in Appendix 3 illustrates the total number of WTE practitioners in post between January and June 2020.

15.3 The lower than expected staffing levels is an indicator of some of the challenges the service has had around recruitment of new staff, and in particular School Nurses due to national shortages and regional competition. The service works closely with the LCH recruitment team, developing a rolling programme of recruitment. School Nurse capacity is expected to increase to

16.2 WTE practitioners in September 2020. Additionally in terms of thinking creatively the service has;

• recruited extra B5 Staff Nurses with the intention of putting more practitioners through the SCPHN course and increasing capacity longer term.

• Continuing supporting the Differing Fields programme with 4 practitioners with dual qualification working across School Nursing and Health Visiting, and a proposal that more people are put through this course when the Universities restart in September.

15.4 In March 2020 following the Covid-19 pandemic outbreak and NHS England's response to prioritisation of community health services, the PHINS was advised to reduce its service offer in order to free up staff for redeployment to support category 1 services. The service maintained mandated contacts and safeguarding work.

15.5 There have been no moderate or major harm incidents reported during this time and no reported complaints.

16.0   Neighbourhood Teams

16.1 As previously stated there are no nationally agreed staffing levels for community teams or evidence based tools. The Trust continues to develop the work to set safe staffing levels in community teams. There is information in Appendix 4 in relation to staff turnover and sickness rates. Also included is the breakdown of temporary staff used through the LCH CLASS system.

16.2 Staffing is monitored and manged on a daily basis through the Capacity and Demand reporting tool with senior clinical and operational oversight seven days a week. Actions are initiated to ensure patient and staff safety is maximised. Staffing levels are monitored within the Adult Business Unit monthly performance process and any additional actions required considered by the Adult Business Unit senior leadership team. In addition a quarterly update report reviewing key indicators for Neighbourhood Team quality and workforce is provided to Quality Committee and Business Committee. The Patient Complexity Tool (PCI) has been trialled in West 2 Neighbourhood Teams and has proven to add helpful qualitative detail to consider alongside other capacity and demand information. The plan is to roll this out to all Neighbourhood Teams, starting with Seacroft and Middleton NTs. This in time will add detail about the complexity of individual staff's caseload as well as size of caseload and supports safe practice.

16.3 The main recruitment challenges in Neighbourhood Teams continue to be in recruitment of registered nursing reflecting the national shortfall in these roles. Despite an ongoing national shortfall in therapists there has been a recent increase in the number of appointable applicants for registered therapy roles in Neighbourhood Teams. Close working with CLaSS ensures that available bank and agency staff are targeted at teams with the greatest staffing challenges. In addition the contract continues with a local provider to support care home work in a number of teams.

16.4 The COVID-19 pandemic has introduced around 200 redeployed staff into Neighbourhood Teams in order to maintain service delivery in these priority services. Redeployed staff were supported with training and supervision

16.5 Although the implementation of the new District Nursing training approach was paused due to COVID-19 we have continued to progress Advanced Practice training with 15 people starting the course in 2020. This is in addition to the 18 people already in training. 16 staff have secured places on the District Nursing training programme starting this year. Internally we have continued to support Band 5 nurses with a development programme to enable them to progress to the next steps in their careers. Investing in staff in this way supports staff recruitment and retention, and enables us to develop services in response to the NHS Long Term Plan.

16.6 Staff experience remains variable and is influenced by a number of factors Staff engagement discussions have been held in all teams and a range of local initiatives continue to be implemented to improve staff experience and engagement. During COVID-19 the use of virtual technology has opened up new ways of maintaining contact within and between teams and senior leadership.

16.7 Monitoring patient safety incidents that are related to staffing issues or concerns constitutes a key area for review. In the last quarter none of these incidents appear related to staffing levels. This will be monitored very carefully as always and any issues related to staffing levels will be escalated for immediate attention to the senior management team (SMT).

16.8 There have been a total of 5 complaints and 239 compliments in the reporting period Jan-June 2020. This period included the peak impact of the COVID-19 Pandemic and of note no new themes have emerged. A theme identified in the previous reporting period regarding the repeated cancelation and rescheduling of visits and specifically that it had not always been communicated and discussed with the patient. An audit process and specific actions at team level were commenced. This review of all Neighbourhood Team rescheduled and cancelled visits is making good progress and the number of visits affected a week has reduced to single figures in most teams. This information is being presented to Quality Committee in September. None of the other complaints appear to have been related to staffing concerns or issues. This will continue to be monitored closely and any issues related to staffing will be escalated for immediate attention to SMT.

17.0 Conclusion

17.1 This paper presents the six monthly review to Board in relation to safe staffing. The paper demonstrates that the Trust has maintained safe staffing in the six month reporting period. It has also triangulated the staffing data to patient safety incidents and complaints and the Board will note that one of the complaints in the Neighbourhood Teams is linked to staffing issues and work is ongoing to reduce the numbers of cancelled or postponed visits..

17.2 The paper has for the first time considered the whole range of LCH services in relation to safe staffing and whilst there have been challenges in several areas it is of note that safe services have been maintained.

17.3 The paper has captured some of the unique challenges associated with the current Pandemic and it is anticipated that these challenges will continue and the focus will remain on ensuring delivery of high quality, safe services to our patients.

9.0 Recommendations

9.1 The Board is asked to receive and note this report.

Appendix 1

- Patients can be treated with care and compassion.
- The determination of safe staffing levels is not a single process but rather an on-going review taking into account clinical experience in running the wards or team.
- The quality of service as determined by outcomes, including patient experience and national guidance and development of further tools. All patients have a thorough and holistic assessment of their needs.
- All patients have a care plan which sets out how the goals for their admission, care plan or treatment episode will be set.
- Staffing numbers allow full and timely implementation of the care plan.
- Staff numbers are sufficiently robust to allow the team or unit to function safely when faced with expected fluctuations and with the inevitable occurrence of short term sickness of staff.
- Operational Managers and Unit Managers are able to call upon additional resources if this is required by the particular needs of the inpatient group on a particular shift.
- A clear system of outcomes focussed on patient experience, patient safety and patient outcomes are in place and the information from these measures informs how the Operational and Clinical Leads run services.
- There is not an undue reliance on temporary staff to fill nursing rotas.

The agreed processes for clinical prioritisation are followed in periods of escalation

Appendix 2

National Guidance

In line with the NHS England requirements and the NQB recommendations, this paper presents the six monthly nursing establishment's workforce review. The focus remains on The National Quality Board framework of 9 characteristics of good quality care in District Nursing. This builds on the three expectations which were published in 2016 (Right Staff, Right Skills, Right Place and Time)

Appendix 3

Safe staffing data

	% registered nurses day	% care staff day	% registered nurses night	% care staff night
January 2020	93.2%	99.1%	100%	100%
February 2020	80.9%	80%	94%	84.2%
March 2020	96.9%	80%	83.1%	94%
April 2020	105.8%	95% of which 38% of staff remained at Hannah House	116.7%	95% of which 66% of staff remained at Hannah House
May 2020	111.9%	95% of which 36% of staff remained at Hannah House 36%	137%	95% of which 44% of staff remained at Hannah House 44.1%
June 2020	218.5%	96.4%	243.2%	73.8%

Use of CLASS staff in Hannah House

	Number of registered nurses day	Number of care staff day	No of registered nurses night	Number of care staff night	Totals
January 2020	0	7	0	11	17
February 2020	0	17	0	10	27
March 2020	0	7	5	0	13
April 2020	0	0	1	0	1
May 2020	0	0	0	0	0
June 2020	0	0	0	0	0
Total	0	31	6	21	58

	% registered nurses day	% care staff day	% registered nurses night	% care staff night
January 2020	71.4%	0*	81.8%	104.5%
February 2020	90.8%	75.9%	59.6%	58.9%
March 2020	99.1%	78.4%	78%	141.7%
April 2020	94.6%	88.5%	90.5%	152.3%
May 2020	92.3%	94.1%	65.2%**	163.7%
June 2020	90.3%	96.2%	52.9%**	197%
	* In January 2020 Safe staffing maintained with 6 staff members on a day shift of which 3 were registered nurses and 3 HCSWs. The 0 reported here from e-rostering is incorrect ** May and June 2020 there was always at least one permanent registered nurse on every night shift. The minimum requirement is 1 registered nurse and 3 HCWs. This has been maintained for all night shifts in this period with additional temporary staff as required			

As the figures above demonstrate issues with the data quality from the e-rostering system, on all days safe staffing levels have been maintained with daily reporting to CAMHS Service Manager and Head of Service. The service and e-rostering team have agreed data quality is a priority and will be reviewing current process for data inputting and service review to ensure accuracy.

	Number of registered nurses	Number of care staff	Number of registered nurses	Number of care staff
	From LCH CLASS		From Agency Staff including LYPFT	
April 2020	22	38	0	43
May 2020	34	53	0	45
June 2020	14	41	0	63
Totals	70	132	0	151

0-19 Public Health Integrated Nursing Service (PHINS)

	Jan 20	Feb 20	Mar 20	Apr 20	May 20	June 20
WTE HV in post	118.50	119.20	117.70	116.50	114.70	115.80
WTE SN in post	12.52	11.72	11.72	11.15	10.32	11.32

Appendix 4

Neighbourhood Teams
Staff Turnover
As shown in the chart below Neighbourhood Team staff turnover has returned to a level below the trust total. Neighbourhood Team turnover has decreased in the last 6 months and it compares favourably with 2017 levels.

Staff Turnover - NEW

LCH Neighbourhood Services — LCH Community Trust — *Other Community Provider Trusts
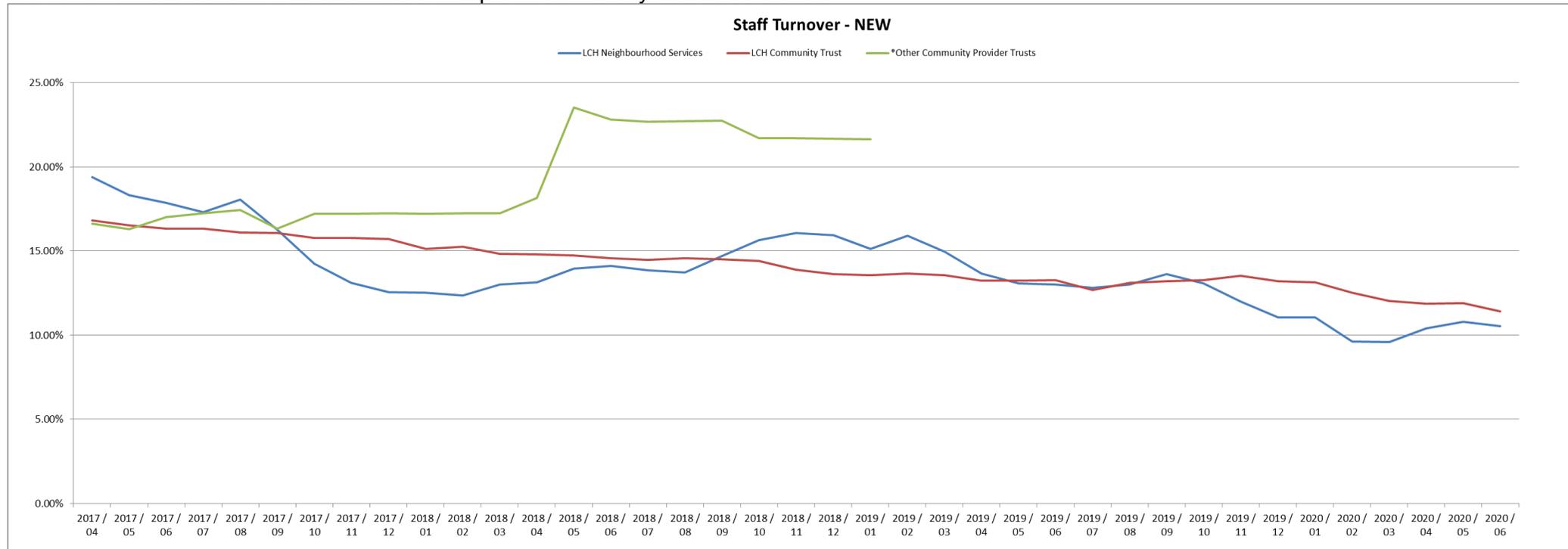
Number of leavers

As shown in the chart below, the number of leavers in their first 12 months of employment in Neighbourhood Teams continues at a similar level to the overall Trust position.

% of leavers <12 months service

—— Neighbourhood services %Leavers <12m   —— Overall LCH Trust %Leavers <12m
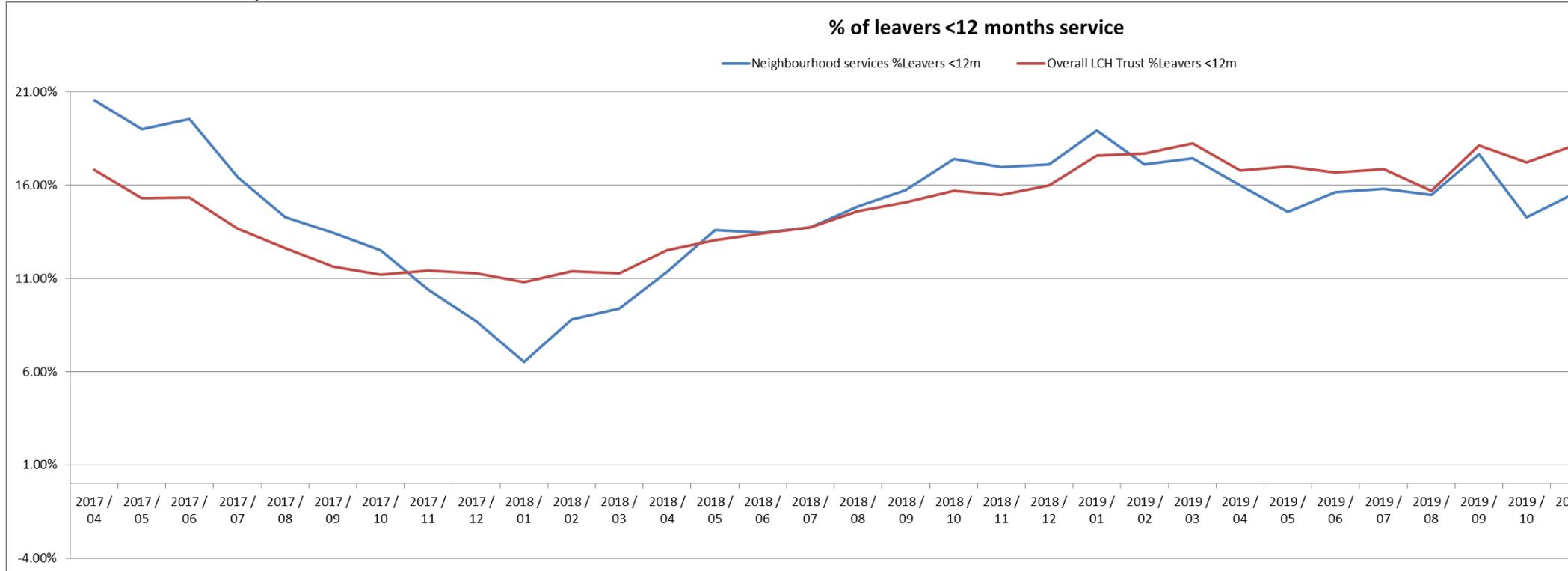
Sickness Absence

As shown in the chart below, Neighbourhood Team sickness absence increased over the last six months with a spike associated with the winter period, and an increase in sickness during the early period of the COVID-19 pandemic, reducing in May and June 2020.

Sickness Absence

— LCH Trust sickness Absence FTE % — neighbour service Absence FTE % *Other Community Provider Trusts
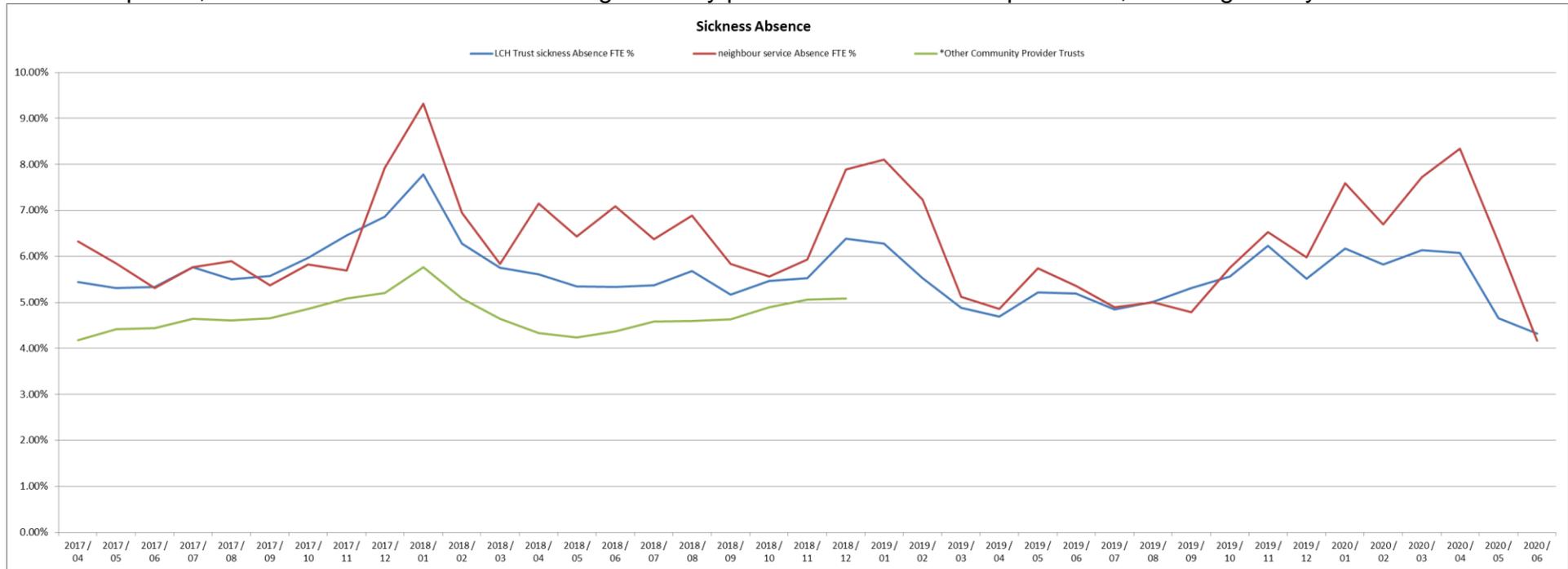
Supplementary staffing

This chart shows a reduction in Neighbourhood Team vacancies, whilst maternity leave and sick leave has remained relatively consistent. Supplementary staff via bank and agency has also remained relatively consistent during the period.

