Leeds Community Healthcare NHS Trust
Board Meeting (held in public) - Virtual meeting
Friday 2 October 2020, 9.00am – 12.00noon

NHS Leeds Community Healthcare NHS Trust

AGENDA				
Time	**Item no.**	**Item**	**Lead**	**Paper**
		Preliminary business		
9.00	2020-21 (64)	Welcome, introductions and apologies: Chris Storton, Care Quality Commission – Observer	Brodie Clark	N
9.05	2020-21 (65)	Declarations of interest	Brodie Clark	N
9.10	2020-21 (66)	Questions from members of the public	Brodie Clark	N
9.15	2020-21 (67)	Minutes of previous meeting and matters arising: a. Minutes of the meetings held on 7 August 2020 b. Actions' log	Brodie Clark	 Y Y
9.20	2020-21 (68)	Patient's story: Community Neurological Rehabilitation Centre	Steph Lawrence	N
		Quality and delivery		
9.40	2020-21 (69)	Chief Executive's report: including Covid-19 update	Thea Stein	Y
9.55	2020-21 (70)	Committee Chairs' Assurance Reports: a. Quality Committee: 21 September 2020 b. Business Committee: 23 September 2020 c. Charitable Funds Committee: 18 September 2020 d. Nominations and Remuneration Committee :18 September 2020	 Ian Lewis Richard Gladman Brodie Clark Brodie Clark	 Y Y Y Y
10.15	2020-21 (71)	Performance brief and domain reports: August 2020	Bryan Machin	Y
10.25	2020-21 (72)	Significant Risks and Board Assurance Framework (BAF) Summary Report	Thea Stein	Y
10.30	2020-21 (73)	Seasonal resilience report	Sam Prince	N
10.40	2020-21 (74)	Infection prevention and control • Board Assurance Framework for Infection Control and Prevention	Steph Lawrence	 Y
10.45	2020-21 (75)	Operational priorities: update	Bryan Machin	Y
		Strategy and planning		
10.55	2020-21 (76)	Digital strategy update	Bryan Machin	Y
11.00	2020-21 (77)	Workforce strategy update	Jenny Allen/ Laura Smith	Y
11.05	2020-21 (78)	Engagement strategy update	Steph Lawrence	Y
		For approval		
11.10	2020-21 (79)	a. .Workforce Disability Equality Standard annual report 2020/21 b, Workforce Race and Equality Standard – 2020/21 annual report and action plan	Jenny Allen/ Laura Smith	Y Y
11.25	2020-21 (80)	Quality Account	Steph Lawrence	Y
	2020-21 (81)	Infection control and prevention: Annual Report 2019-20	Steph Lawrence	Y
11.35	2020-21 (82)	Health Education England 2020' Education and Training Self-Assessment Return	Ruth Burnett	Y
11.45	2020-21 (83)	NHS England Annual Organisational Audit (Medical appraisal)	Ruth Burnett	Y
		For noting		
11.55	2020-21 (84)	Approved minutes and briefing notes **for noting**: a. Quality Committee: 27 July 2020 b. Business Committee: 29 July 2020 c. West Yorkshire Mental Health Services Collaborative Committees in Common 23 July 2020 d. West Yorkshire Mental Health Services Collaborative Committees in Common – key areas and themes September 2020 e. West Yorkshire and Harrogate Health and Care Partnership Board – Chief Executive Lead update f. West Yorkshire and Harrogate Health and Care Partnership Board – minutes 2 June 2020	Brodie Clark	 Y Y Y Y Y Y
	2020-21 (85)	Board workplan	Thea Stein	Y
12 noon	2020-21 (86)	Close of the public section of the Board	Brodie Clark	N

Date of next meeting (held in public)
Friday 4 December 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 7 August 2020, 9:00am-12:00 noon (via Microsoft Teams)

AGENDA ITEM 2020-21 (67a)

Present:	Brodie Clark	Interim Trust Chair
	Thea Stein	Chief Executive
	Richard Gladman	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:	Jane Madeley	Non-Executive Director
	Professor Ian Lewis	Non-Executive Director
	Jenny Allen	Director of Workforce, Organisational Development and System Development (JA)
In attendance:	Diane Allison	Company Secretary
	John Walsh	Freedom to Speak Up Guardian (for Item47)
	Dr Turlough Mills	Guardian for Safe Working Hours (for Item 48)
	Dan Barnett	Programme Lead Reset and Recovery (for Item 50)
	Pip Goff	Forum Central (for Item 49)
Minutes:	Liz Thornton	Board Administrator
Observers:	Hannah Davies	HealthWatch Leeds
	Lucie Shaw	Graduate Trainee HR Advisor, Leeds Community Healthcare NHS Trust
	Balvinder Singh	Information Analyst, Business Intelligence Team, Leeds Community Healthcare NHS Trust
Members of the public:	Laura Colby	Liaison Group

Item	Discussion points	Action
2020-21 (37)	**Welcome and introductions** The Interim Trust Chair opened the meeting by welcoming Board members and attendees, in particular Hannah Davies, HealthWatch Leeds, two members of staff from the Trust: Lucie Shaw, Graduate Trainee, Workforce Directorate, Balvinder Singh, Information Analyst, Business Intelligence Team, who were both attending as observers and one member of the public.	

	Apologies Jane Madeley, Non-Executive Director, Professor Ian Lewis, Non-Executive Director and Jenny Allen, Director of Workforce, Organisational Development and System Development. **Interim Trust Chair's introductory remarks** Before turning to the more routine business on the Agenda, the Interim Trust Chair provided some introductory comments to add context to the meeting discussions particularly in light of the letter from NHS England dated 31 July 2020 about the third phase NHS response to Covid-19. He added that Simon Stevens had also made a very clear statement at a recent briefing that the next three months would be critical with key deliverables to be achieved urgently, in preparation for the winter. In terms of timings and prioritisation for the Trust this would mean: On the immediate delivery agenda: • Progressing the reset work led by the Executive Director of Operations and informed by service staff, patients and the community. • The emerging rehabilitation programme • Caring for staff health and wellbeing • The immediate knock on effects of all of this to estates; to digital; to administration and to others across the Trust On the immediate, but slightly longer-term delivery agenda: • An important focus on health inequalities • A vital BAME agenda • The development of a digital culture into the Trust. • A step change into system working, partnership delivery and public engagement with the launch of the third Sector strategy and the re-establishment of meetings with the GP Confederation. • A new and refreshed People Plan • . The agenda for this meeting would cover some of these topics. Finally he said that there would inevitably be a call for governmental and service restructure. The Care Quality Commission (CQC) and Commissioners were already looking at new models of working focussed on systems working and place focussed and it would be important for the Trust to contribute to and support this work.	
2020-21 (38)	**Declarations of interest** Prior to the Trust Board meeting, the Interim Trust Chair had considered the 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 (39)	**Questions from members of the public** There were no questions from the member of public present at the meeting and no questions had been notified in advance of the meeting.	
2020-21 (40a) **2020-21 (40b)**	**Minutes of the previous meeting held on 17 June 2020** The minutes were reviewed for accuracy and agreed to be a correct record. **Items from the actions' log** *2019-20 (87):* The Board noted that the action relating to future reports from the	

	Freedom to Speak Up Guardian which was due for completion in August 2020 would be covered in the report supporting Item 47 on the agenda. *2020-21 (34):* The Chief Executive reported that a report about the Trust's success in delivering the 2019-20 priorities had been shared with staff in the midday briefing. There were no further actions or matters arising from the minutes.	
2020-21 (41)	**Patient's story- Sam Prince – End of life care** Sam Prince described her experience of the care and support received by her mum from services provided by the Trust and her GP during the lockdown period in early 2020 until her death in June 2020. Sam said that her mum was 91 and had been a very active and sociable lady until her diagnosis with terminal cancer in February 2020. She made a decision not to receive any treatment other than palliative care to manage her condition and that when the time came her preferred place of death was to be at St Gemma's Hospice. Due to the pandemic she began shielding in March 2020, Sam was her only contact during this time and the isolation and lack of emotional support from her wider network of family and friends had had a significant impact on her health and wellbeing during this time. In May 2020 mum's condition deteriorated significantly and she decided to call the GP surgery to request a home visit and assessment. Sam's mum was told that this would not be possible due to the lockdown restrictions. At that point Sam decided to intervene and asked the Community Matron from the local neighbourhood team to visit her mum, assess her condition and identify what support might be available. The Community Matron was concerned about her mum's condition and requested a visit from the GP who discussed placing a 'Do not Resuscitate Order' on file and agreed to alert the hospice about mum's deteriorating condition. In the meantime a care package was put in place for two daily visits from the neighbourhood team to support meal preparation. Sam said that her mum had a range of food available for staff to prepare and cook but was told that they did not have the time to cook the food she preferred and she was offered toast. As swallowing had become increasingly difficult her mum decided that the visits were not providing the support she needed and she cancelled them. Sam said that her mum's condition continued to deteriorate. She was not eating, was unable to manage the stairs and had to sleep downstairs on a settee. Sam requested another urgent visit from the GP which was initially queried by the surgery but the eventual visit and assessment resulted in a fast track referral to continuing care. At this point things began to improve and equipment was delivered to support mum's end of life care at home as she was now too frail to be transported to the hospice. Sam said that the impact of caring for a loved one at the end of life was often underestimated by carers and she had begun to feel exhausted through lack of sleep but she knew that her mum was frightened about dying alone. The Neighbourhood Night Service provided a night sitting service towards the very end of her mum's life which was outstanding and allowed her to die at home with dignity supported by compassionate care. Sam's final reflections on her experience was that her mum's last weeks and months could have been better if her GP had been better at communicating and visiting to assess her condition and initially if more support had been provided by the neighbourhood team to prepare meals which she could eat. Once the referral to continuing care had been fast tracked, end of life care had been delivered with dignity and compassion and overall the services provided by the Trust had been excellent particularly the Neighbourhood Night Service.	