Relationship Between Vacancies and Absence Relative to Supplementary Resource in Neighbourhood Teams Apr-17 - Jun-20

NHS
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Healthcare
NHS Trust
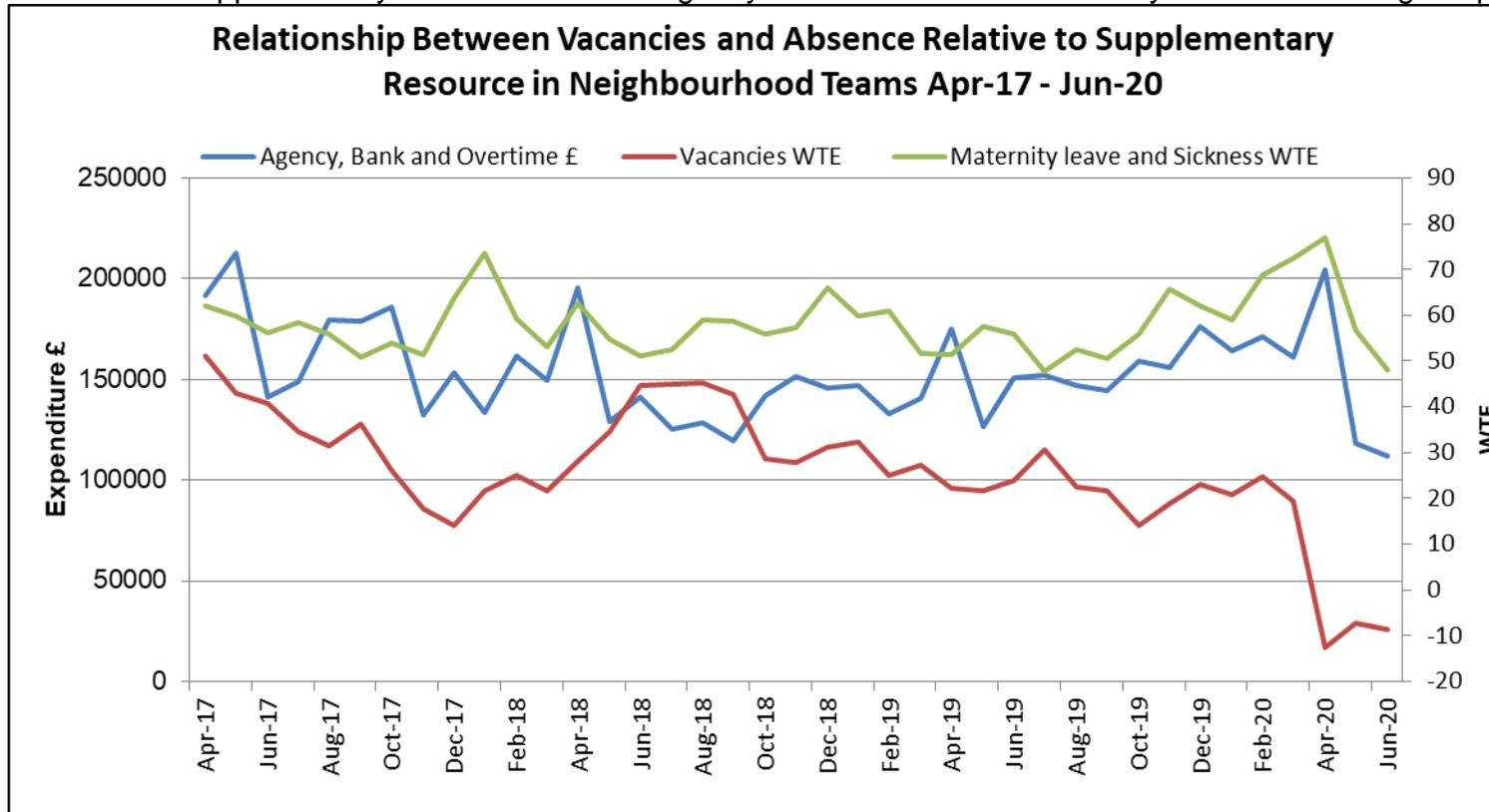
Meeting:	Trust Board 7 August 2020	Category of paper	
Report title:	Q1 2020/21 Mortality Report	For approval	
Responsible director: Report author:	Executive Medical Director Deputy Medical Director & CCIO	For assurance	√
Previously considered by:	None	For information	

Purpose of the report:
To provide the Committee with assurance regarding the Mortality figures and process within Leeds Community Healthcare NHS Trust in Quarter 1 2020/21.

Main issues for consideration
Quality committee is advised to note:
- COVID19 has caused a predictable rise in deaths for Quarter 1 of 20/21, most notable in two neighbourhood teams (Kippax and Middleton), and work is underway to further analyse and learn from the dataset available
- The high demands that were put on the neighbourhood teams during this time who still provided excellent end of life care despite medicine shortages and the changes in practice enforced by COVID-19.
- The impact on the neighbourhood teams of caring for such an increased number of out of hospital deaths in a short term period
- The additional contact and support to care homes in regards to management of patients, with support provided from Advanced Care Practitioners & Community Matrons
- The continuous rigorous review of adult deaths with a greater level of assurance with data being pulled centrally
- The Control Total Charts for Neighbourhood teams, available on the Trust's Performance Information Portal (PiP) enable assurance that we can recognise and investigate any apparent significant changes to deaths in a particular population or demographic
- CBU is continuing to engage in the citywide processes for learning from child deaths and have shown further examples of this learning being disseminated

Recommendations
The Committee is recommended to:
- Receive the assurance provided regarding the Trust mortality process
- Acknowledge the high demands that were placed on the neighbourhood teams (including redeployed staff) during Quarter 1 who were still able to provide excellent care

Quarter 1 Mortality Report

1.0   Purpose of this report

1.1   To provide the Committee with assurance regarding the Mortality figures and processes within LCH NHS Trust in Quarter 1 2020/21.

2.0   Background

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

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

2.3   Our responsibility as a Trust encompasses the following requirements:

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

2.4   The LCH Mortality and Learning from Deaths Policy, 2017 (currently under revision) details our Trust response to both of these and clearly articulates our assurance process and governance surrounding mortality reviews and shared learning throughout the Trust and the wider system.

3.0   Current position

3.1   As per the reconfiguration of the subcommittee structure that sits under Quality Committee agreed in March 2020, the mortality workstream now reports to the Quality Assurance & Improvement Group (QAIG). This group is comprised of three previously separate subgroups: Clinical Effectiveness Group, Patient Safety & Experience Governance Group and Mortality Surveillance Group, aiming to improve our ability to triangulate information in a wider context effectively.

3.2   The newly formed Quality Assurance & Improvement (QAIG) Group met on 23rd July where Quarter 1 mortality data was discussed.

3.3   Meetings of the Adult Mortality Governance Group (now jointly with Specialist) and Child Mortality Governance Group have taken place regularly.

3.4   The Trust remains in contact with other providers of community care to share learning regarding the mortality review processes and whether benchmarking can be incorporated. Peer work with an emerging group of other Community Trust Medical Directors has confirmed that the majority of Community Healthcare Trusts only review and track data regarding adult inpatient deaths within their services. This has made it difficult to find comparator data to benchmark against.

3.5   **Adult Business Unit**

3.5.1 **Mortality Data**

	2018/19	2019/20	2020/21	
Total Reported Adult deaths	Total	Total	Q1	YTD
EPaCCs deaths	1665	1012	664	664
Datix reported Unexpected deaths	335	133	71	71
Datix reported Expected deaths	83	1256	587	587
Total of deaths*	**2073**	**2226**	**969**	**969**
Deaths awaiting review				
Total Level 1 reviews undertaken	1011	1270	658	658
Total Level 2 review also undertaken	187	206	134	134
Deaths of patients with Learning Disability	Not collected	2	2	2
Deaths of patients with Serious Mental Illness	Not collected	2	0	0
Death of patients in Community Care Bed		12	4	4
Deaths managed as a Serious Incident		0	0	0

*The total number of deaths is a direct count and not the summation of EPaCCS plus Datix as there is some cross over.

3.4.3 It is to be noted that the Covid19 pandemic has lead to a marked variation in mortality figures for Quarter 1 in comparison to previous years, particularly in the Adult Business Unit figures.

3.4.4 The Trust is analysing the data provided as part of both the Mortality and Quality Assurance process, and also the Outcomes work stream.   Unfortunately data associated with Covid19 is incomplete and will be error prone due to a delay in appropriate data coding, and a lack of clarity regarding diagnosis and cause of death in many cases. There were initial problems regarding clarity regarding specific codes in use for the city, and being COVID19 positive does not necessarily mean it contributed to a person's death. This is more noticeable in the community that it is for secondary care.

3.4.5 A medical student on elective placement at LCH NHS Trust during Quarter 1 focussed her work on the analysis of Trust Mortality data during Covid19 and whilst the full report has not been received, key findings are highlighted below and the full report will be shared when available.

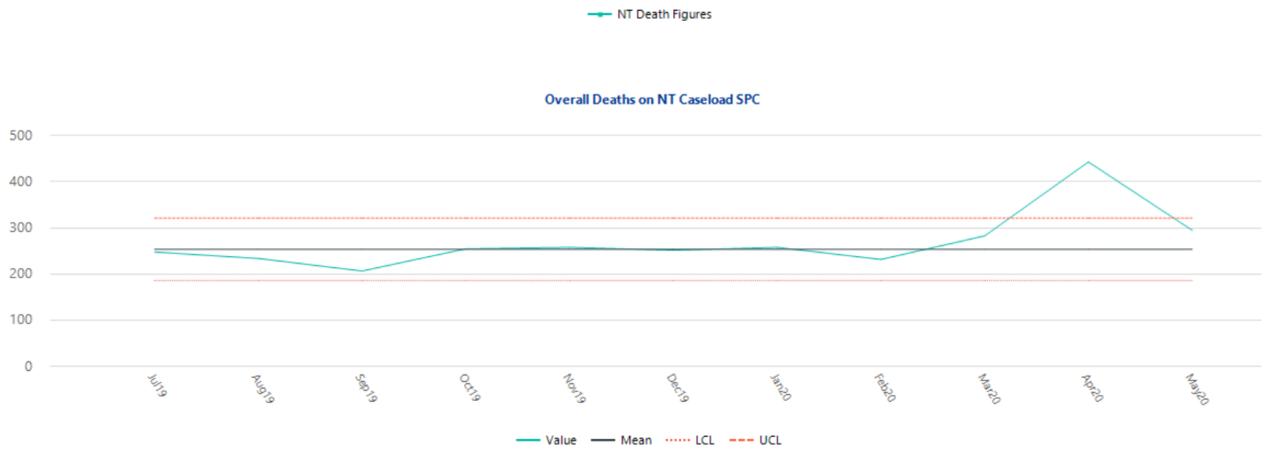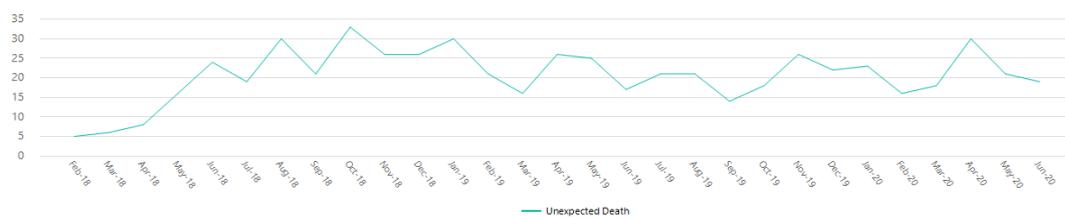**Figure 1 : NT TOTAL DEATHS PER MONTH**

Figure 2 : NT UNEXPECTED DEATHS pm

3.4.6 It is noted that the COVID19 pandemic resulted in a large spike of deaths during April 2020 which exceeded the upper control limit (UCL). During June there were marginally less deaths than average. Unexpected deaths were about the same as average and did not show the same spike.
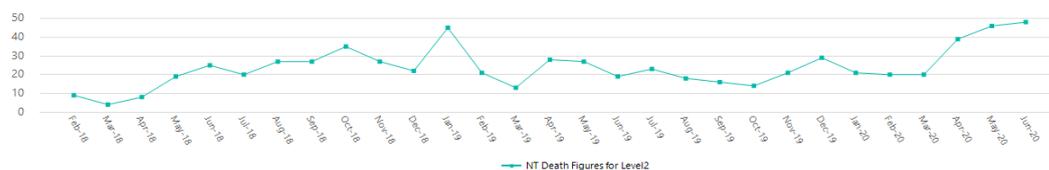

Figure 3 : NT LEVEL 2 REVIEWS

3.4.7 Since March there has been a steady, sustained increase in Level 2 reviews, due to the temporary addition of adding in COVID related deaths to have an automatic Level 2 review.

Total NT Death by AgeGroup

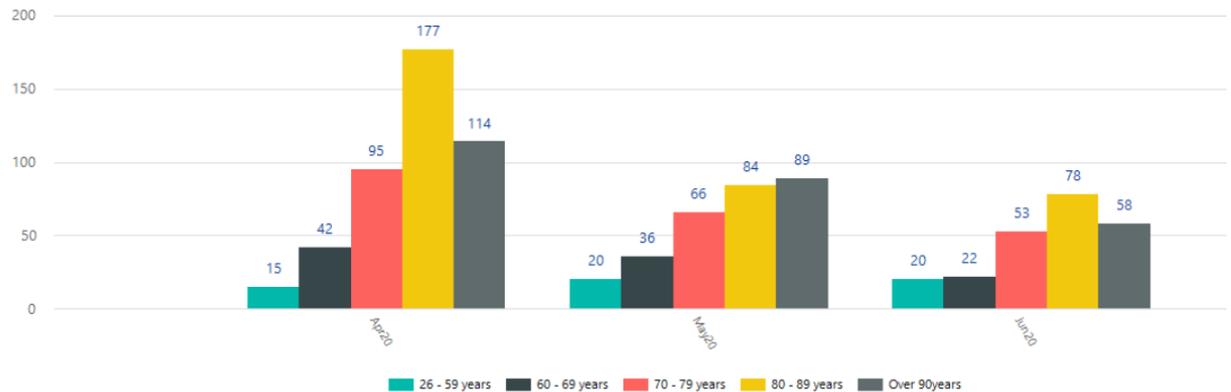| Age Group	Apr20	May20	Jun20
26 - 59 years	15	20	20
60 - 69 years	42	36	22
70 - 79 years	95	66	53
80 - 89 years	177	84	78
Over 90years	114	89	58

Figure 4 NT deaths by age range

3.4.8 The age range data for adult deaths in Quarter 1 show a noticeable rise in the 80-89years peak for April (noted in the April 2020 paper), which has returned to more expected figures for May and June.

3.4.9 The key findings from an early review of the data, assisted by Tega (4th year medical student on elective) were:
- Kippax & Middleton Neighbourhood teams were significantly above their upper control limits (UCL) compared to other areas. Beeston was also just above their UCL. This may be explained by the deprivation indices: Kippax is in the top 10 most deprived wards in Leeds, Middleton is in the top five. Middleton is also in the top 1% of deprived wards nationally.
- Cause of death was difficult to ascertain (27% were unknown), despite manually reviewing SystmOne records. There has identified inconsistencies regarding how primary care enter death certificate data in the record.
- COVID19 accounted for 7% of deaths.
- The most numerous causes of death related to Cancer (36%) & Respiratory (17%)
- There was a peak of 'circulatory deaths' in April reducing in May, which does not appear consistent with a national picture of an increase in "dementia and Altzheimers disease" and "symptoms, signs and ill-defined conditions" during the same time period.

3.4.10 It is to be noted the high demands that were put on the neighbourhood teams (including redeployed staff) during this time, who still provided excellent end of life care despite medicine shortages and the changes in practice enforced by COVID-19.

3.4.11 The increased impact on neighbourhood team staff in caring for this volume of out of hospital deaths during the Covid19 pandemic situation is noted, and the impact not to be underestimated. Appropriate support mechanisms have been identified and put in place within the Adult Business Unit for these staff.

3.4.11 COVID19 has changed some of the procedure around death certification (increased the time frame for when a doctor had last seen the patient from 14 to 28 days) and cremation forms (need for second doctor dropped and no need to view the body). This led to GPs who assist with the rehabilitation beds needing more information in a timely manner so as not to cause a delay for relatives. A review led to appropriate changes in process, including emailing a form containing the information. A further benefit to the system was an agreement that the cause of death on the death certificate would be returned to the Trust to aid our mortality review processes.

3.4.12 The End of Life (EoL) care of COVID-19 patients continues to be challenging due to the difficulty in achieving effective symptom control and the speed of clinical deterioration. During the past four months there has been a great deal of learning, locally and nationally, that has informed and supported more effective EoL symptom management.

3.4.13 Anecdotally there is a reluctance from relatives to have COVID19 on a death certificate, particularly as a contributor factor, which may have compounded the issues with accurate data collection.

3.4.14 The Trust have provided additional contact and support to care homes from Advanced Care Practitioners & Community Matrons during Quarter 1. This has been focussed on optimising care and reducing avoidable deaths, improving the knowledge of COVID EoL symptom control, and working together with Palliative Care, particularly in regards to dosage of anticipatory medications and continuing to build on new evidence from recent research.

3.4.15 **Learning themes and actions taken** are noted:
- Consideration is being made to how best to assist patients & their carers in the final days of life to prevent inappropriate admission. This time can be challenging due to understandable human uncertainty, and those final days can be difficult to judge, particularly if it is preceded by a period of stability.
- Lack of senior clinical oversight in the form of case management – previously identified. A recent reduction in this finding has occurred during May & June, thought to be due to community nurse, Community Matron & Associate Community Matron direct input into end of life care in care homes.
- Appreciation of deterioration in EoL and severely frail patients
- Symptom management, particularly the use of anticipatory medicines, which has been addressed over Quarter 1 with the increased knowledge of medicines management of anticipatory medicines in the care of COVID-19 patients.
- Communication with family & carers, and communication with GP practice teams whilst jointly caring for a person.

3.4.14 Action taken to policy/procedure or protocols
- To embed the revised Deteriorating Patient Guidance and use of NEWS2 across ABU. There is some resistance to roll out in primary care to NEWS2 as it hasn't been validated in this context, but this is backed by NHSE. It would be pragmatic to use it as method as Acute Trusts and national Ambulance Service do use it, and expect the parameters when communicating with them

3.6 **Childrens Business Unit**

Mortality Data

	Totals 2019-21	Total number of mortality reported incidents 2020/21	
Total Reported Children's deaths	YTD	Q1	Total YTD
	24	4	4
Unexpected deaths [SUDIC]	12	2	2
Expected Deaths [CDOP]	12	2	2

3.6.1 There are established robust processes within Children's Services around unexpected deaths via the Sudden Unexpected Death In Childhood (SUDIC) process and Child Death Overview Panel (CDOP).

3.6.2 Children Mortality Group meetings have been arranged bimonthly since late 2019. They link to the Leeds CDOP process and the QAIG. The last meeting was 27th May 2020, and the next one is 29th July, where the two unexpected deaths will be discussed.

3.6.3 Good palliative care during end of life occurred, with bereavement support to the families of the two expected deaths

3.6.4 Key themes in the last quarter were:
- Co-sleeping as a factor in unexpected deaths, and consideration regarding how we can work differently with parents/families, particularly to include fathers
- Importance of supporting staff, even though there are low numbers of childhood deaths.

3.6.5 Learning points and actions
- Since 2008 there have been 50 sudden infant deaths in Leeds, 28 (56%) involved co-sleeping, of which 8 were co-sleeping on sofas. Alcohol on the night of death was a factor in 9 co-sleeping deaths, and drugs or medication on the night of death was a factor in 8 co-sleeping deaths. 30 babies were bottle fed – breastfeeding is known to be a protective factor. Both loose bedding (18) and over-heating (11) continue to be issues.

- It is recognised that safer sleeping messages are promoted consistently through health services during the antenatal and postnatal period to all women in Leeds however, it is not clear that fathers/partners consistently receive the same safe sleeping messages.

- The Safe Sleep Campaign coproduced materials for web based use with Leeds Dads. The campaign started 9 March 2020 for 4 weeks, which included the Coronavirus lockdown. 4690 men did visit the website and viewed materials. The campaign will be run again this year.

- LSCP with LCH Safeguarding Team have produced a video and poster following an unexpected death in 2019/20 'Bath time Duck' (Appendix 1)

- The CDOP recommendation for LCH [PHINS] and Children Centres to explore ways in which advice about neck position in care seats, swing seats and other seating is given to parents, specifically premature and babies under 4 weeks of age has been completed. A poster is now available in all children's centres, on trust and local authority websites and shared with new families (Appendix 2 – Safe Sleep Advice)

- Supporting staff after C&P's deaths has been taken to safeguarding committee

During Quarter 1 details of Child Death review processes have been obtained from Birmingham Community Healthcare Trust, who are recognised for having excellent internal processes in this regard. These have been shared with the Children's Business Unit leadership team and are being reviewed, with a view to the Trust incorporating any learning into our internal processes.

3.7 **Specialist Business Unit**

3.7.1 Mortality Data

	Totals 2019-20	Total number of deaths 2020-21		Total YTD
Total Reported Adult deaths		Q1		
	40	14		14
Unexpected deaths	17	5		5
Expected deaths	21	9		9
Death Managed as SI	0	0		0
Deaths awaiting review	3	5+1LTHT		
Level 1 reviews undertaken	31	7		7
Number where Level 2 review also undertaken	17	5		5
Death with Serious Mental Illness	4	0		0
Death with Learning Disability	1	0		0

Source: Datix®

3.7.2 The Specialist Business Unit mortality review process is aligned with that of the Adult Business Unit, resulting in greater consistency and reduced duplication of deaths reporting. Where both Business Units have been involved with a patient a joint review of the death is undertaken. Mortality Review meetings continue to have been held jointly.

3.7.3 The SBU uses Datix as its primary source and it is noted that the majority of patients are under ABU.

3.7.4 There was one Death in Custody in Q1. Healthcare staff were asked to attend an unresponsive person in a cell. Two issues were raised and have been addressed.

- Staff potentially increased their exposure to Covid19 by conducting resuscitation that exceeded guidance provided regarding resuscitation during Covid-19 due to the risks of aerosol generation. This was discussed in detail and was undertaken

with the best of intentions to provide the most appropriate care they could to maintain patient life.

- Some equipment was difficult to find in the emergency bag as potentially overstocked.

3.7.5 **Learning themes to be noted**
No themes have been noted this quarter.

3.7.6 **Action taken to policy/procedure or protocols**

- A review of emergency bag stocks has been undertaken.
- Appropriate CPR technique to be used in accordance with guidance during Covid-19 has been disseminated to staff

4.0 Impact

4.1 **Resources**

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

4.2.3 The capacity within the Adult Business Unit team conducting the mortality reviews on behalf of the Leeds CCG will need to be carefully monitored to ensure that they can continue to conduct the number of reviews required to a sufficient quality and consistency. This has been highlighted recently when a key senior member was unavailable due to illness, and with the COVID19 pandemic.

5 Next steps

5.1 Ongoing work with the Business Intelligence team to further refine Trust processes to centrally report data, whilst using any focussed manual work to cross check for further assurance.
5.2 Work with our partners in the city, particularly Primary Care Networks and Leeds Teaching Hospitals Trust to establish a more holistic review across organisational boundaries.
5.3 The Mortality & Learning from Deaths Policy has been reviewed and is in the Trust process for ratification
5.4 Further work in the next 3 months will be undertaken to evaluate the data in relation to COVID-19.

6 Recommendations

6.1 The Committee is recommended to:

- Receive the assurance provided regarding the Trust mortality process
- Acknowledge the high demands that were placed on the neighbourhood teams (including redeployed staff) during Quarter 1 who were still able to provide excellent care.

AT BABY'S AND TODDLER'S BATH TIME REMEMBER THE

BATH TIME DUCK
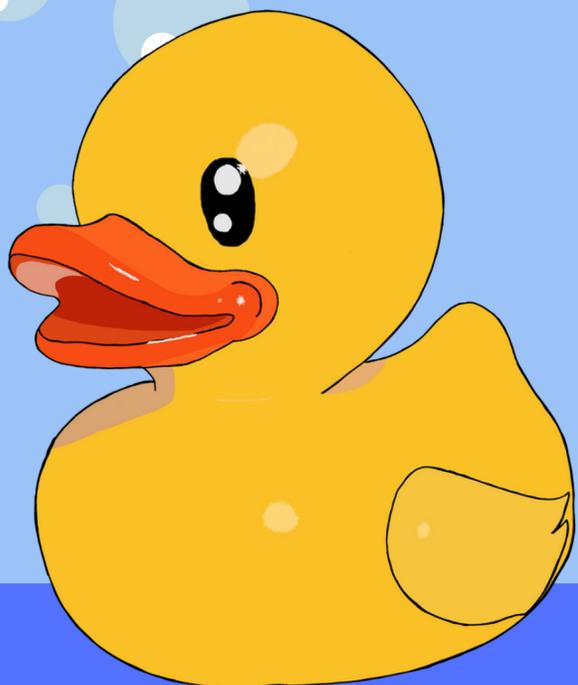
D

DO PLAN AHEAD

Before you start to run the bath and bathing your baby, gather everything you will need to hand. Always use the family bath or a baby bath.

U

USE TOUCH SUPERVISION

Keep a hand on your child at all times and never leave them unattended, or in the care of another child. It's easy to get distracted away by a phone call, doorbell or another child. Leaving your child even for a few moments could be enough time for them to seriously hurt themselves or drown.

C

CHECK THE WATER

Before putting your child in the water make sure to check the temperature and the depth of the water. The water should be warm but not hot. Check it with your elbow and mix the water well using a figure of eight action, so there are no hot areas. The depth should be 5-10 cms for newborn to 6 months of age. For older babies that are sitting up, the water level should be no more than hip-height (when they are in a sitting position).

K

KEEP YOUR CHILD SAFE

Make sure anyone else who bathes your child knows these safety messages too.

For help or further information contact:

Leeds Safeguarding
Children Partnership

WWW.LEEDSSCP.ORG.UK/DUCK

Safe sleep advice

Information for parents

Car seats, play seats, swing seats and other baby seats

- **Never** leave a baby to sleep for long periods in a car seat, play seat, swing seat or other baby seat.

- The safest place for baby to sleep day and night is lying down, back to mattress, feet to bottom of the cot on a firm, flat, breathable mattress.

- On long journeys, the advice from recent research, is to stop regularly to change baby's position (at most every 2 hours and take baby out of car seat). Check baby's back, head and neck position regularly to make sure that they are not slumped forwards.

- Premature babies and babies under 4 weeks should avoid long car journeys of more than 30 minutes.

- Preferably, someone should sit in the back of the car with baby and check baby every 30 minutes. This should be done more regularly for small and premature babies.

- Swing seats, play seats and other baby seats are not designed for sleep - they are for supervised daytime activity.

Key points to remember:

- Do not leave children unsupervised.

- Never leave children in a car seat with unbuckled or partially buckled straps.

- Car seats should never be placed on a soft or unstable surface, a table top or a high surface.

- Infants in bouncers, strollers and swings may be able to manoeuvre into positions that could compromise their airway; straps on devices may not prevent infants getting into hazardous situations.

- Ensure that infants cannot twist their heads into soft bedding or slump forward in a seat; restraints should be used according to manufacturer's instructions.

- Slings when not used as instructed can be hazardous because of their design and the ease with which an infant's airway can be collapsed. If used, a baby's face should be visible and 'kissable' at all times.

- Do not place more than one infant together in a swing meant for one infant.

For further advice and support:

Contact the **0-19 Public Health Integrated Nursing Service**, Single Point of Access on: **0113 843 5683**
www.leedscommunityhealthcare.nhs.uk/0-19team/

f Facebook: **0-19 Public Health Integrated Nursing Service**

You can also look on **www.lullabytrust.org.uk** and

www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/caring-for-your-baby-at-night/

0-19 Public Health Integrated Nursing Service

we are child friendly Leeds

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AGENDA
ITEM
2020-21
(60ai)

Report to: Trust Board

Report title: Quality Committee 22 June 2020: Committee's Chair assurance report

Responsible Director: Chair of Quality Committee
Report author: Assistant Director of Nursing
Previously considered by: Not applicable

Purpose of the report
This paper identifies the key issues for the Board from the Quality Committee Workshop held on 22 June 2020 and indicates the level of assurance based on the evidence received by the Committee where applicable. Given the continued social distancing requirements, this took place via MS Teams.

Action Log Prompt – Unwarranted Variation.
This item planned for March had been omitted as a consequence of Covid-19 changes. There was a brief discussion regarding the intended scope of this work. SMT members will discuss and agree what would be appropriate to bring to a future meeting and what the timescales for this will be.

COVID-19 update incorporating business continuity – reasonable assurance
The Executive Director of Nursing and Allied Health Professionals (AHP) provided an update on the current position. It was noted that the content of the paper had been discussed at Board last week.
Questions were raised by Non-Executive Directors in relation to local antibody positive results from staff testing. It was confirmed that the results were not surprising given the pattern of known Covid-19 cases.
Discussion also took place around the continuing positive relationship with CQC. It was acknowledged that CQC are fully sighted on issues as we become aware of these. The Executive Director of Nursing & AHPs also reported that she is exploring involvement of CQC in relevant LCH meetings to further build this relationship. It was agreed that there was a need to provide more explicit quantitative data regarding Covid-19 impact and workload. There is some data available but because not all referrals are made explicitly for Covid-19 it needs to be noted that this may not be a full data set. This will be provided by the Executive Director of Nursing in the Covid-19 update at the next meeting. The July meeting will also have specific spotlight on evolving rehabilitation needs assessment and requirements.

Safeguarding Strategy – reasonable assurance
The Executive Director of Nursing and AHPs presented the updated strategy for the next 3 years, which covers the whole spectrum of the Safeguarding Team. Feedback from the Committee Chair and two Non-Executive Directors acknowledged the complexity of this work stream and proposed several improvements to the strategy. It was also suggested an interim paper to Board would be beneficial given the expanse and complexity of the strategy. The Committee were happy to proceed with the strategy whilst amendments were being written and then submitted for final approval over the next 2 months.

Little Woodhouse Hall (LWH) – limited assurance
The CAMHS in-patient Consultant, clinical lead and team manager presented the report looking at the increasing trend of self-harm incidents from January 2020 to the present. The contribution of the influx of new admissions at end of January 2020 and therefore young people in crisis, with significant relevant history and the subsequent destabilising of existing dynamics was noted as was the absence of a permanent Psychologist during this timeframe. Also lock down has been implemented during this time which has resulted in ceasing of school work, absence of visitors and ceasing of planned leave. The Committee expressed particular concern about several areas including but not limited to ligature risk. A requirement for more robust assurance including thorough risk reduction strategies was requested. An immediate update is to be provided to July Quality Committee followed by a more detailed update at a future workshop.

Workshop 1: Redeployment success and learning

Presented by the Clinical Leads this paper and presentation shared achievements in the redeployment of staff to support the Covid-19 response. Two members of re-deployed staff provided their account of the process where they were deployed in to a service that met their skill set and work/life balance. Feedback from staff members identified valuable feedback and learning which is being progressed by the Clinical Leads.

Workshop 2: Stopping and reducing services – impact on quality

This was discussed at Board last week and therefore was not discussed in detail today

Workshop 3: Uncertainties and managing the future

The Executive Director of Nursing & AHPs presented this report considering the potential reasons for the current reduction in referrals to CAMHS and LMWS and the consideration and areas of concern as things return to a more normal way of working. Discussions acknowledged the need to plan ahead for the potential surge of referrals and activity in these services as normality resumes, including the inadvertent knock-on effect on other LCH services, for example increased Community CAMHS activity and the potential impact on in-patient CAMHS.

NHS
Leeds Community
Healthcare
NHS Trust

AGENDA
ITEM
2020-21
(60aii)

| Report to: Trust Board 7 August 2020 |
| Report title: Quality Committee 27 July 2020: Committee's Chair assurance report |
| Responsible Director: Chair of Quality Committee
Report author: Assistant Director of Nursing |
| Previously considered by: Not applicable |

Purpose of the report

This paper identifies the key issues for the Board from the Quality Committee Workshop held on 27 July 2020 and indicates the level of assurance based on the evidence received by the Committee where applicable. Given the continued social distancing requirements, this took place via MS Teams.

COVID-19 update – reasonable assurance

The Executive Director of Nursing and Allied Health Professionals (AHP) provided an update on the current stable position. The Integrated Care System (ICS) ethical framework was shared providing the agreed ICS ethical principles to underpin confidence and integrity of all staff. The CQC Emergency Support Framework (ESF) was discussed in relation to how CQC will work with us throughout Covid-19. The positive summary record following an initial support call with Wetherby YOI was praised. A further IPC focussed call is to take place later this week. Expectations of how CQC will work in the future were discussed with a sense that the focus will be at system rather than Trust level. The Chief Executive highlighted the need to undertake regular reviews of the organisational data held by CQC to ensure inaccuracies are addressed in a timely manner.

Re-set and recovery – reasonable assurance

The Executive Director of Operations provided an overview of the paper providing an update on current progress and key re-set and recovery activities prior to consideration at Business Committee and Board. It was reported that all services have commenced their re-start programme and support is being provided at service level. Re-deployed staff members have been returning to substantive services over the past few weeks to support this. Re-setting services at pace whilst ensuring learning from different ways of working during Covid-19 is embedded was highlighted as one of the greatest challenges. Engagement with 800+ staff members has taken place to date to ensure improved ways of working are identified and continued. The Executive Director of Operations also raised concern around the impact of a potential spike in GP referrals as services re-start. This is being raised at Primary Care Gold Command. The Chief Executive also acknowledged that increasing waiting lists in addition to this potential spike as a direct result of the Covid-19 pandemic does mean despite best efforts by all services this will not fully mitigate clinical risk. The Executive Medical Director informed the Committee of a forthcoming meeting with LCH, Primary Care and LTHT to discuss the shared clinical risk across patient pathways. The importance of balancing the re-starting of services and staff wellbeing was also acknowledged.

The Executive Director of Operations requested Quality Committee understand the complexity of the current situation and support conversations outside of LCH as required.

Spotlight: Covid-19 Rehabilitation – substantial assurance

This presentation was delivered by the Assistant Director of Allied Health Professionals and Clinical Lead for Adult Business Unit. Nationally 4 groups of people have been identified as requiring rehabilitation as a result of Covid-19 and the impact this will have on community services was discussed. Whilst age and long terms conditions are outcome related factors, there is no identified disproportionate impact on individual Neighbourhood Teams at present. A comprehensive summary was provided around work stream 1 and 2 and this was well received by committee members.

The Executive Medical Director acknowledged the therapy focus of rehabilitation provided in the presentation and also described the additional non therapy unmet needs to consider within the wider scope of rehabilitation. The Chief Executive raised the need to think creatively, in partnership with our private / third sector colleagues, in order to meet subsequent longer term health needs.

Quality Committee agreed updates around rehabilitation will continue to be delivered to Committee alongside re-set and recovery.

CAMHS: Little Woodhouse Hall incident update – limited assurance
A requirement for more robust assurance including thorough risk reduction strategies was requested from the Committee in June. An updated paper was presented by the Executive Director of Nursing & AHPs. It was acknowledged that the Covid-19 circumstances and the dynamics of the current in-patients had been reflected in a temporary agreement with NHS England to reduce the unit occupancy to 6 young people.

The Committee expressed a need for improved alignment between identified actions and improvements for the young people to provide greater assurance. The Executive Director of Nursing acknowledged additional actions which were not included within the report. This included an imminent unannounced mock CQC inspection with an external Mental Health expert and Non-Executive Director for additional scrutiny. Furthermore, the supporting clinical lead is working with 3 'outstanding' in-patient units to review existing models of care. A further in-depth review is scheduled to return to Quality Committee in October 2020. Committee requested an update at the next meeting in September.

Trust CQC action plan – reasonable assurance
The Executive Director of Nursing & AHPs reported that the majority of the actions are now complete. 1 outstanding action remains regarding the installation of the call alarm system. This was due to Covid-19 restrictions on the presence of visiting engineers and a rescheduled date has been agreed for the first week of August. New CQC guidance in relation to the requirements of a call alarm system in in-patient units is also being considered against the existing plans.

CAMHS transformation plan – limited assurance
The Executive Director of Operations provided an update; acknowledging progress is not as advanced as planned as a result of Covid-19. Whilst some elements are behind trajectory, for example, improvements in response to the staff survey results, service development work has had traction throughout the Covid-19 pandemic. The Committee were pleased to hear of novel approaches to explore waiting list management across the service.

Performance brief & domain reports – reasonable assurance
The paper was presented as read by Committee members by the Executive Director of Nursing & AHPs. The Committee received the paper as reasonable assurance.