	The Interim Trust Chair thanked Sam for sharing her experience with the Board. He said that the kindness and compassion were key to the delivery of outstanding care and listening to and acting on feedback from patients, carers and staff wherever possible was essential. He invited questions and observations from members and attendees. The Chief Executive said that she had been concerned about the issues Sam had raised about meal preparation and she felt that the Trust could do more work around the standard of service that patients should expect from the Neighbourhood Teams and improve communications around this. The Executive Director of Nursing and Allied Health Professionals agreed that nutrition and hydration were an essential part of the support package and she was working with the Clinical Lead in the Adult Business Unit to address the concerns which Sam had raised and improve communication with patients and carers. There would be follow up to the issues raised by Sam and the Executive Director of Nursing and Allied Health Professionals would feed back accordingly.	
2020-21 (42i)	**Chief Executive's report** The Chief Executive presented her report particularly highlighting the items about the publication of the latest Freedom to Speak Up Index where the Trust had been rated 4th nationally and the invitation for the Trust to be part of the national WRES team's cultural change pilot. She also referred to two important documents published by NHS England on 31 July 2020; the NHS people plan and a letter explaining what NHS organisations were being asked to do to support the next stage of national reset and recovery. She explained that the letter talked about four main areas of work which would be important for the Trust, namely: the return to normal levels of activity, the preparation for winter (and winter plus COVID), learning from the COVID experiences and how to embed this, ensuring that the flu vaccine was delivered to all staff and to a wider range of vulnerable communities. The letter also referred to the work on waiting lists and backlogs prioritising clinical need and long waits and the need to work to keep patients safe, get them seen as quickly as possible and ensure staff safety and wellbeing. She provided assurance that all staff across the Trust and the senior team were working as hard as possible to achieve this and she was confident that the priorities in the letter were well aligned to the Trust's reset and recovery programme. Non-Executive Director (RG) referred to the annual staff flu campaign and asked whether there was any indication that vaccination would be a mandatory requirement for all NHS staff. The Executive Director of Nursing and Allied Health Professionals said that there was no mandatory requirement for all staff to be vaccinated. The delivery of the programme would be staggered between September and November and as the patient flu campaign had been extended this year to include anyone over the age of 50, there would be a considerable challenge to deliver what was required. The Interim Trust Chair agreed that it was imperative that the Trust vaccinated and protected as many staff as possible against fluand noted that further developments in relation to a possible vaccine for Covid-19 were expected in early 2021.	

2020-21 (42ii)	**Covid-19 update report** The Chief Executive presented the report which updated the Board on the current situation with Covid-19. **Outcome: The Board:** • received and noted the Chief Executive's report and the Covid-19 update.	
2020-21 (43)	**Performance Brief and Domains Report: June 2020** The Executive Director of Finance and Resources presented the report which sought to provide assurance to the Trust Board on quality, performance, compliance and financial matters. It provided a summary of performance against targets and indicators agreed by the Board, highlighting areas of note and added additional information where this would help to explain current or forecast performance. The Executive Director of Finance and Resources explained that the Performance Brief contained the most up to date information available for the month of June 2020 and he pointed out that across the domains performance had been very significantly affected by the Trust's ongoing response to Covid-19. The Board reviewed the June 2020 performance data which had also been reviewed in depth by the Quality and Business committees on 27 and 29 July respectively. The Interim Trust Chair invited the Executive Director of Finance and Resources to provide an update on the financial position. He drew the Board's attention to the Finance section of the Performance Brief and the implications for contracts where services had been paused or reduced due to Covid-19. He advised that the discussions with various commissioners were ongoing and that up until the end of August 2020 and in all likelihood September 2020, all reasonable costs related to Covid-19 spending 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. **Outcome: The Board:** • noted the present levels of performance.	
2020-21 (44)	**Significant risks and Board Assurance Framework (BAF) summary report** The report provided the Board with information about risks scoring 15 or above, after the application of controls and mitigation measures. It also provided a description of any movement of risks scoring 12 (high risks since the last report received by the Board) The Board noted changes to the register as follows: • No risks currently scoring 15 or above (extreme) • No risks have been closed consolidated or deescalated below 15 since May 2020 • Two new risks scoring 12 had been added to the register The Board reviewed the two new risks; 1004 relating to a subcontractor offering a reduced CAMHS service and 1006 which related to concern about patient safety incidents within one of the neighbourhood teams. The Board noted the controls and planned actions for each risk. Non-Executive Director (HT) and Deputy Chair of the Quality Committee confirmed that both	

	risks had been discussed by the Committee at a meeting on 27 July 2020 and members were happy with the controls and planned actions which had been put in place for each risk. The BAF summary report provided the Board with an indication of the current assurance level for each strategic risk, based on sources assurance received and evaluated by SMT, committees and the Board. The Board reviewed the negative movement indicating a worsening situation for BAF Risk1.3 relating to maintaining and continuing to improve service quality and BAF Risk 2.5 relating to delivering the income and expenditure position agreed with NHS Improvement. In response to a question from the Interim Trust Chair about the steps the Trust had taken to ensure patient safety during Covid-19, the Executive Director of Nursing and Allied Health Professionals said that the Quality Committee had considered a detailed paper at a meeting on 22 June 2020 which provided assurance in relation to the action taken by services as the Covid-19 pandemic began to ensure services were delivering the necessary care to maintain patient safety based on whether they were classed as C1, 2 or 3 services. However, she added that until all services were re-set it was difficult to assess the level of risk around quality and patient safety. She added that the Quality Committee would receive a further update report in September 2020 The Interim Trust Chair said that in relation to BAF Risk 2.5, until a new financial regime was published, no further action could be taken which would reduce the risk score. **Outcome: The Board:** • received assurance that for new and escalated risks the planned mitigating actions will reduce the risk • received additional assurance against BAF strategic risks that were linked to the strong themes identified in the report.	
2020-21 (45)	**Serious incidents report Q1** The Executive Director of Nursing and Allied Health Professionals presented the report which provided the Board with an update and assurance in relation to the management of Serious Incidents (SI's). It summarised the outcomes, themes, actions and learning from SI investigations closed within the organisation during the period 1 April 2020 to 30 June 2020. **Outcome:** The Board: • received this report and note the current position with regards action plans and learning improvement • received assurance regarding the management of Serious Incidents.	
2020-21 (46)	**Workforce report: Looking after our staff** The Director of Workforce, Organisational Development and System Development (LS) presented the report which described the steps taken by the Trust during the Covid-19 pandemic to look after staff in accordance with the organisations Values and Behaviours and in the context of the culture of workforce engagement. The Board noted the information provided on the 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 staff	

	• targeted health, wellbeing and development offers The Director of Workforce, Organisational Development and System Development (LS) provided assurance that the range of approaches and interventions deployed by the Trust and described in the report to take care of staff during the ongoing Covid-19 pandemic were well aligned with the NHS People Plan published by NHS England. She also provided an update on risk assessment completion rates for staff known to be 'at risk' which stood at 79% on 31 July 2020. **Outcome: The Board:** • noted the content of the report.	
2020-21 (47)	**Freedom to Speak Up Guardian: annual report 2019-20** The Freedom to Speak Up Guardian (FTSUG) provided an overview of his work for the period 1 April 2019 to 31 March 2020, basic activity data, themes that have emerged from the work to date and the future direction of the role. He reported that the role was working well and that he received strong support from the Chief Executive, directors and the wider organisation, He was pleased to report that the FTSUG Index which measures positive speaking up cultures in NHS trusts had recently been published and the Trust had been rated joint 4th nationally. In response to a question from the Interim Chair, the FTSUG said that work to develop the role in General Practice in Leeds in collaboration with the Leeds GP Confederation was continuing but progress had slowed slightly due to the Covid-19 pandemic. A Non-Executive Director (HT) asked how the FTSUG envisaged that culture within teams could be improved and was advised that leadership training was important, particularly as some managers' relationships with their staff was very transactional, when it should be caring and professional. The Board agreed that the reduction in staff formally speaking up from last year's report was a testament to the positive work undertaken by the FTSUG and the support the Trust provided through the Leadership Programme to enable managers and staff to resolve issues at base. The Chief Executive referred to the creation of 10 BAME Speaking Up Champions to work with BAME staff colleagues and support the work of the FTSUG she also added that more resources would be devoted to this area of work to ensure that this work was developed and embedded. The Interim Trust Chair thanked the FTSUG for presenting his report and commended his work in the Trust, his positive interaction with staff and particularly his recent work to support BAME staff **Outcome: The Board:** • noted report and activity to date. The Board indicated its continuing support to embedding the work of the Freedom to Speak Up Guardian across the Trust.	
2020-21 (48a)	**Guardian for Safe Working Hours Annual report 2019-20** The Guardian for Safe Working Hours (GfSWH) presented the annual report for 2019-20 which included information on the issues affecting trainee doctors and dentists in the Trust, including morale, training and working hours.	

	The Board reviewed the report noting the one exception report during 2019-20 which has been submitted by a CAMHS trainee and noted the actions to resolve the issues which were detailed in the report. **Outcome: The Board:** • noted the GfSWH annual report for 2019-20.	
2020-21 (48b)	**Guardian for Safe Working Hours 2020-21 Q1 report** The GfSWH presented the report for 2020-21 Q1 to provide the Board with assurance that trainee doctors and dentists working within the Trust are working safely and in a manner compliant with the 2016 Terms and Conditions of Service. **Outcome: The Board:** • agreed to support the GfSWH and Deputy Medical Director in discussion with LTHT to improve the training experience for paediatric trainees • recognised the work underway to engage trainee doctors and dentists within LCH and to promote the role of the GfSWH • Support the recruit a new GfSWH. The Interim Trust Chair thanked the GfSWH for presenting both reports, noting that his tenure in the role would end in October 2020 and he placed on record the Board's appreciation for his commitment to the role since 2017.	
2020-21 (49)	**Third Sector Strategy** The Executive Director of Operations presented the Third Sector Strategy to the Board for approval. She said that this was the first Third Sector Strategy for the Trust and had been co-produced with Forum Central, the umbrella organisation for the third sector in Leeds and had been informed by engagement and consultation with staff and the wider third sector. She invited Pip Goff, Director of Volition and Third Sector and Community Local Care Partnerships Lead, Forum Central to speak about her organisations involvement in its development. Pip Goff said that the Strategy was being launched at a time when partnership working across the statutory health and care providers and the third sector was at the heart of policy and plans for the creating a sustainable model for health and care provision. Hannah Davies observed that this was an important piece of work which recognised how much could be achieved to better meet people's health and care needs and reduce health inequalities through working with third sector partners on shared agendas and developing infrastructure, systems and processes. The Interim Trust Chair asked about the risks related to the strategy and was informed that these included not embedding a culture of mutual respect, organisations speaking different 'languages', the power dynamic, and third sector organisations not being sustainably funded. The Interim Trust Chair said that the strategy had been reviewed by the Business Committee on 29 July 2020 with a recommendation to the Board for approval. He said that the strategy's priorities included championing a 'one health and care system' where infrastructure is aligned to enable all partners including the third sector to contribute successfully and this was a very positive development.	