Clinical Governance report – reasonable assurance
The paper was presented as read by committee members by the Executive Director of Nursing & AHPs. Feedback provided by a Non-Executive Director regarding the format of the clinical lead reports to provide clear escalation and congruence with known risks was noted. An increased trend of incidence within the Podiatry service was reported and being worked through for further updates at the next Committee.

Neighbourhood Teams triangulation report – reasonable assurance
The Quarter 4 paper was presented as read by committee members by the Executive Director of Nursing & AHPs, acknowledging this had already been presented to Business Committee. The Committee acknowledged the time lag and received the paper as reasonable assurance.

Quality Account
The paper was presented as read by committee members by the Executive Director of Nursing & AHPs. It was noted this would normally have been published in June 2020, however due to Covid-19 this had been deferred nationally. Committee were asked to provide comments by email by the close of play on the 31st August prior to the final Quality Account returning to Committee in October ahead of publication in December 2020.

Mortality report, Quarter 1 – reasonable assurance
The paper was presented as read by committee members by the Executive Medical Director. The report was well received by Committee and was acknowledged to reflect the impact of recent months on

community services. A conversation took place in relation to the analysis of BAME groups and people with Learning Disabilities which were noted to be challenging due to coding on patient records and developments are being discussed with partner organisations.

Safeguarding Strategy – reasonable assurance
This returning strategy was presented by the Executive Director of Nursing and AHPs. The Committee agreed to the amendments made and accepted the Strategy ahead of its presentation to Board

Patient Group Directions – reasonable assurance
The paper was presented by the Executive Medical Director and Committee ratified the presented PGDs.

Clinical audit (retrospective review) – reasonable assurance
This paper was presented by the Executive Director of Nursing & AHPs providing the clinical audit position from last financial year. A discussion took place in relation to the pleasing position of staff numbers trained and future plans for continuing training. Feedback from QAIG also reflected the inclusion of how clinical audit is improving care and outcomes for patients.

Risk Register – reasonable assurance
This report was presented by the Head of Corporate Governance. This acknowledged the new risk of Seacroft Neighbourhood Team (NT) and the additional control measure not yet reflected in the report in relation to actions followed the latest presentation to SMT. A date has also been established for a Quality Walk to Seacroft NT in August 2020. A Non-Executive Director raised the question of how CAMHS is reflected on the risk register. It was agreed this would be reviewed to ensure CAMHS risks are appropriately reflected.

Medical Directors report – reasonable assurance
The paper was presented by the Executive Medical Director and to reflect the four national requirements of the report ahead of its submission to Board

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Report to: Trust Board (to circulate by email and receive at 7 August Board in public)	
Report title: Business Committee 24 June 2020: Committee Chair's assurance report	
Responsible Director: Chair of Business Committee **Report author:** Chair of Business Committee	
Previously considered by: Not applicable	

Purpose of the report
This paper identifies the key issues for the Board from the Business Committee held on 24 June 2020.

Reset and Recovery Programme
The Executive Director of Operations outlined the governance arrangements for the programme, which includes a focus on decisions being made at a local level and a problem solving group for matters requiring escalation. Programme resource was being established, including a clinical lead to be appointed to senior leadership. In response to a question the Committee was advised that the Digital Strategy Implementation Group was linked into the programme. The Board Development Workshop on 3 July 2020 will be provided with more details of the programme.

E Rostering
The Committee was advised that whilst the original plan had been put on hold during the pandemic in line with national directives, significant progress had been made; the system is being used to hold and provide daily capacity data to the Trust, and with many services using the system to do so. The Committee agreed that good progress was being made and invited the Project Lead to attend the meeting in September 2020 for a fuller discussion on the revised timescales and to outline the benefits delivered so far, through the project.

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

CAMHS The Committee was advised that the Tier 4 project now had a dedicated HR adviser and that a new clinical leader had been appointed to provide clinical leadership to the New Care Models Project. On both projects the partnership working with LYPFT was going very well. Main recruitment for the new unit would commence in the new year to maximise the potential for applications from newly qualified staff.

Microsoft Office 365
The Committee was provided with a business case which recommends the Trust joins the centrally negotiated contract to use Microsoft "Office 365" across the whole estate to replace Microsoft Office 2010 which ceases to be supported from the 13th October 2020. The Committee was keen to learn about the benefits, which included improved cyber-security and means of collaborating on shared documents. The Committee was advised that neighbouring NHS Trusts had signed up to the deal and that it was also available for GP practices, but not available to social care. The Committee recognised that in order to get the best out of the new software, there would have to be a change to the way that people worked, and a change project would support this. The Committee approved the business case.

Mobile Device Management (MDM)
The Executive Director of Finance and Resources presented a report that gave an insight into the types of control, the benefits and the progress made in the implementation of the Mobile Device Management (MDM) system, which has been provided by the mobile phone supplier (O2) to support the deployment of new smartphones. The Committee questioned whether this resolved the issues identified in the Internal Audit on Speech and Language Service mobile devices and was advised that different solutions had

been implemented to satisfy the recommendations of the audit.

Finance
The Executive Director of Finance and Resources summarised the current financial situation: under the interim financial regime for 2020/21 the Trust can assume that its actual I&E surplus or deficit will be adjusted back to balance for the first four months. At the end of May the Trust's actual I&E position is a £100k surplus so a reduction in income of £100k should be actioned in July. This position includes £369k of additional expenditure in respect of Covid-19. Compared to the financial plan approved by the Board for "business as usual" under the pre-Covid-19 financial regime there is £200k underspending when £400k of May's additional Covid-19 costs are excluded. The £400k of additional expenditure in respect of Covid-19 in May includes £300k in extra staff payments for overtime, enhanced hours and additional hours and £70k of non-pay.

There was no forecast outturn included in the report as the NHS financial regime from August onwards is currently under review. The Trust has supplied a forecast to the end of July to NHS England/Improvement. The Committee appreciated that there was work going on for year ahead but felt that only limited assurance had been provided about the Trust's financial outturn.

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

Risk Register

The Committee was advised that one new risk has been added to the register. This is Risk 1004 which is a risk to LCH fulfilling its contract with NHSE due to its subcontractor offering a reduced CAMHS service. This is currently assessed as a high risk (score 12).

Report to: 7 August 2020 Trust Board	
Report title: Business Committee 29 July 2020: Committee Chair's assurance report	
Responsible Director: Chair of Business Committee **Report author:** Chair of Business Committee	
Previously considered by: Not applicable	

Purpose of the report
This paper identifies the key issues for the Board from the Business Committee held on 29 July 2020.

Third Sector Strategy
The Committee reviewed the draft Third Sector Strategy and agreed to recommend to the Board that this is approved at the Board meeting.

Infection Prevention and Control Team business case
The Committee reviewed the business case for increasing capacity within the Infection Prevention and Control Team and agreed to recommend to the Board that this is approved at the Board meeting.

Leeds Virtual Ward (frailty)
The Committee was provided with an update on the Leeds Virtual Ward, including progress with the mobilisation plan. The multi-agency virtual ward provides coordinated rapid care to people (70 years and above) in their usual place of residence who become suddenly unwell and would normally be admitted to hospital (or can be supported with an earlier discharge from hospital) and are living with moderate or severe frailty. Performance to date included 126 referrals, with 84 being admitted to the virtual ward. The most common reasons for referral were falls, confusion, chest infections and UTIs. The Committee was advised that 325 bed days had been saved *(calculated as number of nights between referrals and discharge for those patients admitted to the virtual ward).*

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

Digital Strategy update
The Committee was advised that the outline plan and timescales which were part of the Digital Strategy had been affected by the Trust's response to the COVID Pandemic and the urgent need to deliver a set of digital tools which enabled clinicians to provide consultations remotely and to help staff work flexibly, which in most cases has meant working from home or away from the corporate network. With the "Reset and Recovery" work gaining momentum, the Digital Strategy Implementation Group was devoting time to consider how digital projects needed to be reprioritised in order to support the new ways of working which would be necessary in the light of the effects of COVID. This would have the effect of accelerating some pieces of work whilst delaying or superseding others. The Committee recognised that valuable work was being done at sufficient pace to support the organisation to respond to the COVID pandemic, even though this was not in the priority order outlined in the original strategy.

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

Workforce update
The Committee received the workforce report – Looking After Our Staff, which was also being presented at Board. The Committee was pleased to note that risk assessments for vulnerable and at risk staff, including Black, Asian and Minority Ethnic (BAME) staff groups were being completed at pace, and was assured that along with the assessments, supportive conversations were taking place between managers and affected staff to ensure that the right mitigation was in place. The number of risk assessments

reported as completed for BAME staff exceeds 100% for the current known denominator (336) at LCH. One reason for this could be that BAME colleagues who have not previously declared their BAME status to the organisation formally, have now taken part in the risk assessment process. The Workforce Directorate is working through the reported figures and will seek to ensure that organisational records can be updated where necessary, in order that these truly reflect the composition of the LCH workforce.

Assurance level							
Substantial		Reasonable	X	Limited		No	

Reset and recovery
The Committee was provided with an update on the Reset and Recovery Programme including the high level timeline for the programme. The Committee recognised the importance of not simply restarting services, but to also learn and transform services. Key activities have included agreeing the programme strategy, setting up the project team, undertaking 'getting ready' activities with services and undertaking staff and patient/ public engagement to help shape service reset project plans. Over 800 staff had been engaged with so far. Services now had a more accurate picture of their waiting lists and could begin to prioritise their patients by risk status.

Assurance level							
Substantial		Reasonable	X	Limited		No	

Procurement
The Committee received the Procurement Strategy annual report, which gave an oversight of the Trust's procurement activity and performance during 2019/20. The Committee recognised that the Trust was not a large procurer, noting that PPE was procured nationally. The Procurement Manager had played a lead role in the PPE project throughout the height of the pandemic and the project team was now considering how best to transition the project into business as usual. Progress is also expected on developing the procurement function for the Trust in the second half of the year.

CAMHS update
The Committee received a verbal update on progress with the new CAMHS unit; the building works are on plan, the service transition project has suffered some capacity delays during the last three months but now has the capacity planned.. The Committee discussed the wider CAMHS New Care Models pilot and was advised that inpatient units currently had high levels of admissions. More information about the risk to capacity would be brought to the September Committee meeting when it was anticipated a business case for the planned transition to a Provider Collaborative would be on the agenda

Performance Brief
The Committee reviewed the Performance Brief and discussed the retention rate for band 5 nurses and band 3 admin staff, which indicated an increased number of staff leaving. The Committee explored the reasons for this and learned that an action plan had been developed to remedy this situation.

The Committee considered the Finance section of the Performance Brief and the implications for contracts where services had been paused or reduced due to Covid Discussions with various commissioners were ongoing. The Committee was advised that up until the end of August 2020, and in all likelihood September 2020, all reasonable costs related to COVID spend would be reimbursed and the Trust's actual financial position topped up (or down) to break-even. A new financial regime for the second part of the year had not yet been published.

Health and Safety Executive (HSE) action plan
The Committee reviewed the revised timescales for the action plan, and the rationale behind any amendments to target dates and agreed that these were reasonable.

Assurance level							
Substantial		Reasonable	X	Limited		No	

Report to: Trust Board: 7 August 2020	
Report title: Charitable Funds Committee 26 June 2020: Committee's Chair assurance report	
Responsible director: Chair of Charitable Funds Committee **Report author:** Executive Director of Nursing and Allied Health professionals	
Previously considered by: Not applicable	

Purpose of the report

This paper identifies the key issues for the Board from the Charitable Funds Committee held on 26 June 2020 and indicates the level of assurance based on the evidence received by the Committee where applicable.

Charitable development updates

There has been no further contact from Leeds Cares since the last meeting and it was agreed that due to recent developments and internal work this was currently on hold. It would be reviewed for a final time at the meeting in September with a view that this is not an option that would be pursued further.

The Executive Director of Nursing and AHP's updated the group on recent work to continue to develop the Charity work internally within LCH. The Patient Engagement and Experience Team had now taken over the lead for this work and were working with staff, the public and wider stakeholders to look at options for ongoing fund raising etc.

It was agreed that the next steps would be establishing an operational group to take this work forwards and to look at ideas for spending the current charitable funds as the Committee felt it was important to ensure this money didn't just sit in the fund but was used for what it was intended.

Finance Report

The Deputy Director of Finance explained that the Trust had now become a member of NHS Charities Together and had received substantial amount of money. As a result of this the fund had now been split into 4 streams to represent how specific donations were intended to be spent; General Fund, Hannah House, Staff Wellbeing and Staff, Patients and Volunteers.

This was accepted by the committee.

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

Draft LCH Charitable Funds and Related Charities Annual Report & Accounts 2019/20

This was accepted by the committee.

Terms of Reference

These were agreed by the Committee.

Bid for Charitable Funds for Psychological Support for Staff impacted by Covid-19.

The Committee considered a bid for charitable funds to support work with staff and teams affected by Covid-19 and needing psychological support. The Committee was clear that this work was needed and it was necessary at an early stage. However, there was a clear view that it was the Trust's responsibility to provide such staff support costs and where possible the funding should come from Trust revenue. The Deputy Director of Finance explained that at the moment there was

no information about the financial regime post July and didn't know if further Covid-19 specific funding would be available. The Committee agreed this should not delay the psychological support from continuing. The Committee asked that the funding should be considered from Trust revenue and bid from National Covid funding. Payment from charitable funds should be a last resort.
The committee asked to be kept updated on this matter.

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Report to: Trust Board 7 August 2020

Report title:
Nominations and Remuneration Committee - Committee Chair's Assurance Report

Responsible director:
Chair of Nominations and Remuneration Committee

Report author:
Director of Workforce

Previously considered by: Not applicable

Purpose of the report
This paper outlines the key issues for the Board arising from the Nominations and Remuneration Committee held on the 26 June 2020 set out as below.

- The Committee received an update on national guidance relating to use of the funding associated with Consultant CEA awards for the 20/21 financial year and in light of the COVID pandemic.

- The Committee discussed assurance relating to Directors' and the CEO's appraisal, all of which have recently been carried out as well as considering any suitable bonus payments as might be payable.

- Finally the Committee formally approved temporary changes to policies agreed with Trade Union representatives to assist the organisation in managing through the COVID pandemic.

Assurance level

Substantial		Reasonable	X	Limited		No	

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Report to: Trust Board 7 August 2020

Report title: Audit Committee 17 July 2020: Committee's Chair assurance report

Responsible Director: Chair of Audit Committee
Report author: Company Secretary

Previously considered by: Not applicable

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

New External Auditors (Mazars)
The newly appointed external auditor, Mazars, was represented at the Audit Committee meeting by their Director for the Public Sector.

Internal audit
The Committee reviewed a proposed prioritisation of the 2020/21 internal audit programme which identified the audits that could potentially be deferred in the event that Covid-related workload pressures resulted in a lack of management capacity to work with the auditors or that a delay in audits resulted in a lack of auditor capacity. The Committee concluded that, based on current knowledge it should be possible to complete the full year's programme. The auditors aim to give management improved notice of audit meetings and the Committee expects management to work with the auditors to complete this important element of the Trust's control framework.

Counter Fraud
The Committee received the Counter Fraud annual report 2019/20. The report concluded that no potential frauds were subject to investigation that met the materiality threshold for referral to the Trust's external auditors. It was also confirmed by the Counter Fraud Specialist that the Trust was not an outlier, when compared to other Trusts in terms of the number of potential frauds reported. There had been two fraud referrals during 2019/20, both for suspected false invoices neither of which had been paid. The Trust had completed its self-review tool and had assessed itself with an overall rating of Green for 2019/20. No significant system failings on control weaknesses were identified that impact on the Trust's Annual Governance Statement.

The Committee requested that the Counter Fraud, Internal Audit and the Executive Director of Finance and Resources should jointly consider fraud risks in relation to the Trust's COVID-19 response plans and actions and bring a report back to the October Committee meeting summarising potential impacts of COVID response plans on the internal controls environment and mitigations.

Security annual report
The Committee received the annual report on the Trust's security management arrangements. This was presented by the Local Security Management Specialist (LSMS) and detailed the types and management of security related incidents. The Committee queried why incident numbers were lower than in previous years but it was reported that home visits by the LSMS had increased during the period and the Committee was advised that some incident data cleansing had taken place as non-security related incidents had previously been captured incorrectly. The LSMS also

explained that he had been taking a pro-active approach to try to 'nip things in the bud' before issues escalated. The Committee recognised the valuable support that he provided to staff regarding risks and incidents and the proactive work he carried out.

Risk management activities report
The Committee received a 6-monthly report on risk management activity. The Committee discussed how COVID-19 related risks could be proactively identified and asked to review the draft COVID assurance framework at its next meeting.

Annual Audit Letter (External audit – KPMG)
KPMG provided an unqualified opinion on the financial statements and use of resources (VFM). There were no high risk recommendations arising from their 2019/20 audit work. There were no audit differences reported and the auditors made no recommendations in respect of management action.