	Outcome: The Board: • approved the Third Sector Strategy • agreed that it should receive a further report on progress in six months' time	
2020-21 (50)	**Reset and recovery** The Executive Director of Operations provided with an update on the Reset and Recovery Programme including the high level timeline for the programme. The Board 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. In response to a question from Non-Executive Director (HT) about the impact of the re-set and recovery programme on waiting lists, the Chief Executive said that there would be a clear approach which balanced long waits against clinical urgency with the latter as a priority. Hannah Davies, HealthWatch Leeds highlighted the importance of maintaining good communication with patients and carers particularly around their expectations in relation the reset and recovery of paused services. The Executive Director of Operations said that services were working hard to communicate with patients and inform them about plans to deliver services differently in the future including the development of videos and blogs to support this. The Interim Trust Chair asked how the Board might receive assurance that hard to reach communities were receiving appropriate and effective communications. The Chief Executive suggested that a more detailed report should be made available to the Quality Committee in September to provide further assurance around effective communication. In response to a question from Non-Executive Director (RG), the Executive Director of Operations confirmed that the Trust intended to incorporate as much learning and innovation into the reset and recovery programme as possible whilst recognising that the reset plans may be paused if the organisation needed to focus on keeping essential services running due to winter pressures. She added that the programme of winter planning sessions had already begun. **Outcome: The Board:** • noted the report.	
2020-21 (51)	**Medical Director's annual report including approval of compliance statement** The Executive Medical Director presented the report which provided the Board with an overview of the Trust's responsibilities regarding the employment of medical and dental staff within the Trust including, appraisal and medical revalidation, manging concerns and pre-employment checks. She added that it also fulfilled the requirements set by NHS England in relation to annual organisational audit, designated annual board report and the statement of compliance.	

	The Board reviewed the report and approved the statement of compliance for signature and submission to NHS England. **Outcome: The Board:** • noted the contents of the 2019-20 Executive Medical Director's Annual Report • approved the statement of compliance and agree submission to NHS England.	
2020-21 (52ai)	**Safeguarding** **Safeguarding Strategy 2020-2023** The Executive Director of Nursing and Allied Health Professionals presented the Trust's draft Safeguarding Strategy for 2020-2023. The strategy had been reviewed by the Quality Committee on 27 July 2020 and recommended for approval. Hannah Davies, HealthWatch, Leeds observed that safeguarding was a key priority for all organisations and the role of the Trust' staff was crucial in identifying any areas of concern which arose as part of their work in the community. The Executive Director of Nursing and Allied Health Professionals said that this had been particularly important during the pandemic and the Trust's staff had identified and acted on a number of issues which had arising as part of the work particularly in supporting care homes. **Outcome: The Board:** • approved the Safeguarding Strategy for 2020-2023	
2020-21 (52b)	**Safeguarding annual report 2019-20** The Executive Director of Nursing and Allied Health Professionals presented the report which provided a brief overview of the safeguarding achievements and challenges in 2019-20 and outlined the key ambitions for 2020-21. The annual report had been reviewed by the Quality Committee on 27 July 2020 and recommended for approval. **Outcome: The Board:** • noted the report and approved its publication.	
2020-21 (53)	**IPC proposal for increased capacity** The Executive Director of Finance and Resources presented the proposal which apprised the Board of the existing cooperation agreement in place between Leeds City Council and the Trust and sought 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'. He explained that Leeds City Council wished 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 would 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 28 May 2020 and would be reviewed annually. The proposal had been considered and recommended for approval by the	

	Business Committee on 29 July 2020 but in accordance with the Trust's Investment Policy any new investment of £500k or over required Board approval. **Outcome: The Board:** • approved the proposal for the increased investment in the IPC team for the next three years.	
2020-21 (54)	**Standing Orders and Standing Financial Instructions** The Company Secretary presented the paper. She explained that in order to ensure that the Board was 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. The paper summarised 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 had 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. **Outcome: The Board:** • approved the revisions to the standing orders/standing financial instructions.	
2020-21 (55)	**Health and Safety Compliance Report** The report provided an update on the developments and effectiveness of the Trust's health and safety management system. It informed the Board about developments 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 would be adapted as the health and safety management system becomes embedded into the Trust's working practices. **Outcome: The Board:** • noted the activities and progress made with implementing the health and safety management system and arrangements • supported the proposal that the Board received annual health and safety compliance report and the Business Committee received six monthly updates and provides assurance to the Board on the effectiveness of the health and safety management system.	
2020-21 (56)	**Patient safety and engagement annual report** The report provided the Board with an update on the management of patient safety incidents within the Trust, incorporated the statutory information required for the annual complaints report and summarised outcomes, themes, actions and learning from the Patient Safety and Serious Incident investigations closed within the organisation between 1 April 2019 and 31 March 2020. **Outcome: The Board:** • received and noted the report • noted the updated information and themes	

2020-21 (57)	**Nurse and Allied Health Professionals (AHP) revalidation and registration** The report which provided the Board with an update on nursing and AHP revalidation and registration. The Board noted the positive position of nursing and AHP registration for those professionals employed by the Trust. The Executive Director of Nursing and Allied Health Professionals drew the Board's attention to two issues relating to messages from the regulatory bodies. During Covid-19 the Nursing and Midwifery Council (NMC) had allowed nurses and midwives to delay re-registration and revalidation for up to three months however communications had been confusing and this had led to one nurse failing to revalidate within the required timescale. This had now been resolved and the individual had not worked during the period where her registration had lapsed. The Health and Care Professions Council (HPC) had granted podiatrist an additional month for revalidation and re-registration. **Outcome: The Board:** • noted the position on nurse and AHP revalidation and re-registration.	
2020-21 (58)	**Safe staffing report** The Executive Director of Nursing and Allied Health Professionals presented the report which described the expectations of Boards in relation to nurse staffing outlined where the Trust was meeting the requirements and highlighting if there was further work to be undertaken. The Board noted that the report set out safe staffing over the six months since February 2020 and covered the range of services provided by the Trust which was a change to previous reports. Safe staffing had been maintained across all in-patient units for the time period; however, this had only been possible through the use of temporary staff albeit in the main through the Trust's internal staff bank (CLASS). In response to question from Non-Executive Director (HT), the Executive Director of Operations provided assurance that the vacancy levels for the CAMHS service at Wetherby YOI and Adel Beck which had been identified as a new risk on the risk register had been discussed with NHS England and staffing levels had been deemed acceptable and priority areas agreed.	
2020-21 (59)	**Mortality report** The report provided the Board with assurance regarding the mortality figures and process within the Trust in Quarter1 2020-21. **Outcome: The Board:** • received the assurance provided regarding the Trust mortality process • acknowledged the high demands that were placed on the neighbourhood teams (including redeployed staff) during Quarter1 2020-21 who were still able to provide excellent care.	
2020-21 (60)	**Assurance reports** The Board received assurance reports as follows: Quality Committee: 22 June 2020 and 27 July 2020 Business Committee: 24 June 2020 and 29 July 2020 Charitable Funds Committee: 26 June 2020 Nominations and Remuneration Committee: 26 June 2020 Audit Committee: 17 June 2020	

	Outcome: The Board: • received and noted the reports.	
2020-21 (61)	**Approved minutes for noting** The Board received the following final approved committee meeting minutes and notes presented for information. 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 d. NEDs Covid-19 briefing notes: 11 June 2020 **Outcome: The Board:** • noted the final approved minutes.	
2020-21 (62)	**Board workplan** The Chief Executive presented the Board work plan (public business) for information. She said that the work plan would be revised to reflect the agreement to provide a six monthly update on the Third Sector Strategy. **Outcome**: The Board noted the work plan.	
2020-21 (63)	**Close of the public section of the Board** The Interim Trust Chair thanked everyone for attending and concluded the public section of the Board meeting. Closed at 12noon.	
Date and time of next meeting **Friday 2 October 2020, 9.00am – 12.00noon** **Boardroom, Trust Headquarters, Stockdale House, Victoria Road, Leeds LS6 1PF**		

V3 13 08 2020

Signed by the Interim Chair:
Date: 2 October 2020

AGENDA ITEM 2020-21 (67b)

Leeds Community Healthcare NHS Trust
Trust Board meeting (held in public) actions' log: 2 October 2020

Agenda Number	Action Agreed	Lead	Timescale	Status
Meeting 7 August 2020				
	None to note			

Actions on log completed since last Board meeting on 7 August 2020	
Actions not due for completion before 2 October 2020; progressing to timescale	
Actions not due for completion before 2 October 2020; agreed timescales and/or requirements are at risk or have been delayed	
Actions outstanding as at 2 October 2020; not having met agreed timescales and/or requirements	

NHS
Leeds Community Healthcare
NHS Trust

AGENDA ITEM 2020-21 (69i)

Meeting: Trust Board 2 October 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:

- COVID-19 update
- Flu vaccine campaign
- I Can Be Me campaign
- Named Senior Responsible Officer for UK transition preparations

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

The Media report for August 2020 is also attached.

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. Covid-19 update

1.1 Surge in cases in Leeds

In order to provide the most up to date information regarding this changeable situation, the Chief Executive will provide the Board with a verbal update during the meeting and this will be captured in full in the meeting minutes.

1.2 Personal Protective Equipment

The Trust's arrangements for central warehouse and local base storage of PPE are working well. A system is in place for any local team item shortfalls, which are exceptional, to be escalated and additional deliveries to be made. The national distribution system is in the process of changing from a "predictive push" system that was not sighted on trusts' consumption rates and stock levels to a "managed inventory" system which can top up stocks to 14 days based on both these factors. Once implemented this should give greater certainty to the delivery levels we can expect from national storage facilities.

2. Flu vaccine campaign

Flu season is now upon us and the Trust is involved from two perspectives: one is the internal staff flu campaign and the second is our support to primary care to deliver the flu campaign to the public.

The staff campaign is in the process of being launched and due to the way vaccines will be received this year, will start with front line staff during September and October and then move to all remaining staff in November 2020 when the second batch of vaccine is delivered.

The patient flu campaign has been expanded this year to include 50-65 year olds. In terms of supporting primary care, we have shared the agreement required to enable Neighbourhood Team staff to deliver the vaccine to patients on their caseload with primary care and to date over 80% of practices/PCN's are signed up. This will mean the Neighbourhood Teams will deliver the vaccine for those patients on their caseload whom they are visiting at home including care homes.

3. Annual General Meeting 2019/20

The Trust's first virtual Annual General Meeting (AGM) took place on Tuesday 16 September with presentations from the Chair, Chief Executive and Executive Director of Finance and Resources. The event was well attended by members of staff, third sector partnership colleagues and members of the public. Guest speakers were four members of our own BAME network who talked about the impact of Covid-19 on BAME staff and communities, racism and exclusion in society, their hopes for a culture of acceptance and inclusion, and the steps being taken towards achieving this at the Trust.