Quality Committee Meeting
Monday 18 May 2020
Microsoft Teams
09:00 – 10:00

Present	Professor Ian Lewis	Committee Chair
	Brodie Clark	Interim Trust Chair
	Helen Thomson	Non-Executive Director
	Steph Lawrence	Executive Director of Nursing and Allied Health Professionals (AHPs)
In Attendance	Thea Stein	Chief Executive
	Diane Allison	Company Secretary
	Dr Stuart Murdoch	Deputy Medical Director
	Sheila Sorby	Assistant Director of Nursing and Clinical Governance
Minutes	Lisa Rollitt	PA to Executive Medical Director
Apologies	Sam Prince	Executive Director of Operations
	Dr Ruth Burnett	Executive Medical Director (Stuart Murdoch to deputise)

Item no	Discussion item	Actions
Welcome and introductions		
2020-21 (9a)	**Welcome and Apologies** The Committee Chair opened the meeting and welcomed attendees. The group introduced themselves. Apologies were received from the Executive Director of Operations and the Executive Medical Director.	
2020-21 (9b)	**Declarations of Interest** Prior to the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Committee members. The Chair asked if there were any additional interests. There were no additional declarations of interest received.	
2020-21 (9c)	**Minutes of meeting held on 27 April 2020** The minutes were reviewed for accuracy and agreed as a true record of the meeting.	
2020-21 (9d)	**Matters arising and review of action log** 2019-20 (62d) Action from outcome measures It was noted that the item was on the agenda and agreed that the action was completed. 2019-20 (83i) Children's Community Nursing Quality Improvement project The Executive Director of Nursing and AHPs updated the Quality Committee, stating that there were now key workers in place in all Integrated Children with Additional Needs (ICAN) services, in the Community Children's Nursing Team including Hannah House and across the inclusion schools. It was noted that	

	the Children's Business Unit was also working to ensure that every child in the Trust's care has a named key worker and were engaging with children and young people's families to ascertain what they expect from a key worker. A further update will be presented to the Quality Committee later in the year. It was agreed that the action was completed. 2019-20 (84) Rescheduled/Cancelled visits in NTs It was noted that an update was included in the Clinical Governance report (Item 11b). The Executive Director of Nursing and AHPs stated that it was important that the issue continued to be monitored and suggested that the discussion should be brought back to the Quality Committee at a date to be agreed. **Action: Committee to agree date to revisit the progress on rescheduled/cancelled visits in NTs**	**Executive Director of Nursing and AHPs**
2020-21 (10)	**Key issues** **a) Covid-19 update incorporating business continuity** The Executive Director of Nursing and AHPs provided an update on the current position, highlighting that the biggest challenge for neighbourhood teams at the moment was support to Care Homes which would continue beyond Covid-19 as this work is in line with Enhanced Care in Care Homes within the Ageing Well programme. A discussion took place around the future workforce requirement to ensure the work could be sustained, and an understanding and progression of the requirements was provided by the Executive Director of Nursing and AHPs. In response to a query from a Non-Executive Director (HT), a verbal update was provided on the position within the Wetherby Young Offenders Institute (WYOI). It was noted that a joint Care Quality Commission (CQC) and Her Majesty's Prison Inspectorate (HMPI) had been deferred from March 2020 due to Covid-19. A 'light touch' inspection day had taken place, from which there were no issues raised. It was also noted that previous challenges with regard to Personal Protective Equipment (PPE) were improving. The Interim Trust Chair asked about testing of both staff and patients in care homes. The Executive Director of Nursing and AHPs confirmed that Care Home staff and resident testing was now being led by Public Health England (PHE) with minimal support required from the LCH Infection Prevention Control (IPC) team. Staff testing continues with a communication received that testing of staff that are asymptomatic could begin shortly. The Committee Chair asked about the acuity of work during the Covid-19 pandemic. The Executive Director of Nursing and AHPs stated that the number of referrals were recorded on a daily and weekly basis. Currently the figures were slightly lower than normally expected and it was reported there were no issues reported specifically for Diabetic patients following a direct query about this group of patients from the Committee Chair. It was noted that there was an increase in the numbers of patients at end of life, in both their own homes and care homes, and whilst referrals were reduced, workload for the Neighbourhood Teams (NT) specifically remained at a consistent level as a result of providing the increased complex end of life care. The Committee	

heard that measurement and monitoring of patient acuity had commenced in a pilot phase across two NTs prior to Covid-19 and this was continuing. The roll-out of the piloted tool was expected to take place following the Covid-19 recovery.

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

In response to a query from the Interim Trust Chair regarding patient feedback around the quality of the services being delivered within the Covid-19 pandemic, it was acknowledged that the work of the clinical outcomes team, and the subsequent paper reflecting this, were fundamental in measuring and reviewing the quality of care delivered in new ways of working related to Covid-19 changes.

The Executive Director of Nursing and AHPs also provided a verbal update on discussions with Healthwatch to gather greater insight of patient perspective on the step down of services and new ways of working. It was agreed that discharges in to community NTs and Covid-19 related incident data would be included within future update reports. It was also agreed that the staff voice would be brought to future Quality Committees in addition to Board.

FOR DISCUSSION		
Quality governance and safety		
2020-21 (11a)	**Performance brief and domain reports** The Executive Director of Nursing and AHPs provided verbal feedback on the Pressure Ulcer Prevention summit that took place in the previous week. It was noted that a clear action plan was in place to address the areas for improvement identified as: serious incident training; pressure ulcer prevention training and review of the clinical framework for pressure ulcer prevention. Immediate actions had been put in place in relation to enhancing pressure prevention training with the Wound Prevention and Management Team members, aligned and working within NTs. The Committee heard that progress against all areas would be reviewed in two weeks' time, considering measurements of success. A Non-Executive Director (HT) expressed concern around building the assurance for the action plans. The Executive Director of Nursing and AHPs provided information on the work that was being undertaken in two neighbourhood teams, noting that the Assistant Director of Nursing and Clinical Governance was undertaking a review of serious incidents (SI's) relating to pressure ulcers in the last six months, looking at themes and any specific issues around particular clinical staff in the teams. In addition the work is being linked with the Quality Improvement (QI) Team to ensure this becomes a continuous quality improvement process. It was agreed	

	that further detailed feedback would be provided to the July 2020 Quality Committee.	
	Action: Executive Director of Nursing and AHPs to provide detailed feedback on the work to address areas for improvement in relation to Pressure Ulcer prevention	**Executive Director of Nursing and AHPs**
	The Committee Chair asked about benchmarking of the Trust's pressure ulcer data and it was noted that whilst trends do seem to anecdotally reflect other organisations it was a challenge to measure like for like data across organisations due to reporting differences. It was agreed that the Executive Director of Nursing and AHP's would discuss the use of statistical process control (SPC) charts in future reports with the Business Intelligence (BI) Team.	
	Action: Executive Director of Nursing and AHPs to feedback on discussions regarding the use of SPC charts in the Performance brief reports at the next meeting.	**Executive Director of Nursing and AHPs**
	The volume of no/low harm incidents in Little Woodhouse Hall were raised by the Interim Trust Chair, and assurance was provided that this reflected a positive, transparent reporting culture. However, the Executive Director of Nursing and AHP's acknowledged and agreed that it was important to consider these incidents more closely to ensure learning to prevent a more serious incident and a review of these was being undertaken in the service. It was noted that all incidents were viewed by the Executive Director of Nursing and AHPs. It was agreed that further exploration and relevance of this would be provided at the June 2020 Quality Committee workshop.	
	Action: Executive Director of Nursing and AHPs to provide a focussed review of low and no harm self-harm incidents at Little Woodhouse Hall	**Executive Director of Nursing and AHPs**
	The Interim Trust Chair asked about the reported safe staffing fill rates for inpatients. The Executive Director of Nursing and AHPs confirmed that the figures reported were for April 2019 and would chase up and report the figures for April 2020 and ensure these were reported in the next performance brief.	
	Action: Executive Director of Nursing and AHPs to ensure safe staffing fill rate for inpatients figures for April 2020 are included in the next performance brief.	**Executive Director of Nursing and AHPs**
2020-21 (11b)	**Clinical Governance Report inclusive of SI / PU update & clinical leads' reports** The Committee acknowledged the earlier detailed discussion in relation to Pressure Ulcers. The Executive Director of Nursing and AHPs described the imminent re-establishment of a Quality Challenge+ process to ensure as a minimum, preparatory intelligence of services could inform where walks need to take place. This would be discussed further at the next Clinical Leads meeting. A Non-Executive Director (HT) asked about the current low referral rates to CAMHS in relation to what this means for recovery. The Executive Director of Nursing and AHPs confirmed that she had spoken with the Clinical Lead for CAMHS regarding the referral rates. It was acknowledged that this was a national issue and the concern was being addressed within the re-set and recovery work. It was agreed that an interim report of the pro-active work and	

	engagement would be provided at the next Quality Committee, followed by greater detail in July 2020. **Action: Executive Director of Nursing and AHPs to provide information on the low referral rates and the concerns to be addressed within the reset and recovery work at the June workshop.**	**Executive Director of Nursing and AHPs**
2020-21 (11c)	**Mortality report (Annual, Q4 & emerging themes)** The Deputy Medical Director provided an overview of the report, summarising the robust review processes for deaths and benefit of SPC mortality trends. Improvements were noted in relation to the Children's Business Unit (CBU) engagement around mortality processes within Quarter 4 and an ongoing review of the process was anticipated to support further improvements. It was noted that the mortality review assurance was moving in to the newly formed Quality Assurance and Improvement Group (QAIG). Positive feedback from Committee members was received around the mortality breakdown by NT and the timely review of April mortality data was felt to be helpful. The Committee Chair asked about the number of deaths reported in Q1 of the previous year that were awaiting review. The Deputy Medical Director stated that he would confirm whether these had been completed. **Action: Deputy Medical Director to confirm whether the outstanding mortality reviews from Q1 of 2019/20 have been completed.** In response to a query from the Interim Trust Chair, the Deputy Medical Director confirmed that the actions from the learning themes within the Adult Business Unit report had been completed. The Interim Trust Chair commented on the significant increase in mortality across all NT's within the April 2020 report and it was acknowledged that these appeared to be directly attributable to Covid-19. It was noted that the mortality review processes could identify other themes, therefore, it was requested that the data and any emerging themes continued to be reported to Quality Committee.	**Deputy Medical Director**
Clinical effectiveness		
2020-21 (12)	**Outcome measures approach** The Deputy Medical Director provided a brief overview of the report and the re-prioritisation of the team in reviewing outcomes associated with Covid-19 new ways of working and highlighted the current areas of focus as: • Health inequalities • Video consultations • Mortality surveillance • Legs and wound care The Committee members found the update helpful and agreed that it provided evidence of positive progression. The Committee Chair stated that it was important to ensure that the team did not to lose track of the outcomes of patients elsewhere and suggested that there should be a more general monitoring of outcomes, with a clear suite of outcome measures. The Chief Executive stated that a stream of work to pick	

	up on the impact of interrupted care on chronic conditions was very important.	
FOR APPROVAL		
Clinical effectiveness		
2020-21 (13)	**Patient Group Directions (PGD)** One PGD was submitted to the Committee. Committee members had no required amendments and ratified the PGD.	
FOR NOTING & ANY QUESTIONS		
Quality governance and safety		
2020-21 (14a)	**Risk register** The Committee received and noted the report. It was agreed that any queries should be directed to the Company Secretary outside of the meeting.	
2020-21 (14b)	**Mortality report (Annual)** Please refer to item (11c).	
Sub group minutes for noting		
2020-21 (15)	**Quality Assurance and Improvement Group: minutes 23/04/2020** The Committee received and noted the minutes.	
Quality Committee work plan		
2020-21 (16a)	**Work plan** A discussion took place regarding the future of Committee meetings in order to include workshop discussions. It was agreed that the Executive Director of Nursing and AHPs would draft an agenda for the workshop to be held at the June Committee and share virtually for agreement. It was agreed 2 hours would be needed for the meeting in June 2020. **Action: Executive Director of Nursing and AHPs to draft a workshop agenda for agreement for the June 2020 Quality Committee agenda**	
2020-21 (16b)	**Items from the work plan not on agenda** The Committee noted the items from the work plan that were not on the agenda: • Performance brief: annual report - The report would be presented to the Trust Board in June 2020 only • Risk register – no new Covid-19 related high risks • Board assurance framework - deferred to July 2020 • Quality Priorities quarterly position - streamlined year-end report to go to June Board meeting • Quality Improvement Plan (CQC) – to be presented at the June 2020 meeting • Internal audits – no reports available • Patient experience and engagement: incidents, complaints, concerns and feedback - to be presented at the June 2020 meeting • Safeguarding Children's and Adult's Group: minutes 16/04/2020 – meeting cancelled • Board members' service visits – no service visits completed due to Covid-19 • NICE guidance – formally paused with COVID-19 & flash report shared following QAIG	

2020-21 (17)	**Matters for the Board and other committees including assurance levels** It was agreed that the Committee Chair would provide an update to the Board at the next meeting on the following: • COVID-19 update incorporating business continuity – reasonable assurance • Performance Brief – reasonable assurance, with limited assurance specifically related to Pressure Ulcers • Clinical Governance report – reasonable assurance • Mortality report – reasonable assurance • Clinical Outcome Measures Programme update - Reasonable assurance	
2020-21 (18)	**Reflections on Committee meeting** The Committee Chair asked for any feedback on the meeting to be directed to him outside of the meeting.	
2020-21 (19)	**Any other business** There was no further business.	
	Dates and times of future meetings 22 June 2020 27 July 2020 21 September 2020 26 October 2020 23 November 2020	

Quality Committee Meeting
Monday 22 June 2020
Microsoft Teams
09:30 – 11:30

Present	Professor Ian Lewis	Committee Chair
	Brodie Clark	Interim Trust Chair
	Helen Thomson	Non-Executive Director
	Steph Lawrence	Executive Director of Nursing and Allied Health Professionals (AHPs)
	Sam Prince	Executive Director of Operations
	Dr Ruth Burnett	Executive Medical Director
In Attendance	Diane Allison	Company Secretary
	Dr Stuart Murdoch	Deputy Medical Director
	Sheila Sorby	Assistant Director of Nursing and Clinical Governance
	Caroline McNamara	Clinical Lead, Adult Business Unit (ABU)
	Helen Rowland	Clinical Lead, Children's Business Unit (CBU)
	Elaine Goodwin	Clinical Lead, Specialist Business Unit (SBU)
	Turlough Mills	Consultant Psychiatrist, Little Woodhouse Hall (Item 22)
	Emma Sutcliffe	Team Manager, Little Woodhouse Hall (Item 22)
	Toni Littlewood	Service Manager, Little Woodhouse Hall (Item 22)
	Hannah Beal	CAMHS Clinical Lead (Item 22)
	Gemma Brooksbank	Lead Clinician, Community Cancer Service (Item 23a)
	Julie Ryder	Health Care Trainer, Leeds Community Pain Service (Item 23a)
Minutes	Lisa Rollitt	PA to Executive Medical Director
Apologies	Thea Stein	Chief Executive

Item no	Discussion item	Actions
Welcome and introductions		
2020-21 (20a)	**Welcome and Apologies** The Committee Chair opened the meeting and welcomed attendees. The group introduced themselves. Apologies were received from the Chief Executive.	
2020-21 (20b)	**Declarations of Interest** Prior to the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Committee members. The Chair asked if there were any additional interests. There were no additional declarations of interest received.	
2020-21 (20c)	**Minutes of meeting held on 18 May 2020** The minutes were reviewed for accuracy and agreed as a true record of the meeting.	
2020-21 (20d)	**Matters arising and review of action log** 2019-20 (84) Rescheduled/Cancelled visits in NTs It was agreed that the Quality Committee meeting in September 2020 would	

include an update on progress on rescheduled/cancelled visits in NTs.

The action was closed.

2020-21 (11a) (ii) Performance brief and domain reports
The Executive Director of Nursing and AHPs confirmed that SPC charts would be included in future Performance Brief reports where possible and this would be reviewed at the meeting in July 2020.

The timescale was amended to July 2020.

2020-21 (11a) (iii) Performance brief and domain reports
The action was agreed as completed.

2020-21 (11b) Clinical governance report inclusive of SI / PU update and clinical leads' reports
The action was agreed as completed.

2020-21 (11c) Mortality report (Annual, Q4 and emerging themes)
It was confirmed that the outstanding mortality reviews from Q1 of 2019/20 had been completed. The action was agreed as closed.

2020-21 (16a) Workplan
The action was agreed as completed.

The Committee Chair referred to the prompt relating to QPD – unwarranted variation update (55d) and asked for an expected timescale. It was agreed that SMT members will discuss and agree what would be appropriate to bring to a future meeting and what the timescales for this will be.

Action: SMT members to discuss and agree appropriate issues to bring to a future meeting and the timescales for this.

| | | **Executive Director of Nursing and AHPs** |

KEY ISSUES		
2020-21 (21a)	**Covid-19 update** The Executive Director of Nursing and Allied Health Professionals (AHP) presented the update on the current position and it was noted that some of the content of the paper had been discussed at the Board meeting in the previous week. Questions were raised by a Non-Executive Director (HT) in relation to local antibody positive results from staff testing. It was confirmed that the results were in the region of 11% positive for antibodies, in comparison to 20% in the London region, but this was not surprising in light of the pattern of known Covid-19 cases prior to lockdown. The Interim Trust Chair asked about the relationship with the Care Quality Commission (CQC). A discussion took place around the continuing positive relationship with the CQC, and it was acknowledged that they were fully cited on issues as the Trust becomes aware of these. The Executive Director of Nursing & AHPs also reported that she was exploring involvement of the CQC in relevant Trust meetings to further build the relationship. The Executive Director of Nursing and AHPs commented that she thought the	

		Trust could expect to receive a visit from the CQC in the near future to In-patient CAMHS at Little Woodhouse Hall.	
		It was agreed that the report for next month would include some numerical data in order to provide a context for the activity and pressures in the Neighbourhood Teams during the Covid-19 pandemic.	
		The Deputy Medical Director asked about the Trust's response in terms of the number of patients discharged from hospital who are weak and debilitated from Covid-19. The Clinical Lead, ABU updated the Committee, stating that a lot of work was required across the system to understand and identify rehabilitation needs, particularly around fatigue and respiratory symptoms and the Trust was working with the hospitals to address these needs.	
		The Executive Medical Director stated that the Trust was linked to the citywide group looking at COVID 19 impact on provision of healthcare services meetings for non-COVID conditions to determine what the unmet care needs are and will be.	
		The Executive Director or Nursing and AHPs suggested that the spotlight at the next meeting could be on rehabilitation pathways. It was agreed that this would be discussed further at the agenda setting meeting in July 2020.	**Executive Director of Nursing and AHPs**
		Action: Spotlight on rehabilitation pathways for the July 2020 Committee meeting to be discussed and agreed at the agenda setting meeting.	
2020-21 (21b)	**Safeguarding strategy** The Executive Director of Nursing and AHPs presented the updated strategy for the next three years, which covered the whole spectrum of the Safeguarding Team.		
		A Non-Executive Director (HT) commented that the format of the report made it difficult to read and was concerned that some areas referenced in the strategy were missed within the workstreams.	
		The Interim Trust Chair offered a number of comments and suggestions: 1. The 'drivers' at 2.1 just felt like a list.....It would be better to add a couple of sentences that demonstrate a) understanding of the imperatives embodied in the drivers and b) assurance that the strategy is built accordingly. This would begin to make the clearer connection between national pronouncements and the Trusts consequential strategy. 2. On the workstreams – some % figures (particularly on workstream 2) would make the workstreams more credible and would demonstrate that the priority has been worked out and the costings to a figure of x% increase in particular positive developments. 3. The annual report proposal is very important. This is really important so an annual report to the Board is essential. It was also suggested that an interim report (between now and year end) might be helpful to provide further assurance. 4. An independent review of the strategy would be welcomed– such a report will add credibility and public confidence. So, the section 8 para 2 proposal is welcome. It would be good to know …by when? People will be keen to get that early independent assurance on such an important issue.	
		The Committee Chair asked if the report should reflect inequalities. The	

| | | Executive Director of Nursing and AHPs suggested that this is implicit within Safeguarding but agreed that this should be included more explicitly.