4. Third Sector Launch Event

We were delighted to formally launch our Third Sector Strategy (approved by Trust Board in August 2020) at a virtual launch event for third sector organisations, co-hosted with Forum Central, our partners in co-producing the strategy immediately following the AGM on 16 September 2020.

The event, which was over-subscribed and well attended, was an opportunity to connect with third sector organisations and get their views about which priority areas to focus on in the first year of implementation and how we involve and work with the third sector. There was greatest support for focussing on utilising third sector expertise to understand and tackle health inequalities. There was also broad consensus about:

- ensuring that the Strategy leads to tangible actions and improvements and the importance of not trying to do too much in year one, rather focus on foundations to build on
- co-production with the third sector and communities needs to be the foundation for work to reduce health inequalities and service / pathway development
- use existing infrastructure, notably PCNs / LCPs with work to reduce health inequalities, and Forum Central networks to enable broad connections and conversations with the third sector

The key next step is establishing the Steering Group with both LCH and third sector representation to drive development of the year one implementation plan.

5. I Can Be Me campaign

The I Can Be Me campaign has been launched at the Trust. The campaign is for all staff and asks everyone to speak up and be their authentic self.

A member of the BAME network designed an '@LCH I Can Be Me' badge for the campaign, and the BAME Network were involved in the launch of the campaign. Whilst the campaign was born out of the negative experience of a BAME member of staff, the campaign is aimed at everyone. The hope is that when people wear this badge, they are signalling a commitment to inclusion.

Staff are asked to pledge their commitment to equality and inclusion, to play their part in bringing us all together and to be open to having better conversations about race.

6. Launch of Community Cancer Support Service

Our new Community Cancer Support Service, funded by Macmillan Cancer Support and Leeds NHS Clinical Commissioning Group, and managed and staffed by our Trust, was launched in September to improve cancer patient's access to local support services and help cancer patients to lead as full and active life as possible. In addition to offering Cancer Care Reviews within six months of a diagnosis, the service will use a holistic approach to supportive self-management through emphasising patients' concerns and using the 'what matters to me' approach to personalised patient care.

The service is initially going live for patients with GP practices in Otley, Yeadon and

Harehills/Richmond Hill/ Burmantofts Primary Care Networks (PCNs) before expanding to additional areas of Wetherby, Middleton and Beeston/Hunslet PCNs later in the year. Referrals for adult patients with a cancer diagnosis are being welcomed initially from GPs and hospital cancer teams.

7. Named Senior Responsible Officer for UK transition preparations

Professor Keith Willett, Strategic Incident Director for COVID-19 and National Director for Emergency Planning and Incident Response has written to all trusts to confirm that he will now be resuming the role as EU Exit Senior Responsible Officer (SRO) (along with Strategic Incident Director for COVID-19). His letter outlines the operational approach that will be taken to COVID-19 response and restoration, and planning for the end of the transition period with the EU. This will be a single, shared operational readiness and response structure across those areas to avoid confliction and to reduce burden on the system.

The Trust was asked to name a UK end of transition SRO to work with the existing incident team, and has confirmed that this will be the Executive Director of Operations, Sam Prince. The Trust remains ready to reinstate our transition team as required.

You can view Professor Keith Willett's letter here:

https://www.england.nhs.uk/publication/eu-exit-end-of-transition-period-letter-from-professor-keith-willett/

8. West Yorkshire Mental Health Collaborative Committees in Common strategic meeting

The West Yorkshire Mental Health Collaborative Committees in Common held a dedicated strategic meeting for the first time in September 2020. It reflected on the purpose of the Committees in Common and how it continues to be used as a forum to drive collaboration and shared learning, make decisions that cut across organisational boundaries and keep a collective eye on how current policy will impact on work including the future of commissioning.

The members discussed that the role of the Committees in Common had evolved over time and will continue to do so, but that its focus over the next twelve months remain on assurance of agreed priorities (such as the lead provider collaborative delivery for CAMHS), problem solving big issue items (such as autism diagnosis waiting times) and developing the vision for services and the Committees in Common in line with the West Yorkshire & Harrogate Health and Care Partnerships commissioning futures programme. And at all times sharing back with the respective boards the progress and challenges being faced as a collaborative.

A set of slides which summarises this developmental session are included in the Board papers.

LCH Trust Communications Report

Social and Online Media

Page likes	(Last month)	Followers	(Last month)	Users	(Last month)
3912	3870	8,945	8,913	17,939	18,001
New likes	(Last month)	Profile visits	(Last month)	Avg. vistit length	(Last month)
60	23	700	830	01:38	01:35
Post reach	(Last month)	Impressions	(Last month)	Sessions	(Last month)
68,328	35,433	45,700	67,200	26,057	25,977
Impressions	(Last month)	Mentions	(Last month)	Page views	(Last month)
136,330	96,121	364	486	54,565	53,500
Posts	(Last month)	Tweets	(Last month)	New users	(Last month)
26	39	34	48	14,901	14,570

Top Tweets

We are pleased to announce that Brodie Clark CBE has been appointed as our new Chair and will take up his new role immediately. Read more here: https://bit.ly/30MS4su pic.twitter.com/V0E4ewkpAL

Impressions: 3,026
Engagements: 143

We are really delighted to have recently received a grant from @NHSCharities as part of the NHS Charities Together Covid-19 Urgent Appeal. A huge thank you from us at @LCHNHSTrust, this will make a huge difference to the wellbeing of our LCH colleagues. pic.twitter.com/yjvsNwmIK6

Impressions: 3,153
Engagements: 61

Top Facebook posts

Do you have a passion for avoiding unnecessary hospital admissions and improving safe and timely hospital discharges for patients? An exciting opportunity to work with the Leeds Integrated Discharge Service has arisen 👉
Closing Date: 12/08/2020
Read more: https://bit.ly/2Xl24qO

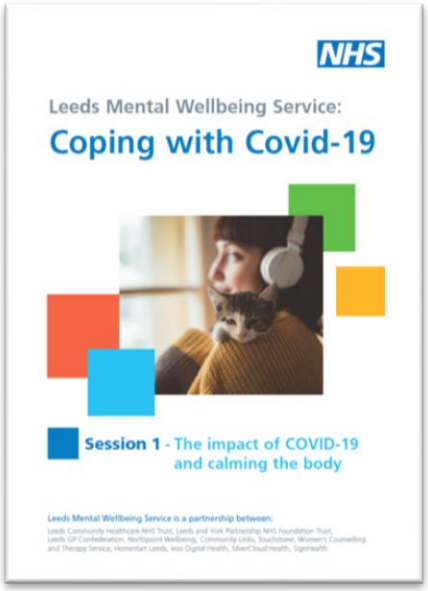
2,950 People Reached
43 Likes, Comments and Shares

Would you like the opportunity to help shape the development of the Neighbourhood Teams and contribute to key pathways and frameworks working across health and social care? We're looking for an innovative nurse to do just that!

Closing Date: 20/08/2020
Read more: https://bit.ly/3im46PJ

1,650 People Reached
19 Likes, Comments and Shares

Graphic design examples



LCH website page views

1. Leeds Mental Wellbeing Service (Home) – 7,652
2. Home – 4,964
3. Speech and Language Therapy Toolkit – 2,609
4. Our service- A – Z – 2,503
5. Leeds Mental Wellbeing Service- What we offer – 2,469
6. Leeds Mental Wellbeing Service- Refer yourself – 1,918
7. Neighbourhood Teams – 1,846
8. Leeds Mental Wellbeing Service- Face to face classes – 1,502
9. Contact us – 1,207
10. Contact us- Our locations – 1,018

Media summary

1. **Neutral**: **Leeds** hospitals go 11 days without recording a new coronavirus death – Leeds Live, 24 August 2020
2. **Positive:** Prime Minister chats with nursing team given 'hero' medals by grateful **Leeds** patient, 87 – Yorkshire Evening Post, 25 August 2020
3. **Positive:** Ensuring long term support for COVID-19 survivors – Medical Xpress, 26 August 2020
4. **Positive:** Leeds tops UK for Covid-19 vaccine trial sign ups in groundbreaking research project – Leeds Live, 19 August 2020
5. **Negative:** Children with eating disorders in Leeds are waiting too long for treatment – Yorkshire Evening Post, 20 August 2020
6. **Neutral:** Study reveals long COVID recovery - Australia Hospital + Healthcare Bulletin, 12 August 2020
7. **Neutral:** Guidelines for COVID-19 survivors - Daily Pioneer India, 12 August 2020
8. **Positive:** Health leaders raise awareness for the benefits of breastfeeding - Open Access Government, 5 August 2020
9. **Neutral:** Coronavirus: Large scale recruitment planned in Harrogate for vaccine trial - Stray FM – August 2020
10. **Positive**: Leeds Parks to host outdoor breastfeeding events to support mothers – Leeds Live – 3 August 2020
11. **Neutral:** COVID-19: The long road to recovery – Medical Press, 6 August 2020
12. **Positive:** Socially-distanced breastfeeding support groups for world awareness week – Yorkshire Evening Post, 3 August 2020
13. **Neutral:** Healthcare system must develop ways to help people recovering from Covid' – Daily Pioneer, 30 August 2020
14. **Neutral:** Leeds sees 'concerning' rise in referrals to anti-extremism scheme Prevent – Yorkshire Evening Post, 29 August 2020
15. **Neutral:** The number of new covid cases in Leeds as 82 confirmed across Yorkshire - Leeds Live, August 2020
16. **Positive:** No coronavirus deaths recorded at Leeds hospitals as Yorkshire reaches significant milestone – Leeds Live, 17 August 2020
17. **Neutral:** Researchers urge healthcare systems to develop ways to support people recovering from COVID-19 – News-Medical.net, 27 August 2020

Media coverage by tone (from 1 April 2019)

Media coverage type (from 1 April 2019)

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (70a)

Report to: Trust Board 2 October 2020
Report title: Quality Committee 21 September 2020: Committee's Chair assurance report
Responsible Director: Chair of Quality Committee **Report author:** Assistant Director of Nursing and Clinical Governance
Previously considered by: Not applicable

Purpose of the report

This report gives an indication to the Board about how well its strategic risks are being managed. The level of assurance is based on the contributions of the papers received and evaluated this month.

This paper also describes any other information and key issues raised at the Committee that the Board needs to be aware of.