The Committee were happy to proceed with the strategy and it was agreed that the paper would be returned to Quality Committee for approval in July 2020. The Executive Director of Nursing and AHPs stated that she would ensure the amendments in light of the suggestions raised would be made circulated to Committee members as soon as possible.

Action: Amendments to Safeguarding Strategy to be presented at the Quality Committee meeting in July 2020. | **Executive Director of Nursing and AHPs** |
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FOR DISCUSSION			
2020-21 (22)		**Focus on Little Woodhouse Hall – review of low and no harm self-harm incidents**
The CAMHS in-patient Consultant, Clinical Lead and Team Manager presented the report which reviewed the increasing trend of self-harm incidents from January 2020 to the present. The Committee heard that the contribution of the influx of new admissions at the end of January 2020 and therefore young people in crisis, with significant relevant history and the subsequent destabilising of existing dynamics was noted. The continuation of a Locum Psychologist during this timeframe was also noted.

The Committee also heard that the lock down due to Covid-19 was implemented during this time which resulted in the ceasing of school work, absence of visitors and ceasing of planned leave.

A Non-Executive Director (HT) asked if, on reflection, there were things that could have been handled differently where it was in their control, e.g. phasing the admission of five patients over a fortnight. The Consultant Psychiatrist, Little Woodhouse Hall stated that these were crisis admissions, and the service was under pressure from community teams and NHS England to take the admissions.

The Interim Trust Chair asked about the solutions that were required and expressed his concerns about the seriousness of the issue and urgency for action to be taken. He referred to the number of ligature incidents reported and his visits to the service where feedback from patients was that the food was poor and boredom was an issue. A discussion took place regarding the difference between self-harm in the context of a care plan for therapeutic release versus attempted suicide.   It was agreed that the issues would be reviewed immediately with consideration to alternative strategies employed due to the current national situation.

The Committee requested further assurance and it was agreed that an immediate update would be provided to the July 2020 Quality Committee followed by a more detailed update at a future workshop.

Action: Issues to be reviewed immediately with consideration to alternative strategies employed due to the current national situation and an update to be provided to the Committee at the July 2020 meeting followed by a more detailed update in a future workshop. | **Executive Director of Nursing and AHPs** |

WORKSHOP - Objective: to best identify best quality responses, management and practice as a response to quality in a crisis		
2020-21 (23a)	**Redeployment success and learning** The Clinical Lead, SBU presented the paper and asked the Committee to note the challenges that were presented in the process of the redeployment of 350 staff members in response to the Covid-19 pandemic. The Clinical Lead, ABU spoke about the feedback that had been received from both redeployed staff and receiving services. It was noted that the feedback from staff members identified valuable feedback and learning which will be progressed by the Clinical Leads. Two members of re-deployed staff, Julie Ryder, Health Care Trainer, Leeds Community Pain Service and Gemma Brooksbank, Lead Clinician, Community Cancer Service provided their account of the process where they were deployed in to a service that met their skill set and work/life balance. The Committee Chair asked about the flexibility of staff during the Covid-19 pandemic. The Clinical Lead, SBU stated that they had been quite overwhelmed by the willingness of staff to be flexible. It was also noted that where there wasn't a willingness to be flexible, this was usually around anxiety that they would not be able to do a good job, but timely training had helped with the core basic clinical skills to enable the move into receiving teams. The Committee heard that on one occasion, there were several visits from different staff members to the same household to administer treatment and there were concerns around the safety of the patient/staff due to the footfall. It was noted that this was a coordination issue and that there had been a period of time when doubling up and shadowing was required to enable skill and confidence. It was acknowledged that there was a balance of risk and this would be considered during the Reset and Recovery programme. The Clinical Lead, ABU spoke about the challenges with SystmOne and the need for sufficient training. The Executive Director of Nursing and AHPs commented that the SystmOne training was great, however to build confidence, it needed to be seen in practice and that this would also be factored into the Reset and Recovery programme. The Committee thanked Gemma and Julie for attending the meeting to present their experiences and for all the work they had put in during this time.	
2020-21 (23b)	**Stopping and reducing services – impact on quality** It was noted that the item was discussed at the Board meeting in the previous week and therefore it was not discussed in detail.	
2020-21 (23c)	**Uncertainties and managing the future** The Executive Director of Nursing & AHPs presented the report which focused on the potential reasons for the current reduction in referrals to CAMHS and the Leeds Mental Wellbeing Service (LMWS) and the consideration and areas of concern as things return to a more normal way of working. It was acknowledged that there was the need to plan ahead for the potential surge of referrals and activity in these services as normality resumed, including the inadvertent knock-on effect on other Trust services, for example increased Community CAMHS activity and the potential impact on in-patient CAMHS.	

	The Executive Director of Operations referred to the LMWS, and stated that she was keen to target the opportunity for older people to access the service as there has been an unmet need due to shielding and lockdown. It was noted that there were issues around how people refer and use the service. The Clinical Lead, SBU stated that the digital offer had massively improved, but it was important to ensure that this did not further exclude those who are digitally disadvantaged. A Non-Executive Director (HT) spoke about the disconnect between the conversation regarding Little Woodhouse Hall and CAMHS. It was acknowledged that there was a need to be mindful that if there was a surge in outpatient activity, this could impact on in-patient CAMHS with a potential pressure to take patients in. The Clinical Lead, CBU stated that CAMHS continued to take referrals, offering young people clinical support as required but these numbers had decreased. It was expected that there would be an increase in referrals at the end of summer and when schools return, and this had been considered when planning ahead in the CAMHS Transformation Programme. The Executive Director of Nursing and AHPs stated that it was important that both business units were clear on what the issues were. The Committee Chair asked about the other areas of uncertainty. The Executive Director of Nursing and AHPs stated that some of those would come out of the Reset and Recovery programme, and it was important to be prepared to move quickly and flexibly.	
2020-21 (24)	**Matters for the Board and other committees including assurance levels** It was agreed that the Committee Chair would provide an update to the Board at the next meeting on the following items: • COVID-19 update • Safeguarding Strategy • Little Woodhouse Hall discussion – limited assurance • Workshop – reflection and learning	
2020-21 (25)	**Reflections on Committee meeting** The Committee Chair stated that it had been helpful to get back to a workshop format. It was acknowledged that it had been ambitious to complete the workshop in two hours. The Interim Trust Chair stated that there had been clear direction out of the discussions. The Committee Chair gave his apologies for the next meeting on 27 July 2020 and confirmed that a Non-Executive Director (HT) would chair the meeting.	
2020-21 (26)	**Any other business** There was no further business.	
	Dates and times of future meetings 27 July 2020 21 September 2020 26 October 2020 23 November 2020	

Business Committee Meeting
Boardroom, Stockdale House
Wednesday 20 May 2020 (09.00 am to 10.00 am)

Present:

	Brodie Clark (Chair)	Non-Executive Director (BC) (via virtual link)
	Thea Stein	Chief Executive (via virtual link)
	Bryan Machin	Executive Director of Finance & Resources
	Sam Prince	Executive Director of Operations (via virtual link)
	Richard Gladman	Non-Executive Director (RG) (via virtual link)
	Helen Thomson	Non-Executive Director (HT) (via virtual link)

Attendance:

	Jenny Allen	Director of Workforce
	Diane Allison	Company Secretary

Apologies: None recorded

Note Taker: Ranjit Lall   PA to the Executive Director of Finance & Resources

Item	Discussion Points	Action
2020/21 **(11)**	**Welcome and introductions** The Committee Chair welcomed everyone to the meeting. Some participants were in attendance by video conference arrangements. **a) Apologies**: None recorded. **b) Declarations of Interest** Prior to the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda to ensure there was no known conflict of interest prior to papers being distributed to Committee members. No additional potential conflict of interest regarding the meeting's agenda were raised. **c) Minutes of last meeting** The minutes of the meeting dated 29 April 2020 were noted for accuracy and approved by the Committee. **d) Matters arising from the minutes and review of action log** The Committee reviewed the action log and noted the updates. The Committee Chair suggested he would review the deferred agenda items at the next Business Committee pre-meet and take a view in terms of relevance and timeframe. He asked that the deferred items be added to the list at the bottom of the agenda for him to consider. *Item 2019/20 (58d) – Procurement update* An update on modern slavery had previously been received. The Executive Director of Finance and Resources said that sustainability work was underway, working with local organisations in Leeds and through the Health Anchor Network moving towards greater local procurement. The Executive Director of Operations confirmed that a sustainability strategy was in the process of drafting and she would wait to hear back following the agenda	

	setting meeting about the programme going forward. **Action closed.** *Item 2019/20 (89a) – workforce strategy priority: Proactive analytics* This action was about support available from the Electronic Staff Record (ESR) national team regarding reconfiguration. The Director of Workforce (JA) said that she was reviewing specifics in the contract clause. In the meantime, work was continuing with the ESR reconfiguration through the Covid period. She assured the Committee that she would report back in due course. **Action closed.** *Item 2020/21 (06 – Health and Safety (home working and workplace assessments)* The Executive Director of Finance and Resources advised the Committee that a number of workshops were underway to understand the requirements for considering the health and safety of staff working from home and working in Trust occupied premises. He said he would be in a better position to provide an update on progress at the next meeting in June 2020 following the workshops. The Committee Chair also requested an update in June 2020 on the progress of health and safety action plan following the Health & Safety Executive report. **Action:** • The Director of Workforce to provide an update on the 'Safe Environment' workstreams in June 2020 • The Executive Director of Finance and Resources to provide an update on progress made with the Health and Safety Executive action plan in June 2020	 **JA/LS** **BM**
2020/21 **(11)**	**Programme management** The Committee received reports from the Executive Director of Operations and the Director of Workforce (JA) outlining the programme of work that had commenced towards Reset and Recovery. The work being undertaken within the different directorates would be coordinated and connected to an overarching programme. **a) Operations project – resetting the organisation** The Executive Director of Operations introduced a paper on the operational project for the reset and recovery programme. The report provided an update on the re-establishing of services that were suspended or partially closed at the start of the Covid-19 pandemic. The Committee was asked to consider the draft principles of the programme incorporating learning from new ways of working and innovation adopted during the period of initial response. A Non-Executive Director (RG) was content with the list of principles aiming to restart services that had been paused. He said in parallel he wanted to see services back up and running with improved operating models, but noticed not much emphasis on that. A Non-Executive Director (HT) agreed with the comments and said she also wanted to see principles connecting to the Quality Impact Assessment. The Chief Executive commented that the points made above were connected	

to the phasing of the programme in due course depending on the urgency of the service and linking to population health management; a principle of moving away from industrialised models to personalised models. She said she would expect services to look different in different parts of the city based on the population.

The Chief Executive added that one of the core principles themselves needed to be involvement with staff, public and user groups, having a richer debate by leadership, community and front line staff, etc. and the benefits of skill mix in terms of staffing for the future.

The Committee Chair said that the paper described more aims and actions rather than principles but understood that the aims and actions defined could stipulate some principles. He said more emphasis on quality and getting the best of partnership arrangements within Leeds would be helpful within the key principle.

The Executive Director of Finance and Resources said he thought the draft principles did not sufficiently differentiate between those making services safe in the Covid environment and those focussing on the future. He said that it would be important to bear the underlying financial position of the Trust in mind when agreeing the principles and resetting services.

The Executive Director of Operations said that the comments received were helpful and agreed to review the overall aims to balance it out. She said she would review the operating procedures for community services, the national guidance and review the principles to reduce the number of overall key principles to focus on. The Committee recognised that there was some urgency required to restart some services whilst also considering how improvements to services could be made.

It was agreed that further financial discussions would continue at the Senior Management Team (SMT) meeting about transparency of resetting services based on the learning about different staffing models. 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 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.

A Non-Executive Director (RG) asked whether there was a decision making forum for the radical changes and opportunities and doing things better for the good of the city and the way the services are delivered. The Committee was advised that the Commissioner and partners across the city were very much working together and the delicate balance of sequencing the Trust's part in a wider programme was underway.

The Committee felt the information provided gave a positive picture of early progress and recommended that there was a Board workshop convened in early July 2020 to provide an opportunity for the Board to review progress against the programme.

	Outcome: The Committee was assured that this was a constructive early stage of building the programme around the reset and offered comments for progressing that. **b) Workforce – Approach during Covid and early considerations on Rest and Recovery** The Director of Workforce (JA) introduced a pack of slides to update the Committee on the Trust's approach during the previous two months of Covid-19. The programme set out early considerations of reset and recovery and on future ways of working. This replaced the quarterly workforce directorate report. The information presented provided a detailed account of how the Covid-19 situation had been handled, clarity of purpose and focus and capturing innovations aligned to the organisational requirements. Looking at the macro environment, creativities around human resource, people management, job design and attraction in the future, workforce space, and to influence and feed into the Leeds Community Healthcare programme. The Director of Workforce (JA) said that there was a huge opportunity for people having greater flexibility where possible, improved productivity and engagement and having quality of service and patients at the heart of the business. She said that it was important to understand the function and future direction of travel. The last slide highlighted some of the potential implications in terms of change; things stopping and pausing, and some things unexpectedly progressing, and had captured unintended benefits and consequences that may continue to drive it. In respond to the Chair's question about the next steps, the Chief Executive said that there was an opportunity to have a workshop session with the Board members where a fuller set of principles and an outline of the programme could be considered and brought together. She said in the meantime it would also be valuable for the Programme Lead to settle into the new post. The Committee Chair thanked both the Executive Director of Operations and the Director of Workforce (JA) for their updates. **Outcome:** The Committee felt the information provided gave a positive picture of early progress and recommended that there was a Board workshop convened in early July 2020 to provide an opportunity for the Board to review progress against the programme. **c) CAMHS Tier 4** The Committee received an update on the CAMHS Tier 4 new build project. The Executive Director of Finance & Resources said that the build continued to programme with no interruptions. At the Project Board meeting on 18 May 2020 he reminded everyone that this programme was a priority.	
2020/21 **(12)**	**Performance management** **a) Performance brief and domain reports** The Committee received the Performance Brief and domain reports for April 2020. It provided a focus on key performance areas that were of current concern to the Trust. The Executive Director of Finance and Resources said that the key highlights were as detailed in the summary cover paper.	

The Quality Committee had also reviewed the report at its meeting on 18 May 2020 and focused particularly on pressure ulcers and incidents at Little Woodhouse Hall. A Non-Executive Director (HT) said that in terms of pressure ulcers a relaunch pressure ulcer summit was being organised.

It was noted that the staff sickness absence rate post Covid-19 rose to 6.1% during April 2020. The Director of Workforce (JA) said that this was not much higher than normal reporting through winter. The statutory and mandatory and appraisal rate had decreased during the Covid-19 period. However, a clear message had gone out throughout the organisation about encouraging staff to catch up on their elapsed training. The Executive Director of Operations added that as part of the reset work she was expecting services to complete their appraisals and statutory and mandatory training before re-starting services.

b) Financial plan update
The Committee received a report from the Executive Director of Finance and Resources for month one. It was explained that under the new financial regime for 2020/21, there was an extension from four to seven months. The Trust can assume that its actual income and expenditure surplus or deficit would be adjusted back to balance position.

Compared to the financial plan approved by the Board for "business as usual" under the pre-Covid-19 financial regime there was £0.4m overspending which becomes a £0.3m overspending when £0.1m of April's additional Covid-19 costs are excluded.

The Committee was advised that whilst it would be unwise to conclude from information in month one in the current operating environment, there were valid reasons to suggest concerns regarding block payments, vacancy and agency spend, and review of capital expenditure. The Executive Director of Finance and Resources said that there was a £1m underlying current shortfall in the Trust, but he was confident that he would be able to identify the required savings. In order for the Integrated Care Services (ICS) organisations to work within the capital allocation being provided to the ICS, a 15% reduction on a £3m capital plan was being considered.

Outcome:
The Committee Chair expressed concerns about the current situation. He said a further update, by email, would be helpful, to provide a sense of position and an explanation of this.

c) Operational plan 2020/21 update
The Committee received an update on the operational plan and was advised that currently some priorities had been paused, but others progressed.

The Committee was advised that SMT would review the priorities and consider what could reasonably be achieved this year in the reset and recovery phase.

Action:
The Committee to receive a further representation of a revised operational plan in September 2020.

BM

d) Operational and non-clinical risks register
The Committee reviewed the non-clinical risks on the risk register. The

	Committee was advised that a separate Covid risk log had being devised which was being reported directly to Trust Board. In terms of the risk register received at the meeting, it was noted that three risks had been de-escalated. Two of the risks were related to redeployment and resource of staff as a result of services that have either paused or had amended their offer due to Covid-19. **Outcome:** The Committee noted the recent revisions made to the risk register. **e) Internal audit report: Community Dental waiting times** The Committee reviewed and discussed the internal audit report. It was noted that the audit gave a reasonable opinion following its review of the Community Dental Service. The Committee agreed that the lack of depth of the audit was concerning and was assured that the head of internal audit had been made aware. **Outcome:** The Committee noted the completed audit and its findings.	
2020/21 **(13)**	**Business Committee work plan** The Committee Chair said he would review the deferred items on the work plan at its pre-meeting discussion. No other changes were requested. **Outcome:** The work plan was reviewed by the Committee members and agreed.	
2020/21 (**14**)	**Matters for the Board and Committees** • Operational and workforce projects – reset and recovery • Performance brief and domain reports • Financial plan • Operational plan • Internal audit report – Community Dental waiting times.	
2020/21 **(15)**	**Any other business** A Non-Executive Director (RG) commented that it had been identified that the main risk factor to Covid-19 was emerging as being diabetes in the population. He was potentially concerned about staff protection and communicating out to communities. The Director of Workforce (JA) said that in terms of staff, some people with that particular condition were being shielded, and others were being supported through the risk assessment process. She said her recommendation was to wait so see if any further directive came out nationally. The Chief Executive added that the Trust always followed the national guidance that continued to keep everyone safe, and that the Trust was proactive in managing such risks.	

To add to the list of deferred items on the agenda
- A workshop to be arranged to discuss and agree a revised format for presenting data in the Performance Brief.
- Item 2019/20 (36c) – Virtual Frailty Ward business case update.