Key issues to report to the Board:

- **Covid-19:** Increasing both nationally and locally across Leeds resulting in a steady increase in admissions to LTHT (respiratory and critical care). LCH re-establishing twice weekly meetings and will review the need to step this up to control and command arrangements.
  National testing crisis continues with an inability to get staff tested as quickly as desired. A further drive through facility opened at Chapeltown Health Centre and continued over the weekend however laboratory capacity has restricted the ability to open today. LCH IPC team under increasing pressure and are sourcing mutual aid to response appropriately. Testing has been established on site at Leeds University as anticipating increasing cases with students returning. Also anticipating some impact on LCH staffing related to school closures. The impact within primary care was also discussed with the first GP practice closure last week due to staffing. LCH has a plan for re-deployment when that is required, which is not yet, but this is being closely monitored.

- **Little Woodhouse Hall:** In addition to the reports received by Committee, a verbal update was provided in relation to a follow up quality visit that took place on Friday 18 September jointly with LCH and NHSE. Whilst the report is awaited, initial feedback provided assurance of early positive improvements, acknowledging this needs monitoring for evidence and assurance of sustained improvements. Overall an early but improving picture.

- **Service spotlight:** The challenges of changing our existing culture to embed a self-management approach to self-care in patients with long term conditions was identified by Rachel Pontefract through her project work. Her presentation and subsequent discussion reflected that there is a need to change the clinical focus to "what matters to you" rather than "what is the matter with you". LCH have limited numbers of staff trained in health coaching. Discussion ensued identifying the need for this to be an integral part of training at all levels, both pre and post registration, and to ensure this principle cuts across all our organisational internal clinical training in order to enhance our focus on self-care.

- **Performance brief:** The Committee requested a little more information in relation to major harm incidents to provide an added layer of assurance. Whilst waiting list recovery is on the whole working towards trajectory, hotspots were acknowledged (MSK, Podiatry, Dental & CAMHS) and are being monitored more closely. It was also reported that an initial review of the increasing numbers of staff leaving within 12 months of employment confirmed this was exclusively for career development, further work is being undertaken to identify opportunities for aligned career development within LCH.

- **Clinical Governance report**: The Committee were pleased with reported improvements in data around cancelled / re-scheduled visit as a result of improved documentation and revised ways of working across the Neighbourhood Teams. Further conversation around Business Unit risks provided additional assurance of appropriate actions being in place to mitigate risks in relation to staff resilience and monitoring of waiting list recovery.

- **NT Triangulation report**: Activity remains at a static position however this does not reflect the complexity of caseloads which is being considered through the introduction of a complexity tool. Data is expected to be reported over the next quarter. Conversation was held around learning from previous re-deployment and plans for the future should re-deployment be required.

Board Assurance Framework: The Committee have agreed to adopt the revised assurance report template and will undertake a review of the sources of assurance for Quality Committee.

Assurance levels agreed by Committee:

Can the Committee assure the Board on the following strategic risks?	**Agenda items reviewed:**	**Level of assurance provided overall:** **Substantial** **Reasonable** **Limited** **None**
RISK 1.1 Does the Trust have **effective systems and processes for assessing the quality of service delivery** and compliance with regulatory standards?	• Performance brief and domain reports • Clinical Governance Report inclusive of SI / PU update & clinical leads' report • Infection Prevention and Control annual report • Quality Improvement Plan (CQC)	*Overall: Reasonable*
RISK 1.3 Is the Trust **maintaining and continuing to improve service quality**?	• Performance brief and domain reports • Clinical Governance Report inclusive of SI / PU update & clinical leads' report • Neighbourhood Team triangulation report • Quality account • Quality priorities quarterly position • Quality Strategy • Quality Improvement Plan (CQC) • Winter planning – quality implications • CAMHS: Little Woodhouse Hall actions update • Mental Health Act governance update • Service spotlight presentation on introduction of self-management strategy	*Overall: Reasonable*
RISK 1.4 Is the Trust **engaging with patients and the public** effectively?	• Engagement Strategy update report • Performance brief and domain reports (FFT) • Clinical Governance Report • Service spotlight presentation on introduction of self-management strategy	*Overall: Reasonable*

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AGENDA ITEM 2020-21 (70b)

Meeting: Trust Board 2 October 2020	**Category of paper** *(please tick one)*	
Report title: Business Committee Chair's Assurance Report (23 September 2020)	**For approval**	
Responsible director: Business Committee Chair **Report author:** Business Committee Chair	**For assurance**	✓
Previously considered by N/A	**For information**	

Purpose of the report

This report identifies the key issues for the Board from the Business Committee held on 23 September 2020.

The report also gives an indication to the Board about how well its strategic risks are being managed. The level of assurance is based on the information in the papers and presentations received and the Committee's discussion (see page 3).

Main issues for consideration

Business and Commercial developments update
The Committee heard that as a consequence of Covid and a continued move within the NHS away from tendering there had been little business development activity over recent months. The Trust had been unsuccessful in a small bid for homeless services. Some service contracts were due for review/renewal and the Trust was in discussions with the commissioners of these services. The Trust was close to agreeing a different contractual arrangement with Commissioners regarding the Community Intermediate Care Beds contract.

Sustainable Development Management Plan
The Committee reviewed the first draft of the plan, which laid out the importance of sustainability and the Trust's responsibilities towards reducing its carbon footprint. The five key areas the action plan focussed on are buildings and estate, procurement, travel, waste and water management, and staff involvement and engagement. The Committee welcomed the first draft and suggested the language should be firmer and more confident and that it was important to make links between our plan and the City's plans. A further draft will be brought back to Committee in November 2020.

E- Rostering project
The Committee received a presentation from the project manager for E-rostering that outlined the project milestones and benefits of the project. The Committee was advised that there were four attainment levels and all trusts are expected to achieve level one by March 2021, which is to have a central system to record capacity information. LCH will achieve that level ahead of the March deadline Whilst the E-rostering project has been paused during the initial Covid period, the e-rostering system has proved its worth in this time, as it has supported the staff redeployment programme, capacity and demand modelling, and payment of staff.

Estate Strategy
The Associate Director of Estates provided an update on the implementation plan, particularly focussing on what had been achieved during the first phase of Covid-19 pandemic, including

changes to the way in which staff work and building are configured. Examples of how staff were being engaged in this work were provided. The Committee recommended that the health inequalities agenda should be more prominent, and that the financial impact of changes to the estate should be assessed as plans developed.

Digital Strategy
The Committee received an update on progress being made with the strategy. The newly established Digital Strategy Implementation Group was doing good work in gathering the requirements and priorities from services, but had concluded that providing more time for consultation would be beneficial. A plan on a page was to be developed once all returns had been received and a draft would be presented at Committee in October.

Reset and recovery
The Committee received an update from the Programme Lead, including restart position statements about services. The Committee recognised the importance of ensuring services were back up and running quickly in order to attend to patients and reduce waitlists, and because of the pace required, that it wasn't always possible to pause and reflect on transformation prior to restarting all services. In some cases transformation would happen once services had restarted.

Performance Brief
The Committee discussed the impact on patients when waiting times had increased because services had been paused or reduced. The Committee heard about the mitigation in place to try ensure that patients were contacted regularly and that they knew how to escalate any concerns and changes in their condition. The Committee discussed the challenges and solutions for the reduction in service capacity brought about by the need for social distancing, including outsourcing some aspects of services that could be delivered successfully online. The Committee remained concerned about the number of staff leaving the Trust during the first 12 months of their employment and heard about a range of support measures being put in place to address this.

Quarterly finance report
An overview of the impact of the financial regime for September to March of this financial year on both the Trust and the Integrated Care System was presented to the Committee and will be further discussed at Board.

Workforce Disability Equality Standards (WDES) and Workforce Race Equality Standards (WRES) action plans.
The Committee reviewed both action plans and agreed to recommend that the Board approves these in order that they can both be published on the Trust's website. The Committee noted that the WRES action plan had advanced more than the WDES action plan had, however the WDES action plan was encouraging**.**

For levels of assurance, see overleaf

The Business Committee provides the following levels of assurance to the Board on the these strategic risks	Agenda items reviewed	Overall level of assurance provided	Additional comments
Risk 2.1 Is the Trust delivering on **principal internal projects**?	• E Rostering presentation • Estate Strategy update • Digital strategy update (plans) • Reset and Recovery	Reasonable	The Committee agreed that the reset and recovery project should be included as a principal internal project given its level of importance to service delivery
RISK 2.2 Is the Trust delivering **contractual requirements**	• Performance brief and domain reports (contractual penalties and waiting times) • Operational and non-clinical risks register • NT triangulation report	Reasonable	The Committee agreed that, given the context the Trust is currently working in, it is sufficiently managing this strategic risk.
RISK 2.3 is the Trust improving **productivity, efficiency and value for money**?	• Business and Commercial Development Report • Estate Strategy update • Reference costs	Reasonable	The Committee felt that whilst the productivity focussed work had paused over the past 6 months, the reset and recovery work and the principal internal projects that had been considered provided evidence of focus on this strategic risk
RISK 3.1 Does the Trust have **suitable and sufficient staff capacity and capability** (recruitment, retention, skill mix, development)?	• Performance brief and domain reports (turnover) • NT Triangulation Report	Reasonable	The Committee took into account the current low level of vacancies
RISK 3.2 Is the Trust addressing the **scale of sickness** absence?	• Performance brief and domain reports (Well-led) • Sickness absence analysis • NT Triangulation Report	Reasonable	The Committee took into account the lower level of sickness experienced over the past 6 months but was cognisant of increasing signs of the impact of the pandemic response on staff and a clear need to maintain current levels of support and possible enhanced responses.
RISK 3.3 Is the Trust **engaging and involving staff**?	• Performance Brief (appraisal rate, FFT) • WRES/WDES action plan reports	Substantial	The Committee viewed a number of papers that confirmed that staff are involved and engaged in service reset and recovery and in the equality and inclusion agenda.

Recommendation: The Board is recommended to note the assurance levels provided against the strategic risks

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (70c)

Report to: Trust Board: 2 October 2020
Report title: Charitable Funds Committee 18 September 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 18 September 2020 and indicates the level of assurance based on the evidence received by the Committee, where applicable.

Charitable development updates

It was agreed that we should no longer pursue the joint work with Leeds Cares at this time.

The Committee heard an update from the recently established Operational Group (a sub group of the Committee) and it received and agreed a number of proposals from them, which included:

- The new proposed structure would be the Charitable Funds Committee; the newly established operational group which will be chaired by the Director of Nursing and AHP's, with charity leads/ambassadors within service and patient groups. The Committee agreed this approach and suitable Terms of Reference for the Operational Group will be brought to the next Charitable Funds Committee meeting along with suitably revised TOR for the Charitable Funds Committee itself.
- There was a discussion about a patient/carer representative for the Committee but it was agreed at this stage this wasn't appropriate or necessary. It was agreed that this representation was more appropriate at the Operational Group.
- An important remit of the Operational Group would be to review bids and make recommendations for approval to the Committee as required. This was agreed but the structure for reviewing bids should be revised to ensure that it was robust, transparent and not overly bureaucratic.
- The group would also consider reviewing the criteria for bid applications, brand development, identifying fundraising opportunities, review and design clear processes and policies as required.

The Operational Group will ensure a full report to the next committee which include Terms of Reference and an update on progress.

The Director of Nursing and AHP's will update the Committees Terms of Reference for the next meeting to reflect this new structure.

Finance Report

The Director of Finance presented the finance report. There was one query in relation to a duplicated item and the Director of Finance agreed to look at this. In addition, there was a discussion regarding the psychological support consideration and payment as considered at the last meeting. It had been agreed to consider this as a Trust cost. The Director of Nursing explained that there had been a further donation from the NHS Charities Together which was to be specifically used for this purpose, and as such, the Charitable Funds payment was now appropriate.

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
To be updated in light of the changes to the structure and returned to the next meeting.

Consideration of bids.

The Committee considered three bids and agreed to proceed as follows:

A bid for charitable funds to support research work was declined for several reasons.

A bid for funds to provide tablets and internet access to unpaid carers who use our services/support others who use our services was agreed.

A bid from Little Woodhouse Hall (LWH) for staff was considered and fob watches for staff were agreed.
The other elements of the bid were declined for various reasons, and a revised option would be considered.

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (70d)

Report to: Trust Board 2 October 2020
Report title: Nominations and Remuneration Committee - Committee Chair's Assurance Report (18 September 2020)
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 18 September 2020 and as set out below.

Main issues for consideration

The Committee received a paper updating on Board appointment and succession planning noting that two NED roles were now out to advert. Every effort is being made to encourage applications from individuals with protected characteristics including BAME backgrounds for these roles.

The Committee formally approved the extension of the temporary changes to policies agreed with Trade Union representatives to assist the organisation in managing through a potential second wave of the COVID pandemic.

Recommendation:

- The Board is recommended to note the main issues

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AGENDA ITEM 2020-21 (71i)

Meeting: Trust Board, 2 October 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 – 16th September 2020 Quality Committee – 21st September 2020 Business Committee, 23rd September 2020	**For information**	

Purpose of the report

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

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

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

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

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

Main issues for Consideration

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

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

In the **Safe** domain the alignment of reporting between Clinical Governance and BI has been completed and all reporting is now based on date of incident.

There have been concerns over the last few months in relation to Little Woodhouse Hall (LWH) and detailed papers have been taken regularly to Quality Committee in relation to this and in particular in relation to the complex presentations of the young people and the high levels of self-harming behaviour seen within the patient group. There has been a notable reduction in self-harm incidents reported by Little Woodhouse Hall in August compared to previous months (137 June, 145 July & 112 August) which accounts for the majority of this decrease in LCH patient safety incidents during this reporting period. This is in part due to reduced numbers of patients at LWH but also as a direct result of the work being undertaken currently.

An improvement in reporting of pressure ulcers that have been due to lapses in care has been seen.

As a result of the challenges during the Pandemic and as the organisation resets its services, there has been contact with the patient experience team and during this reporting period there has been one Covid-19 related complaint and 3 Covid-19 related concerns in the **Caring** domain.

NHS England has advised that all acute and community providers (including independent sector providers) should resume collecting and submitting monthly Friends and Family Test data from 1 December 2020. The first submission will be reported early January for the December data and the report will be published in February.

Information for the **Effective** domain is included in this report for Q1 2020/21. This report was delayed whilst new measures and reporting processes were implemented. Quarter 2 data will be reported in line with normal timelines in October.

Performance against the standards in the **Responsive** domain has been directly affected by the cessation/reduction of specific services in line with national guidance. All services have now been reinstated.

In the Well Led domain as COVID cases continue to rise in Leeds and as described above, work is ongoing in terms of the capacity implications of this including the impact of schools returning and an expected increase in staff absence due to contraction of the virus. In is within this context and focus on resourcing and capacity in order to maintain our service to the public that the following headlines are presented:

- Sickness absence during August continues to remain low at 4.5%, and <10 staff are currently absent due to COVID-19 symptoms
- Turnover is at its lowest since the Trust was established, at 10.8%, giving high levels of overall workforce stability
- However staff leaving within 12 months of employment is continuing to increase and is higher than target at 26.5% and further analysis on this is included within the Well Led section of this report
- There continues to be a strong and significant focus on supporting staff health & wellbeing, including focused support for specific staff communities, listening sessions and engagement workshops
- Overall Compliance levels for Statutory & Mandatory training for August is 93%, which is the highest rate achieved during the last 12 months.
- There has been a marginal increase in overall Appraisal rate, 84.3%

Overall the Trust had a small underspending at the end of August of £33k in the **Financial** domain; this includes Covid-19 identified additional costs of £0.8m. A matching reduction of top-up income is assumed to bring the financial position back to break-even.

Recommendations

The Committee is recommended to:

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

Performance Brief – August 2020

Leeds Community Healthcare NHS Trust

Purpose of the report

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

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

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

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

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

Committee Dates

Senior Management Team – 16th September 2020
Quality Committee – 21st September 2020
Business Committee – 23rd September 2020
Trust Board – 2nd October 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 August 2020.

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

In the **Safe** domain the alignment of reporting between Clinical Governance and BI has been completed and all reporting is now based on date of incident.

There have been concerns over the last few months in relation to Little Woodhouse Hall (LWH) and detailed papers have been taken regularly to Quality Committee in relation to this and in particular in relation to the complex presentations of the young people and the high levels of self-harming behaviour seen within the patient group. There has been a notable reduction in self-harm incidents reported by Little Woodhouse Hall in August compared to previous months (137 June, 145 July & 112 August) which accounts for the majority of this decrease in LCH patient safety incidents during this reporting period. This is in part due to reduced numbers of patients at LWH but also as a direct result of the work being undertaken currently.

An improvement in reporting of pressure ulcers that have been due to lapses in care has been seen.

As a result of the challenges during the Pandemic and as the organisation resets its services, there has been contact with the patient experience team and during this reporting period there has been one Covid-19 related complaint and 3 Covid-19 related concerns in the **Caring** domain.

NHS England has advised that all acute and community providers (including independent sector providers) should resume collecting and submitting monthly Friends and Family Test data from 1 December 2020. The first submission will be reported early January for the December data and the report will be published in February.

Information for the **Effective** domain is included in this report for Q1 2020/21. This report was delayed whilst new measures and reporting processes were implemented. Quarter 2 data will be reported in line with normal timelines in October.

Performance against the standards in the **Responsive** domain has been directly affected by the cessation/reduction of specific services in line with national guidance. All services have now been reinstated.

In the **Well Led** domain as COVID cases continue to rise in Leeds and as described above, work is ongoing in terms of the capacity implications of this including the impact of schools returning and an expected increase in staff absence due to contraction of the virus. In is within this context and focus on resourcing and capacity in order to maintain our service to the public that the following headlines are presented:

- Sickness absence during August continues to remain low at 4.5%, and <10 staff are currently absent due to COVID-19 symptoms
- Turnover is at its lowest since the Trust was established, at 10.8%, giving high levels of overall workforce stability
- However staff leaving within 12 months of employment is continuing to increase and is higher than target at 26.5% and further analysis on this is included within the Well Led section of this report

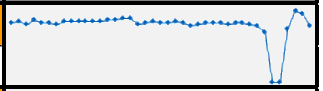
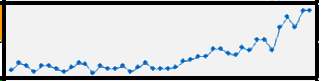
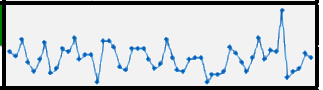
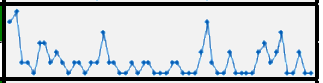
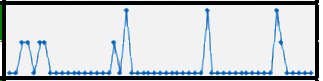
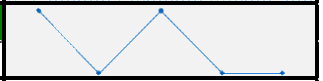
- There continues to be a strong and significant focus on supporting staff health & wellbeing, including focused support for specific staff communities, listening sessions and engagement workshops
- Overall Compliance levels for Statutory & Mandatory training for August is 93%, which is the highest rate achieved during the last 12 months.
- There has been a marginal increase in overall Appraisal rate, 84.3%

Overall the Trust had a small underspending at the end of August of £33k in the **Financial** domain; this includes Covid-19 identified additional costs of £0.8m. A matching reduction of top-up income is assumed to bring the financial position back to break-even.

Safe – August 2020

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

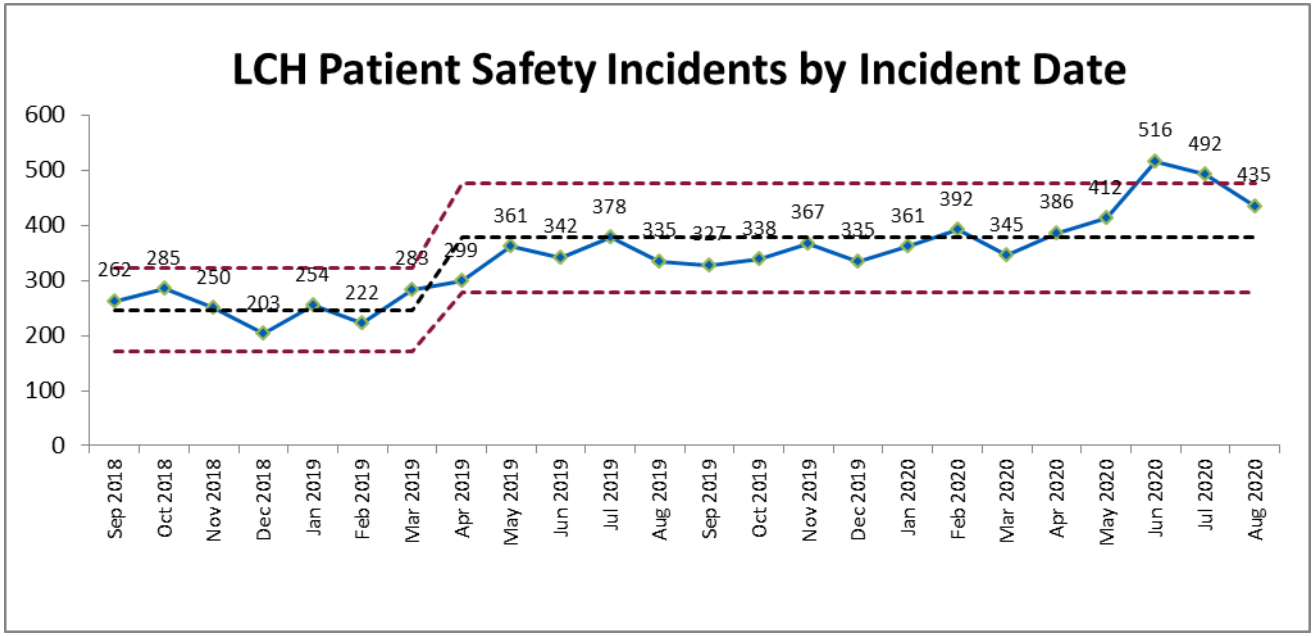
Leeds Community Healthcare NHS Trust

Safe - people are protected from abuse and avoidable harm	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Jul	Aug	Time Series
Overall Safe Staffing Fill Rate - Inpatients	SL	>=97%	-	●	2020/21	100.7%	111.3%	91.5%	
					2019/20	94.7%	97.5%	98.3%	
Patient Safety Incidents Reported in Month Reported as Harmful	SL	1.05 to 1.8	2.40	●	2020/21	2.23	2.67	2.64	
					2019/20	1.18	1.46	1.44	
Serious Incident Rate	SL	0 to 0.11	0.03	●	2020/21	0.02	0.06	0.05	
					2019/20	0.04	0.06	0.04	
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	5	2	●	2020/21	2	0	0	
					2019/20	2	0	0	
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	0	●	2020/21	0	0	0	
					2019/20	0	0	0	
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	7	2	●	2020/21	2	0	0	
					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%	-		

Points to note

All reporting is now based on date of incident.