Business Committee Meeting
Boardroom, Stockdale House
Wednesday 24 June 2020 (08.30 to 10.30 am)

Present:	Brodie Clark (Chair)	Non-Executive Director (BC) (via virtual link)
	Thea Stein	Chief Executive
	Bryan Machin	Executive Director of Finance & Resources
	Sam Prince	Executive Director of Operations
	Richard Gladman	Non-Executive Director (RG) (via virtual link)
	Helen Thomson	Non-Executive Director (HT) (via virtual link)
		in attendance until 10.00 am

| **Attendance:** | Laura Smith | Director of Workforce |
| | Diane Allison | Company Secretary |

| **Apologies:** | None recorded |

| **Note Taker:** | Ranjit Lall | PA to the Executive Director of Finance & Resources |

Item	Discussion Points	Action
2020/21 **(16)**	**Welcome and introductions** The Committee Chair welcomed everyone to the meeting. Some participants were in attendance by video conference arrangements. **a) Apologies**: None recorded. **b) Declarations of Interest** Prior to the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda to ensure there was no known conflict of interest prior to papers being distributed to Committee members. No additional potential conflict of interest regarding the meeting's agenda were raised. **c) Minutes of last meeting** The minutes of the meeting dated 20 May 2020 were noted for accuracy and approved by the Committee. **d) Matters arising from the minutes and review of action log** The Committee reviewed the action log and noted the updates. *Item 2020/21 (06 – Health and Safety (home working and workplace assessments)* The Director of Workforce provided an update on the 'Safe Environment' work streams as follows. The safe working environment work stream had been split into two work streams; safe working at the Trust and working from home. The Director of Workforce (LS) said that the primary focus at work place had been based on the Covid guidance risk assessment concluding at end of June 2020.	

	The working from home work stream had been focusing on the development of a new display screen equipment (DSE) risk assessment for the period of the pandemic. Those risk assessments were based on making sure the equipment needed at home was the most efficient and effective. Work was also underway to look at the health and wellbeing support for staff working from home through the 'open conversation' programme with the aim of making a supportive place to work when experiencing any form of mental health issues. A working from home survey had also been launched which was closing at end of the month (June 2020). The Director of Workforce (LS) said that the survey was only part way through its findings and already themes were merging about isolation, care responsibilities and ongoing challenges of care and anxiety of upcoming school summer holidays. A task and finish group had been established to look at what additional support could be offered during the summer school holidays. **(Action closed)**.	
2020/21 **(17)**	**Programme management** **a) Reset and Recovery Programme** The Executive Director of Operations provided a brief update on the Reset and Recovery Programme. Detailed programme discussions were to be held at the Board development workshop on 3 July 2020. The key point to note was that the governance arrangements for the programme were in place, which included a focus on decisions being made at a local level and a problem solving group for matters requiring escalation. A programme resource was being established, including a clinical lead to be appointed to senior leadership. Staff in the business logistic team had been allocated to different projects for each of the services. In response to a question from a Non-Executive Director (RG), the Executive Director of Operations confirmed that the Chief Clinical Information Officer was involved in the Programme. The digital strategy implementation group had also been linked into the Reset and Recovery Programme. **Outcome:** The Committee was assured that the Reset and Recovery Programme was continuing well. **b) Change Board Programme update** The Executive Director of Operations reported that many of the projects of the Change Programme Board were on hold or not fully functioning at the moment. The digital and estates issues had been picked up as part of the Reset and Recovery Programme. The administration review project was completely on hold so that the services could work through the new services offer. The Executive Director of Operations said that the digital strategy had been significantly accelerated because of the Covid pandemic, and the issues about getting services back and running in a safe way was being looking at by the estates team.	

Outcome:
The Committee noted that only certain work streams were progressing and those that were, were doing so with reference to the reset and recovery plan.

c) E-rostering project update
The Committee was advised that the core rollout of E-rostering project had been paused but some aspects had been accelerated during the Covid pandemic period. The Director of Workforce (LS) said that whilst some work was on hold, the tools and the system had proved its worth in terms of being the key factor in understanding the daily capacity, staff availability and absence and also in the management of redeployment of staff.

The project had been rated amber at the moment on the basis of the pause in rollout. The target of 31 March 2021, achievement of phase one was on target but there was a possibility that the deadline rollout may change because of the pandemic period. Further detailed information was to be provided by the Project Manager attending the Business Committee meeting in September 2020.

A Non-Executive Director (RG) recognised the contributions made by the Project Manager to this project and said that it would be good to see a demonstration of the system in action and the benefits for neighbourhood teams.

Action:
A presentation at the September 2020 Committee meeting by the E-rostering Project Manager, to include a demonstration of the system. It was essential that the September revisit included clarity and definition on the achieved benefits.

DoW

Outcome:
The Committee agreed that good progress was being made and invited the Project Lead to attend the meeting in September 2020 for a fuller discussion on the revised timescales and to outline the benefits associated with the project.

d) The Child & Adolescent Mental Health Services (CAMHS) Tier 4
The Committee was advised that the CAMHS Tier 4 project now had a dedicated HR adviser and that a new clinical lead had been appointed to provide clinical leadership to the New Care Models Project.

In response to a question from the Committee Chair, the Executive Director of Finance and Resources confirmed that for both projects the partnership working with LYPFT was going well.

The Director of Workforce (LS) confirmed that the main recruitment for the new unit would commence in the new year to maximise the potential for applications from newly qualified staff.

The Executive Director of Finance & Resources said that the build continued to progress with no interruptions. He said that a video would be released soon to capture the steel structure being erected.

In terms of delivering the service, the Executive Director of Finance and Resources was concerned that people were not creating the time to give focus to this project.

	Outcome: The Committee noted the update.		
2020/21 **(18)**	**Strategy** **a) Business Development Strategy update** The Executive Director of Operations advised the Committee that the strategy revisions had been paused. She was anticipating there would be an increase in commissioning activity post Covid, including the need for rehabilitation services. **b) Halton Clinic redevelopment opportunity** (Please see private minutes) **c) N365 Business Case (Microsoft Office 365)** The Committee was provided with a business case which recommended the Trust joins the centrally negotiated contract to use Microsoft "Office 365" across the whole estate to replace Microsoft Office 2010 which ceases to be supported from the 13 October 2020. The Committee was keen to learn about the differences and benefits, which included improved cyber-security and means of collaborating. The Executive Director of Finance and Resources said that it would be a technically reasonable simple migration. The Committee was advised by the Executive Director of Finance and Resources that neighbouring NHS Trusts had signed up to the deal and that it was also available for GP practices, but not available to social care. The Committee recognised that in order to get the best out of the new software, there would have to be a change to the way people worked, and a change project would support this. A Non-Executive Director (RG) said that it was strategically the right thing to do. He added that this contract would make sharing with local teams easier and mitigates many risks. **Outcome:** In terms of NHS Digital progressing a national deal with Microsoft Office 365 the paper asked for approval to sign off the N365 deal. The Committee agreed to proceed with new capability and approved the business case. **d) Mobile Device Management (MDM)** The Executive Director of Finance and Resources presented a report that gave an insight into the types of control, the benefits and the progress made in the implementation of the Mobile Device Management (MDM) system. This was being provided by the mobile phone supplier (O2) to support the deployment of new smartphones. A Non-Executive Director (RG) queried whether this resolved the issues identified in the Internal Audit report on Speech and Language Service mobile devices and was advised that different solutions had been implemented to satisfy the recommendations of the audit. **Outcome:** The Committee received the report.		

2020/21 **(19)**	**Performance management**	
	a) Performance brief and domain reports	

a) Performance brief and domain reports

The Committee received the Performance Brief and domain reports for month two (May 2020).   It provided a focus on key performance areas that were of current concern to the Trust.   The Executive Director of Finance and Resources said that the key issues were detailed in the summary cover paper.

In addition to normal reporting he pointed out that in terms of performance on responsiveness nothing had been changed due to the Covid situation. Secondly, staff safety incidents had been included in the Well-led section.

Safe
The Committee noted an increase in incidents reported.   This remained within tolerance. The Executive Director of Finance and Resources said that a detailed explanation was provided in the report.

Caring
 A Non-Executive Director (RG) queried whether there were any hidden incidents in general that had reduced the number reported. The Executive Director of Operations said that it was confirmed at the Quality Committee meeting on 22 June 2020 that there were no known incidents that had not been reported, but that there could be incidents that the Trust is as yet unaware of because of lockdown. She continued to say that as part of the Reset and Recovery programme, work was underway to review the backlog in each service and how best to address it. There was a sense of expectation by the services to prepare and deal with complaints about having to wait longer because of Covid.

Responsive
The Executive Director of Operations said that as part of the assessment for reset, each service was looking at their backlog and how to address that in terms of digital working and prioritising patient needs in a most responsive way. Work was also underway to look at the footfall required through estate and review of sufficient consulting space to see patients. More analysis was to be provided for discussion at the next Committee meeting in July 2020.

Well-led
The Chief Executive noted the low staff sickness absence rate. The Director of Workforce (LS) responded to say that a piece of work was underway to review and look at people's regular pattern of short terms sickness absences. She said that this was also being followed up with other Trusts to see whether the Trust was an outlier, as we do seem to be lower.

In response to the Committee Chair about staff incidents, the Executive Director of Finance and Resources said that this was considered by the Health and Safety Group. He said he would find it difficult to draw any conclusions now from the data as presented in terms of understanding trends as there wasn't sufficient history and detailed analysis of root causes.

A Non-Executive Director (RG) asked about shielded staff when the restrictions are being eased in August 2020, and whether there are any anticipated anxieties amongst affected staff. The Chief Executive said that the guidance was clear that people who were released from shielding should continue to work from home if they could. Those who will not be able to do their jobs working from home will have individual risk assessments completed

and the right mitigations and processes will be in place to allow people to return to the work place safely.

The Director of Workforce (LS) added that some feedback received from shielded staff in the 'open conversation' was that they were keen to get back to work wherever they could. This would only take place with careful risk assessments with their managers.

FINANCE
The Executive Director of Finance and Resources summarised the current financial situation. Under the interim financial regime for 2020/21 the Trust can assume that its actual income and expenditure surplus (I&E) or deficit will be adjusted back to balance for the first four months.

At the end of May 2020 the Trust's actual I&E position was a £100k surplus so a reduction in income of £100k should be actioned in July 2020. This position included £369k of additional expenditure in respect of Covid-19.

Compared to the financial plan approved by the Board for "business as usual" under the pre-Covid-19 financial regime there was £200k underspending when £400k of May's additional Covid-19 costs were excluded. The £400k of additional expenditure in respect of Covid-19 in May included £300k in extra staff payments for overtime, enhanced hours and additional hours and £70k of non-pay.

There was no forecast outturn included in the report as the NHS financial regime from August 2020 onwards was currently under review. The Trust had supplied a forecast to the end of July 2020 to NHS England/Improvement.

The Executive Director of Finance and Resources said that there was a significant work underway nationally/regionally to try to understand what was needed financially to deliver the services to 31 March 2021. He said it had been a useful exercise to think through what was needed and what would be different in terms of incurred expenditure to deliver reset and recovery as well as delivering ongoing care.

It was noted that the finance team was working across different business units and different services to understand the levels of bank and agency and overtime spending in reduced services. The report captured where deployed people were actually working as opposed to where they were coded in their normal business.

A Non-Executive Director (HT) said it was helpful to understand the complexity of bank and agency cost and she asked for further analysis. The Executive Director of Operations said that from an operational perspective she had asked the Head of Business Intelligence and Performance to look at utilisation rate of staff; looking at wte, shielded staff, and then considering redeployed staff and agency and bank. The Executive Director of Finance and Resources agreed that it would be very helpful to link the two pieces of work.

Action:
The Executive Director of Operations to provide analysis on the utilisation rate of staff including bank and agency cost and report back to a future meeting.

SP

Outcome:
The Committee appreciated that there was work going on for year ahead but felt that only limited assurance had been provided about the Trust's financial outturn.

b) Quality, staffing and finance: triangulation (quarterly)
The report provided a detailed analysis of the position within the adult business unit neighbourhood teams for the quarter 4 2019/20 period. The Executive Director of Operations said that production of the report had been delayed due to the impact of coronavirus pandemic. She said work was in progress to better understand the patterns of capacity and demand during the Covid-19 period.

The Committee Chair noticed that the neighbourhood team heat map focused essentially on staff trends (particularly training attendance) rather than a range of other key indicators - like incidents, complaints, cancelled appointments, cost against budget, etc.

The Executive Director of Operations said that the situation in the last three months there was a clear focus to only conduct essential visits. Any variation was therefore warranted.

The Committee Chair was also concerned about some of the training that appeared consistently red right across the heat map particularly in areas of equality and diversity, safeguarding and CPR training. The data presented for Seacroft reflected a great concern.

The Executive Director of Operations said that this was a report from February 2020. The equality and diversity training requirements changed around that time which immediately took the organisation into red; changed from completing once only to every three years. Also, at that time there was resourcing issue for the CPR training, which has since been remedied.

In terms of Seacroft, the senior management team had received three updates since February 2020 and the situation had been improving significantly. A deep dive exercise and organisational development work was carried out to understand relationships within the team and an action plan had been put in place to support leaders. There was support for better communication within the team to ensure things were taking place and the call to action around Covid had created a common purpose and a more cohesive team.

Outcome:
The Committee noted the update.

c) Operational and non-clinical risks register
The Committee was advised that one new risk had been added to the risk register. Risk 1004 which was a risk to LCH fulfilling its contract with NHS England due to its subcontractor offering a reduced CAMHS service. This was currently assessed as a high risk (score 12). There were on-going discussions with the prison governor about the reduced offer in place in the short term.

Risk 957: Decreased score - Adult speech and language therapy service had a decreased score because of current Covid situation.

	Risk 943: Closed - Information Governance (IG) risk about resource. The operating model was now live and the IG Manager and Deputy Data Protection Officer were now in post. **Outcome:** The Committee noted the recent revisions made to the risk register. **d) Internal audit report:** The Committee reviewed and discussed the internal audit reports: IR35 (off-payroll rules) and Data Quality (ESR). **IR35 (off-payroll rules)** It was noted that the audit gave a limited assurance opinion following its review of the IR35. **Data Quality ESR audit** The completed audit for data quality ESR received a reasonable assurance. The Director of Workforce (LS) said that the actions and recommendations for IR35 had only just been submitted. An update would be provided to the Audit Committee in August 2020. The deadlines for most of the actions were for July 2020 and thereafter. The IR35 policy update was due by end of June 2020. In response to a question from Non-Executive Director (RG), the Director of Workforce advised the mapping exercise did pause because of the Covid situation. The Director of Workforce (LS) said that things were getting back to business as usual right across the workforce directorate. A Non-Executive Director (RG) said that at the last Audit Committee meeting the management comments were reviewed and discussed and agreed that the necessary actions in place were acceptable.	
2020/21 **(20)**	**Health and Safety Executive (HSE) action plan** The Executive Director of Finance and Resources provided an update on progress made with the HSE action plan as follows. The report informed the Committee of the HSE's response to the Trust following the submission of its action plan. The HSE had asked the Trust to provide a revised action plan, to address the points they raised and to include revised target dates for actions by the end of August 2020. The HSE's queries were forwarded to the relevant action leads so that they could revise the actions specified to satisfy the HSE's requirements. As a result of the impact of the Covid pandemic on the Trust's activities, some of the actions had been delayed. The work was now back on track to continue to progress particularly on the areas significantly been delayed. The Chief Executive was concerned about meeting the August 2020 deadline. She said it would be useful to receive an assessment from people who are assigned to an action. The Company Secretary advised the Committee that each person who had been assigned to an action had been asked to review their actions and to provide a rationale for changes to the original target date. The Committee Chair agreed to the proposal and said it would be useful to receive an update at a future meeting to review and discuss where there was	

	a greatest risk not meeting the extended targets on the action plan. The Company Secretary confirmed that the HSE only required a re-submission of a revised action plan in August 2020 that would take into consideration the timescales and the comments the HSE had made about the initial action plan. **Action:** A revised action plan to be reviewed by the Committee at a future meeting. **Outcome:** The Committee noted the actions and progress to date.	**BM**
2020/21 **(21)**	**Business Committee work plan** **a) Future work plan** The work plan was reviewed by the Committee members and agreed. **b) Inventory of deferred items** The deferred items were reviewed by the Committee members and new dates were agreed.	
2020/21 (**22**)	**Matters for the Board and Committees** • Reset and recovery position • E-rostering • Performance brief and domain reports • Finance update • CAMHS T4 • N365 Business Case • Mobile Devise Management internal audit	
2020/21 **(23)**	**Any other business** None discussed.	

Audit Committee

Room 1, Stockdale House, Headingley Office Park,
Victoria Road, Leeds, LS6 1PF
Friday 12 June 2020
9.00am–10.30am Via MST

Present:	Jane Madeley (JM)	Chair
	Professor Ian Lewis (IL)	Non-Executive Director
	Richard Gladman (RG)	Non-Executive Director
In Attendance	Bryan Machin	Executive Director of Finance and Resources
	Cherrine Hawkins	Deputy Director of Finance and Resources
	Diane Allison	Company Secretary
	Amy Thomas	External Audit Manager (KPMG)
	Clare Partridge	External Audit Partner(KPMG)
	Peter Harrison	Head of Internal Audit (TIAA Limited)
	David Robinson	Internal Audit Manager (TIAA Limited)
	Thea Stein	Chief Executive (for Item 10)
Apologies:	None	
Minutes:	Liz Thornton	Board Administrator

Item	Discussion Points	Action
2020-21 (10)	**Presentation from the Chief Executive** The Chair welcomed members and attendees, particularly the Chief Executive who was attending to give her perspective on the Trust's activities and performance in the previous financial year. In introducing her presentation, the Chief Executive said that although the Annual Report covered the whole of 2019/20 she wanted to begin by recognising the enormous impact of Covid-19 on the communities served by the Trust, the staff and the services it delivered. Whilst the impact was only felt at the end of the 2019/20 financial year it would continue into 2020/21 with significant disruption to services. She said that Covid-19 had had a huge impact on ways of working and that she was extremely proud at what the Trust and its staff had achieved in such a short space of time including; bolstering the frontline, closing down or reducing non-essential services, enabling as many staff as possible to work at home and adopting completely new ways of working using new technology. This had been achieved through immense amounts of courage, flexibility and determination on the part of staff to make sure patients could rely on the Trust to deliver the services they rely on. The Chief Executive said that a number of things had provided a strong platform for the Trust to respond so quickly and effectively to Covid-19: • the Trust's culture of trust, openness and teamwork • the engagement of staff evidenced through the Staff survey results, which were our best results ever and showed that the Trust was in the top quartile	

	for our leadership training • stronger recruitment position • work on culture, speaking up and our BAME and Disability Staff Networks • our quality improvement programme 'Making Stuff Better' • our strong relationships with partners across the City and the wider ICS The Chief Executive also reflected on the Care Quality Commission (CQC) visit in May and June and that the Trust had achieved Good overall, and Outstanding in the Sexual Health service, where it had previously required improvement. The new CAMHS Tier 4 unit had been progressed at the fastest pace possible. In the context of sustainability the Chief Executive said that Trust had met all its financial targets in 2019/20 and she recognised that whilst the focus was always on providing quality of care, good financial management made this possible. The Chair of the Committee thanked the Chief Executive for her presentation and asked the members for their comments or questions. Both internal and external auditors indicated that the Chief Executive's presentation and the contents of the annual report showed a consistent picture with their own findings and observations of the Trust. ***The Chief Executive left the meeting.***	
2020-21 (11a)	**Apologies** There were no apologies to record.	
2020-21 (11b)	**Declarations of interest** There were no declarations of interest in any items on the Agenda.	
2020-21 (11c)	**Minutes of the previous meeting 17 April 2020** The minutes of the meeting held on 17 April 2020 were reviewed and agreed as an accurate record The Committee members had met informally to review the draft annual report and accounts in detail on Friday 5 June 2020; no minutes had been taken of that meeting.	
2020-21 (11d)	**Actions' log** The Chair asked for verbal updates on six completed (blue) actions: • ***2019-20(58a)- SICA report Software licensing mobile tracking:*** The Executive Director of Finance and Resources advised that there was a tracking facility, however this was not being utilised. • ***2020-21(1e) - Trust governance Interim Chair:*** the Company Secretary had provided clarification on the term of appointment for the Interim Trust Chair following the last meeting. She was able to report that NHS Improvement was re-starting the process and interviews were likely to take place during July 2020. • ***2020-21(4b) – Internal audit final SICA report 2019-20 audits:*** on the agenda for this meeting (Item 12bii). • ***2020-21(4c) – Internal audit plan 2020-21:*** on the agenda for this meeting (Item 12bii). • ***2020-21(6a) – Audit Committee annual report 2019-20 and ToRs:*** the Company Secretary confirmed that the amendments suggested by the Audit Committee on 17 April 2020 had been made before the annual report was presented and approved by the Trust Board on 29 May 2020.	