Trend of LCH Patient Safety Incidents by Month



*435 excluding deaths

The above SPC shows a steady decrease of incident reporting in August back within normal variation. There has been a notable reduction in self-harm incidents reported by Little Woodhouse Hall in August compared to previous months (137 June, 145 July & 112 August) which accounts for the majority of this decrease.

Update from July Serious Incidents

Of the five serious incidents reported in July 2020 (2x unstageable, 2x falls and 1x Category 3), three were discussed at SI meetings in August, 1x fall incident was found not to meet the SI criteria after investigation and has been de-logged as a serious incident. The remaining two incidents (1x Category 3 pressure ulcer and 1x Unstageable) have SI meetings scheduled in September and October both remain within stipulated timeframes for investigation

Investigations identified Communication breakdown within LCH services, risk assessments not completed and inappropriate clinical judgement, as contributory factors along with patient concordance.
Action plans have been created for all the above incidents.

All Incidents Occurring in August 2020

There were 753 incidents recorded in Datix in the month, a significant decline compared to July, of these 435 (58%) were recorded as LCH patient safety incidents compared to 489 (53.7%) in July excluding deaths

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 Severity			Total
		Low and No Harm	Moderate Harm	Major Harm	
August	753	386 (88.7%)	44 (10.1%)	5 (1.2%)	435*
July	911	443 (90.6%)	37 (7.6%)	9 (1.8%)	489
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

**August figures may be subject to slight change as incidents occurring in August are reported within the start of Sept. (these lag will be explored in the quarterly QA&IG report)*

Moderate harm incidents

44 Moderate harm incidents were reported in August. Incident categories are broken down below:

- Pressure Ulcers x 29
- Self-Harm x 8
- Falls x 5
- Delayed diagnosis x 2

Major harm incidents

In August, 5 major harm incident were reported, each of these originated from a different Neighbourhood Team and none were related to teams with previous concerns 4 of the 5 were patient falls, 1 was a category 4 pressure ulcer. All have been investigated and reviewed at a 72 hour review meeting and concluded as no lapses in care.

Serious Incident Decision Meeting (SIDM) Outcomes in August

The outcome of those incidents discussed in SIDM within August is depicted below
66 moderate and major incidents were discussed at the SIDM in August 2020 (these were from incidents occurring in 1xJune, 40x July, 25x August 2020)

Total no.	No lapses in care & no further investigation required	Progressed to Internal Investigation	Progressed to comprehensive RCA as potential lapses in care (SI)	Further details required
66	45 (68%)	6 (9%)	12(18%)	3 (5%)

Of the 66 incidents discussed, twelve incidents heard in August were progressed to serious incident investigations, these are detailed below:

- Seven self-harm incidents reported by LWH
- Pressure ulcers (1 Unstageable and 2 Category 3)
- 1 fall.
- Delayed Diagnosis

In addition, a further six incidents progressed to internal concise RCA investigations, 2 x unstageable pressure ulcer, 1x fall, 1x traumatic skin injury, 1x delayed diagnosis and 1x physical abuse/use of weapon incidents relating to CAMHs

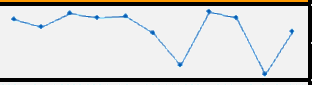
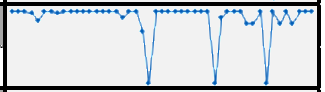
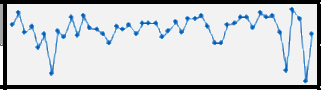
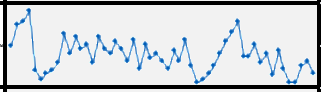
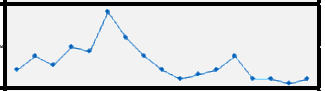
Duty of Candour Compliance

9 of the 12 SIs were notifiable safety incidents under Duty of Candour. 2 of these incidents related to the same patient. All patients / young people / parents received a verbal apology and explanation of the investigation process. Initial letters were sent within 10 days (LCH standard) in 5 cases and the remaining letters are in progress following the duty of candour conversation, they are outside the LCH agreed standard but are within the statutory requirements for Duty of Candour, this is due to the complexity of the cases and ensuring appropriate conversations with young people and families.

Caring – August 2020

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

Leeds Community Healthcare NHS Trust

Caring - staff involve and treat people with compassion, kindness, dignity and respect	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Jul	Aug	Time Series
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Inpatient and Community (FFT)	SL	>=95%		●	2020/21				
					2019/20	96.7%	97.0%	97.1%	
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Inpatient Care (FFT)	SL	>=95%		●	2020/21				
					2019/20	85.7%	0.0%	100.0%	
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)	SL	>=95%		●	2020/21				
					2019/20	96.7%	97.0%	97.1%	
Total Number of Formal Complaints Received	SL	No Target	40		2020/21	19	13	8	
					2019/20	62	29	15	
Total Number of Formal Complaints Received Related to COVID-19	SL	No Target	4		2020/21	1	2	1	
					2019/20	-	-	-	
Number of Formal Complaints Upheld	SL	No Target	19		2020/21	14	2	3	
					2019/20	19	10	9	
Number of Formal Complaints Responded to within timeframe	SL	No Target	30		2020/21	20	4	6	
					2019/20	33	14	12	

The Trust's major concern is resetting services that are clinically relevant and safe. There is a whole programme ongoing within the Trust around reset of services and this is being led clinically by a Clinical Lead appointed to work on this exclusively with direction from the Director of Nursing and AHP's and the Business Unit Clinical Leads.

Friends and Family Test (FFT)

This has been paused during the Covid-19 Pandemic. NHS England has advised that all acute and community providers (including independent sector providers) should resume collecting and submitting monthly Friends and Family Test data from 1 December 2020. The first submission will be reported early January for the December data and this will be reported to Quality Committee and the Trust Board via the Performance Brief.

Complaints, Concerns and Claims

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

Feedback	August 2020 Received
Complaints	8
Concerns	40
Compliments	68
Clinical Claims	1
Non-clinical Claims	0

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

- 100% (8) complaints received in August were acknowledged within 3 working days.
- 100% (6) complaints were responded to within 180 days
- There were 23 complaints on the caseload in August. At the time of preparing the data for the report, this included:
  - 8 cases on hold awaiting consent to either proceed or enable the release of a response.
  - 1 case being managed through the Serious Incident process.
  - 4 cases proceeding through PHSO investigation processes.
  - 2 re-opened cases with responses being progressed.
  - 8 cases proceeding through the complaint process as expected.

There has been 1 clinical claim received; this relates to a known case which was reported as a complaint in 2017 and investigated via the Serious Incident process. A patient was misidentified; subsequently an invasive procedure intended for another patient was carried out. The error was identified and rectified on the same day.

Covid-19

There has been one Covid-19 related complaint received in the month of August; this is related to areas of concern over care and treatment of a pressure ulcer and catheter, but includes a claim that the patient was believed to be infected with Covid-19 but staff had not informed him or his family which put them all at risk. The investigation is ongoing.

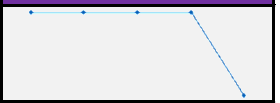
There have been 3 Covid-19 related concerns, these concerns have related to pausing of services, waiting times and ability of a service to continue service delivery in the current circumstances.

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.

Leeds Community Healthcare NHS Trust

Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	July	Aug	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%	-	
CAMHS T4 - Percentage of inpatients who have had a Care and Treatment Review undertaken every 3 months.	SL	>=95%	100%	●	2020/21	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%	
Number of NICE guidelines with full compliance versus number of guidelines published in 2018/19 applicable to LCH	RB	100%*		●	2020/21	85%	-		
Number of NICE guidelines with full compliance versus number of guidelines published in 2019/20 applicable to LCH	RB	No Target			2020/21	54%	-		
Clinical Outcome Measures - Percentage of services at stage 3; measures agreed and services have access to them	RB	75%*			2020/21	-	-		
Clinical Outcome Measures - Percentage of services at stage 6; using measures with some patients some of the time	RB	60%*			2020/21	-	-		
Number of deaths in Community Care Beds by quarter	RB	No Target			2020/21	2	0	0	
Number of deaths reported through the SUDIC process year by quarter	RB	No Target			2020/21	1	0	0	
NCAPOP audits: number started year to date versus number applicable to LCH	RB	100%*		●	2020/21	0%	-		
Priority 2 audits: number completed year to date versus number expected to be completed in 2020/21	RB	100%*		●	2020/21	7%	-		
Total number of audits completed in quarter	RB	No Target			2020/21	4%	-		

**** These are year end targets, measures are not RAG rated by quarter. The forecast indicates whether we expect to achieve the target at year end.***

The CAMHS Tier 4 service is currently achieving all of the goals in the effective domain.

The following narrative relates to Q1 2020/21.

NICE Guidance

Routine monitoring of compliance with previously published NICE guidance was stood down in late March 2020 as part of the NHS response to managing the COVID-19 pandemic. As services begin to reset during quarter 2 (July to September), routine monitoring of compliance with NICE guidance will be re-introduced, as agreed with the Reset & Recovery Programme

Clinical Outcomes

During Q1 the function of the COMs team in response to meeting the needs of the organisation. During Q1 the focus of the team has been supporting the Trust's ability to engage with pandemic-related outcomes responsively. This has involved supporting our health inequalities agenda and understanding our mortality data, as well as seeking to understand the impact of new ways of working on patients and staff, in order to triangulate the clinical impact of these changes.