	• *2020-21(6b)* - **Committees' annual reports:** the Company Secretary confirmed that the Business Committee and Quality Committee had considered and accepted the suggested amendments made by the Audit Committee and the reports had been amended accordingly. There were no other matters arising from the minutes.	
2020-21 (12a)	**Internal audit** **Internal audit annual report and Head of Internal Audit Opinion 2019/20** The Head of Internal Audit introduced the annual report, he confirmed that the opinion was that **reasonable assurance** could be given and that there was a generally sound system of internal control, designed to meet the organisation's objectives and that controls were generally being applied consistently. The Head of Internal Audit explained that the conclusion was based on the completion of the audit plan for 2019-20 and there were no matters to bring to the attention of the Committee. The Chair of the Committee referred to the audit summary table on page two of the report and noted that 40 important recommendations fell into the compliance risk area and she asked whether this should be a concern for the Trust. The Head of Internal Audit said that 19 reviews had been completed in 2019-20 and this averaged at approximately two per review. More analysis would be required to assess how significant this was. The Chair of the Committee suggested that in future reports it would be helpful to identify the business areas into which the compliance risk recommendations fell. The Executive Director of Finance and Resources observed that it was not unexpected that a significant number of the recommendations fell within the compliance risk area as the audits selected were often in areas where management thought there may be concerns. **Outcome:** The Head of Internal Audit opinion was noted.	
2020-21 (12bi)	**Summary of internal controls assurance report (SICA)** The Internal Audit Manager introduced the report and advised that since the Committee's last formal meeting on 17 April 2020, the three remaining audits for 2019-20 for Compliance Review of IR35, Data Quality 2 - Dental Waiting Lists and Data Quality 3 - ESR had been completed and the final reports issued. The audits indicated one **limited** (IR35) and two **reasonable assurance** opinions. The Committee discussed the executive summary and management action plans for the audits within the report. *Compliance review of IR 35* The audit had been determined as **limited assurance** with two urgent recommendations relating to the Trust ensuring that an off payroll/IR35 policy was developed and a list of contractors that were included or not included in IR35 was established. The Committee noted that the implementation timetable for the recommendations had been framed in light of the Trust's re-prioritisation of work due to Covid-19.	

	A Non-Executive Director (RG) advised that the audit outcome would be reviewed in detail by the Business Committee on 24 June 2020 and the appropriateness of the responses and the timetable would be considered.
	Data Quality 2 Dental Waiting Lists The Chair of the Committee noted that the SICA report did not contain a copy of the final audit but queried why the evaluation was determined as **reasonable** assurance and not substantial when the overall conclusion had resulted in no recommendations being made.
	Data Quality 3 – ESR The audit had been determined as **reasonable** assurance with four important recommendations related to strengthening the ESR plan arrangements.
	The Internal Audit Manager updated the Committee in relation to the management comments and implementation timetable for recommendation 4 which related to developing an approach that optimised the functional deployment and implementation of ESR. The response now stated:
	'*To review the latest annual ESR Annual assessment in light of this recommendation, identify actions to address gaps. Report actions to SMT (in addition to / alongside regular ESR Plan update).'* Alongside an implementation date of October 2020.
	A Non-Executive Director (RG) advised that the audit would be reviewed in detail by the Business Committee on 24 June 2020 including the updated management comments and implementation timetable.
	Outcome: The Committee noted the contents of the summary internal controls assurance report, including the conclusion of the internal audit plan for 2019-20.
2020-21 (12bii)	**Internal Audit Plan 2020/21** The Internal Audit Manager presented the plan for 2020/21. He explained that the programme for 2020/21 was for 220 days and consisted of 16 audits totalling 190 days, plus 10 days for follow up and 20 days for audit management related activity.
	He explained that TIAA were embracing the use of technology in engaging with the Trust, including conducting audit assignments remotely whether partially or in full and he was confident that the plan could be delivered in full by 31 March 2021.
	The Chair of the Committee sought assurance that the Trust's Senior Management Team (SMT) had reviewed the plan and was confident that it could be delivered successfully.
	The Executive Director of Finance and Resources confirmed that the SMT were content with the plan as presented but had acknowledged that it might be challenging to ensure that responding to audit reviews was seen as a priority in 2020-21.
	The Committee requested that the audits should be rated in order of priority so that internal audit could focus on completing the high priority ones in the event that there are further challenging times and not all audits could be completed
	The Chair of the Committee suggested that the Audit Committee should review progress against the plan regularly to ensure that it remained on track and she asked the Executive Director of Finance and Resources to put the internal audits

	into priority order and include a rationale for the order of importance for the next meeting.	
	Action: The Executive Director of Finance and Resources to put the internal audits into priority order and include a rationale for the order of importance for the next meeting.	**EDFR**
	Outcome: The Committee: • approved the Internal Audit Annual Plan for 2020/21	
2020-21 (13a)	**ISA 260 draft external audit opinion** The External Audit Partner reported that all the audit work would be completed in time for the report to be presented to the Trust Board on 19 June 2020. She introduced the year-end report for 2019/20 and said that they expected to issue an unqualified audit opinion on the accounts following the Board adopting them, and an unqualified Value for Money Conclusion. The report contained no management recommendations for 2019/20. The External Audit Partner reported that there were no unadjusted audit differences and confirmed that the annual governance statement and the annual report had been reviewed. The External Auditors thanked the Trust's finance team for their co-operation to complete and progress the audit work within the allocated timeframe. The Chair of the Committee said that she was pleased and reassured to receive the satisfactory report and that this evidenced continued robust financial management during the course of the year.	
2020-21 (13b)	**Annual report 2019/20** The Executive Director of Finance and Resources introduced the draft annual report for 2019/20, and advised that the report presented at the meeting reflected the actions taken in response to the comments made by the Committee's members at the informal meeting held on 5 June 2020. The Chair of the Committee invited the auditors to comment on the annual report. None were made. The Chair of the Committee thanked officers for their work in drafting the annual report**.** **Outcome:** The Committee: • noted the draft annual report, including the annual governance statement • received assurance from external auditors that the draft annual report was compliant with guidance as set out in the manual for accounts • recommended the draft annual report for adoption by the Board at its meeting on 19 June 2020.	
2020-21 (13c)	**Annual accounts 2019/20** The Executive Director of Finance and Resources introduced the annual accounts for 2019/20. He explained that the annual accounts would be made available to the public as part of the Trust's annual report; the content of the report and the accounts being prescribed by the Department of Health. He added that the accounts were to be presented to the Board and subsequently submitted to NHS Improvement.	

	The Executive Director of Finance and Resources also reported that the external auditors had undertaken a detailed examination of the annual accounts and reviewed the mandatory disclosures in the annual report; their findings being contained in the Draft ISA 260 audit memorandum to KPMG's audit of the 2019/20 financial statements. The report from KPMG had contained no significant issues. The Executive Director of Finance and Resources referred to the informal meeting of the Committee on Friday 5 June 2020 which had provided members with the opportunity for detailed consideration of all the elements within the accounts. The Chair of the Committee agreed that the informal meeting had proved very helpful and thanked the Executive Director of Finance and Resources and his team for their work in producing the accounts and supporting analysis. The Executive Director of Finance and Resources introduced the required statements and certificates for signature and inclusion in the annual report and accounts to be approved at the Board meeting on 19 June 2020. **Financial statements 2019/20: draft letter of representation** The Executive Director of Finance and Resources referred to the draft formal letter of representation made by the Trust to the external auditors. **Outcome:** The Committee received the annual accounts and recommended the adoption of the accounts by the Board at its meeting 19 June 2020 and the signing of the letter of representation	
2020-21 (13d)		
2020-21 (14)	**Matters for the Board and other committees** The Chair noted the following items to be referred to Board colleagues: • the annual report and accounts would appear as substantive items on the Board agenda for the meeting on Friday 19 June 2020 • external auditors confirmation that in terms of value for money, the Trust had made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2020. • no recommendations had been made in respect of Management actions. • completion of the 2019/20 Internal Audit Plan	
2020-21 (15)	**Any other business** The Chair of the Committee noted that this was the last meeting that KPMG would act in the capacity of external auditors for the Trust and she took the opportunity to thank them for their work over the tenure of the contract. The Deputy Director of Finance echoed this on behalf of the Finance Team in the Trust.	
	Date and time of next meeting Friday 17 July 2020 9.00 am – 11.30 am VIA MST Boardroom Stockdale House Leeds LS6 1PF Stockdale House Leeds LS6 1PF	

Leeds Community Healthcare NHS Trust
NEDs COVID Update Briefing Meeting
11 June 2020

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

Note Taker:	Company Secretary
Apologies:	N/A
In Attendance:	N/A

Item	Discussion Points	Action
1.	**Test and trace and wearing of masks** CEO (TS) highlighted the following key points: • Following the Government's announcement that masks must be worn in hospital settings, the Trust and the wider NHS were currently seeking clarity and considering the implications and actions required. A meeting was currently being held amongst NHS Trust CEOs and further guidance was expected to be published later that day. • The Trust had assessed how long its stock of masks would last if the announcement did apply to community trusts and could mobilise by the following Monday if required and we were fine • Test and Trace could put whole teams at risk of being taken out of action if one of their number contracted the disease. • Strict social distancing and masks would mitigate this risk. Office interactions for clinical staff were possibly more risky than when in clinical settings as staff may not adhere so strictly. • The Trust's on-call system was being used as the point of contact to be notified of and log Test and Trace numbers. **Questions/observations** NED (RG) asked about staff coming into shared spaces and TS advised that the Trust's message as an employer was to work from home if possible, although there were times when (socially distanced) face to face meetings had been more beneficial. Interim Chair (BC) asked whether social distancing measures had impacted on services. TS agreed that the remodelling would mean a reduced service capacity. NED (IL) asked about how trusts were feeding back to senior leadership at NHS England and was advised by TS that there was regular communication between all NHS CEOs and National Directors.	

2.	**Antibody testing**	
	TS highlighted the following key points:	
	20 staff had initially been given the anti-body test and 1 has tested positive for the antibodies. - In a further cohort, 80 were tested and 20 had antibodies. - Nationally c20 to 36% of people in urban areas who had been tested seemed to have antibodies. - Testing results were being processed quickly at two local hospital trusts.	
	Questions/observations	
	In reply to a question from NED (HT), TS advised that staff will receive a letter and they can choose to let the Trust know the result.	
	In response to a question from NED (RG), TS said that all staff in the Trust should be tested by the end of July, however staff do have the right to decline the test.	
	TS said that planning for this year's flu vaccine campaign had started, and would include plans for vaccinating those shielding. The worst case scenario the Trust would need to plan for would be a high incidence of flu, bad weather and a further spike in numbers of coronavirus infections.	
3.	**Support for frontline staff**	
	TS described the ongoing support for staff including those with children who were not currently at school.. SMT was a strong team and provided good support for each other.	
	Questions/observations	
	BC observed that Staff-side representatives had recognised the amount of support being provided for staff, he also noted the Leaders Network meetings which were well attended, and the regular phone calls to staff who were shielding.	
4.	**BAME staff**	
	TS referred to recent events that were affecting the BAME communities, including the disproportionate effect of COVID and the unlawful killing of George Floyd in the US.	
	TS described the support and information being provided to BAME staff, including the BAME network, communications from the CEO and from the BAME Network Chair, and the support of the Freedom to Speak Up Guardians.	
	Questions/observations	
	NED (IL) asked if the spirit of togetherness that was so strong or whether staff were getting weary. TS advised that the message to staff was that it was ok not to be ok and that support was available - of course staff were weary and we continued to support and ask staff to take annual leave	
5.	**Care Homes**	
	TS advised that training of care home staff was going well and good support was being provided to all those homes that required it. Feedback from the homes about our staff had been very positive and care home infection rates were declining.	

	She advised that some staff had dealt with a lot of COVID deaths, and had often been the only person able to support those at the end of their life, as families had not been allowed to do so. These staff were being offered support sessions to help them with their emotions. **Questions/observations** No questions were raised.	
6.	**Staff workloads** TS said that the community Dental service were open for emergency treatment and feedback from patients who had accessed the service was very positive. Referral numbers in general were increasing, particularly in CAMHS and IAPT. Calls to MSK were also increasing. **Questions/observations** In response to a question from NED (RG) TS said that there was anxiety amongst service users about accessing services.	
7.	**Any other business** None raised	
8.	**Issues for review at the beginning of the meeting on 2 July 2020** None noted	

Leeds Community Healthcare NHS Trust

Version 6 : 28 July 2020

Topic	Frequency	Lead officer	7 February 2020	27 March 2020	1 May 2020	29 May 2020	19 June 2020	7 August 2020	2 October 2020	4 December 2020
Preliminary business										
Minutes of previous meeting	every meeting	CS	X	X	X	X	X	X	X	X
Action log	every meeting	CS	X	X	X	X	X	X	X	X
Committee's assurance reports	every meeting	CELs	X	X	X	X	X	X	X	X
Patient story	every meeting	EDN&AHPS	X	Deferred	Deferred	X Kari's story	X 2 staff stories	X Sam Prince	X	X
Quality and delivery										
Chief Executive's report	every meeting	CE	X	X inc COVID19	X inc COVID19	X inc COVID19	X inc COVID19	X Inc COVID19	X	X
Performance Brief	every meeting	EDFR	X	X	X	X	X not for this meeting due to timing	X	X	X
Perfformance brief:Measures for inclusion in the performance brief	Annual	EDFR		X						
Perfomance Brief: annual report	Annual	EDFR				X Deferred to June	X			
Significant risks and risk assurance report	every meeting	CS	X	X	Not required	X	Not required	X	X	X
Care Quality Commission inspection reports	as required	EMD								
Quality account	annual	EDN&AHPS				X Deferred December				X
Mortality report	4 x Year	EMD	X			X		X		X
Staff survey	annual	DW		X Deferred August				X Inc in CE Report		
Safe staffing report	2 x year	EDN&AHPS	X					X		
Seasonal resilience	annual	EDO							X CE's report	
Serious incidents report	4 x year	EDN&AHPS	X			X Deferred August		X Q1		X
Patient experience: complaints and incidents report	2 x year (six monthly Dec annual August)	EDN&AHPS	X Six monthly report			X Deferred August		X Annual report		
Freedom to speak up report	2 x year	CE						X Annual report		X
Guardian for safe working hours report	4 x year	EMD	X			X Deferred August		X Annual report&Q12020-21		X
Strategy and planning										
Organisational priorities position paper	3 x year	EDFR		X 2020-21			x 2019-20 End of year report		X	
Service strategy	as required	EDFR						X Safeguarding strategy		
Digital Strategy	2x year	EDFR						X Deferred to October	X	X Defer Feb?
Engagement Strategy	2 x year (Mar &Oct from 2020)	EDN&AHPS		X						
Quality Strategy	annual	EDN&AHPS		X						
Workforce Strategy	every meeting from May 2019	DW	X Integration and Partnership	X Proactive Analytics	Deferred	Deferred	Deferred	X Looking after our staff	X	X
Research and development strategy	annual	EMD	X							
Governance										
Medical Director's annual report	annual	EMD				X Deferred August		X		
Nurse and AHP revalidation	annual	EDN&AHPS						X		
Well-led framework	as required	CS								
Annual report	annual	EDFR				X Deferred to June	X			
Annual accounts	annual	EDFR				X Deferred to June	X			
Letter of representation (ISA 260)	annual	EDFR				X Deferred to June	X			
Audit opinion	annual	EDFR				X Deferred to June	X			
Audit Committee annual report (part of corporate governance report)	annual	CS				X				
Standing orders/standing financial instructions review (part of corporate governance report)	annual	CS				X Deferred August		X		
Annual governance statement (part of corporate governance report)	annual	CS				X				
Going concern statement (part of corporate governance report)	annual	EDFR		X						
NHS provider licence compliance	annual	CS				X Deferred to June	X			
Committee terms of reference review	annual	CS				X				
Board and sub-committee effectiveness	annual	CS				X				
Register of sealings	annual	CS				X				
Declarations of interest/fit and proper persons test (part of corporate governance report)	annual	CS		X						
Corporate governance update	as required	CS								
Reports										
Equality and diversity - annual report	annual (Dec)	DW								X -taken as part of the Workforce Strat
Safeguarding -annual report	annual	EDN&AHPS						X		
Health and safety report	2 x year	EDFR						X Deferred August X		X
Infection prevention control annual report	annual	EDN&AHPS							X	
Additional items										
West Yorkshire Mental Health Services Collaborative	as required	CE	X							
Leeds Community Healthcare/Leeds General Practice Confederation - Committees in Common	as required	CE								
CAMHS Tier 4 - Building - New Care Models	as required	EDFR								
West Yorkshire and Harrogate Health and Care Partnership (Formerly STP)	as required	CE								

Key

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

= received

= deferred to another meeting

= not required