SUDICs

Case 1 (May): 9 year old girl who had an hypoxic episode, initial PM findings natural causes. Under HV and Inclusion nursing. Child/family shielding – had been seen by prioritised for continued contact during Covid. Since death of DG mother has been offered bereavement support,
Initial Learning: Importance of maintaining contact with these families despite current circumstances. Awaiting SUDIC investigation outcome

Case 2 (June): 8 days old not seen postnatally by LCH services, birth visit had been planned for day 10. Reviewed by SUDIC Team and decision made this was SUDIC but died from Group B Streptococcus & Meningitis and therefore will not follow SUDIC process. Bereavement support provided by LCH PHINS. This case is not counted in the overall figures as they were not seen by any LCH service other than PHINs.

Learning: importance of immunisation programme and parents given information on the signs of meningitis antenatally – this was done by HV at antenatal contact part of the visit proforma.

NCAPOP Audits

Due to Covid-19 all national audit have been paused. This has impacted on the number of NCAPOP audits that had been identified as been relevant for LCH to participate in during Q1. There is speculation that national audits will be gradually reset in a phased approach in Quarter 3 and will be reflected in future PB's.

Priority 2 Audits

There has been three clinical audits completed during Q1. These audits had been included on the Rolling Clinical Audit Programme 20-21.and progressed according to the timeframe identified. The three audits where for the following services; MSK, CAMHS and Safeguarding teams. The learning from participating in the audits and improvements have been shared at QAIG meeting. There has been a number of priority 2 audits commenced during Q1 and therefore this figure will increase during the next three quarters.

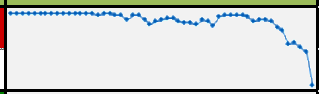
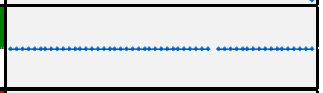
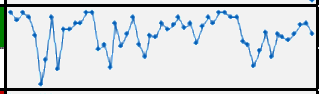
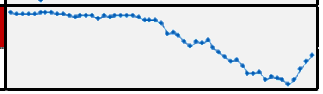
Total Number of Audits Completed

This figure is slightly lower than expected when compared to the same timeframe for 2019-20, in which 8 audits were completed. There is no significant trend or theme identified as to why this is the case. It is expected based on the current number of clinical audits commenced during Q1 that the number of completed audits will increase for Q2 data.

Responsive – August 2020

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

Leeds Community Healthcare NHS Trust

Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Jul	Aug	Time Series
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	85.7%	●	2020/21	88.7%	87.3%	76.1%	
					2019/20	99.3%	99.2%	99.1%	
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	0	●	2020/21	0	0	0	
					2019/20	0	0	0	
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	29.3%	●	2020/21	24.1%	26.3%	20.6%	
					2019/20	100.0%	100.0%	93.5%	
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	75.0%	●	2020/21	69.2%	64.4%	62.8%	
					2019/20	97.9%	97.7%	98.2%	
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	99.4%	●	2020/21	99.3%	99.6%	99.3%	
					2019/20	99.9%	99.8%	99.0%	
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	45.6%	●	2020/21	37.9%	52.6%	59.2%	
					2019/20	57.4%	54.1%	48.9%	

Performance against the 18-week referral to treatment standard is below expectations. The standard is met in all specialties except Paediatric Audiology and Paediatric Neurodisability Clinics.

The (consultant-led) Paediatric Audiology service was stood down nationally at the start of the first wave of COVID-19 (letter NHS England 19 March 2020). This service has now been reinstated and there are 167 children waiting over 18 weeks for the service (longest wait 22 weeks).

The Paediatric Neurodisability service was reduced during the first wave of COVID-19. Clinically urgent children continued to be seen however the majority of children on the caseload were considered clinically vulnerable and were only seen when it was absolutely necessary. The service is now 80% operational (based on activity comparisons July 2019/July 2020) although only 10% of consultations are face to face. The service is working on recovering the waiting time performance in both these areas.

Whilst not mandated nationally the Trust uses the same 18-week wait standard for non-reportable waits and the Trust is performing at 75% against this standard. There are a number of hotspots where waiting times are higher than this standard. They are all in services where the national guidance signalled that services should be significantly reduced during the first wave. The main hotspot areas are Musculo-Skeletal, Podiatry and Community Dental Services – each of these challenges are detailed in the risk register. There are clear plans for each service and additional project management resource has been directed to support the service managers.

There is a requirement for 99% of patients referred for a diagnostic test to be seen within 6 weeks of referral; in LCH this applies solely to children's audiology which receives around 260 referrals per month. This service was stopped nationally at the start of the first wave of COVID-19 in line with the national guidance. Two of the three sites are now operational and the service has extended clinic times to assist in working through the waiting list.

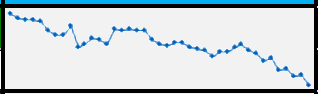
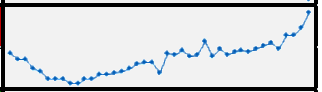
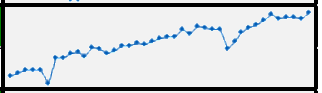
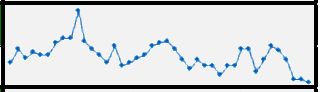
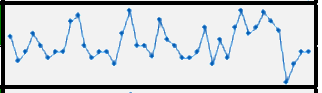
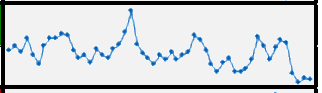
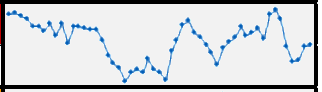
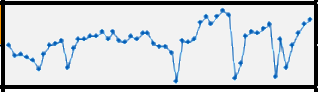
In terms of IAPT (Improving Access to Psychological Therapies) the service continued to run throughout the COVID-19 first wave. Initially referrals reduced but this position has significantly recovered (April – 706, August 1318). Referrals in July and August were higher than in 2019/20. There was a significant increase in August (12% higher than last August) and early indicators are the same for September. The number of people actually entering the service has also recovered and the service has had a 15.7% access rate year to date. There is a stretch target for year end when the target is 22% (for quarter 4). The service is confident that it can achieve 20-22%.

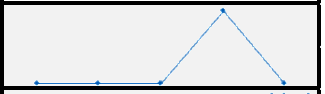
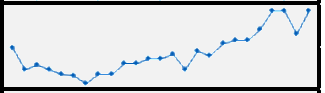
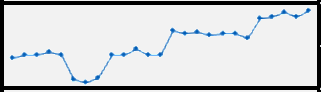
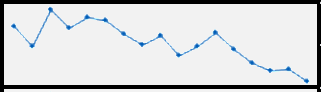
The service has met the standard to ensure people begin treatment within 18 weeks (99.4%). There has been a significant improvement in screening times and 97% of patients are now beginning treatment within 6 weeks (target 75%). This appears to contradict the figure in the table above because the reported figure is heavily lagged as it measures the wait experienced by people who **completed** treatment in month. As 50% of people are in treatment for 9 months or more the waiting times indicator is not based on the current wait for an initial appointment which is now less than two weeks.

Well-Led – August 2020

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

Leeds Community Healthcare NHS Trust

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Jul	Aug	Time Series
Staff Turnover	LS/JA	<=14.5%	-	●	2020/21	11.4%	11.5%	10.8%	
					2019/20	13.1%	12.7%	13.0%	
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	-	●	2020/21	21.6%	23.2%	26.5%	
					2019/20	20.1%	16.8%	18.4%	
Stability Index	LS/JA	>=85%	-	●	2020/21	88.6%	88.4%	89.0%	
					2019/20	87.6%	87.5%	87.4%	
Short term sickness absence rate (%)	LS/JA	<=2.2%	-	●	2020/21	1.0%	1.0%	0.9%	
					2019/20	1.5%	1.5%	1.2%	
Long term sickness absence rate (%)	LS/JA	<=3.6%	-	●	2020/21	3.3%	3.5%	3.5%	
					2019/20	3.9%	3.3%	3.7%	
Total sickness absence rate (Monthly) (%)	LS/JA	<=5.8%	-	●	2020/21	4.3%	4.5%	4.5%	
					2019/20	5.4%	4.8%	4.8%	
AfC Staff Appraisal Rate	LS/JA	>=95%	-	●	2020/21	81.8%	83.9%	84.3%	
					2019/20	84.6%	85.4%	87.2%	
6 universal Statutory and Mandatory training requirements	LS/JA	>=95%	-	●	2020/21	91.3%	92.5%	93.0%	
					2019/20	93.8%	85.3%	87.4%	
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	Q1	Jul	Aug	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%	81.6%		
Percentage of staff who are satisfied with the support they received from their immediate line manager	LS/JA	>=52.0%	-		2020/21				
					2019/20	73.3%			
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target	2		2020/21	2	2	0	
					2019/20	-	-	-	
WRES indicator 1 - Percentage of BME staff in the overall workforce	LS/JA	No Target	-		2020/21	10.9%	10.4%	10.9%	
					2019/20	9.8%	9.9%	9.9%	
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	LS/JA	No Target	-		2020/21	4.1%	4.0%	4.1%	
					2019/20	3.3%	3.2%	3.2%	
Total agency cap (£k)	BM	1793	1136		2020/21	1136	219	167	
					2019/20	1158	384	424	
Percentage Spend on Temporary Staff	BM	No Target	6.2%		2020/21	5.0%	4.5%	3.6%	
					2019/20	6.2%	6.1%	6.8%	

Retention

The overall trend continues to be positive with turnover reporting at 10.8% which is below the 2020/21outturn target of 14.5% and the lowest rate recorded since the trust was established. The stability rate is 89% which is positive and above the target of 85%.

Staff leaving within 12 months of employment is continuing to increase and is higher than target (of 20%) at 26.5%. There is no detailed benchmarking available to understand better and within context whether this figure of 26.5% attrition is unexpected following NHS Digital's withdrawal of this information although this is being sought within comparable partner organisations. The CIPD viewpoint, however, is that turnover in individuals with less than 12 months service being high is aligned with challenges that many organisations face and further analysis and understanding should be sought.

Analysis has been undertaken which has indicated the following:

- 70 WTE have departed the organisation in the period August 2019 to August 2020;
- The largest number of leavers are within the Nursing (20 WTE) and Administrative (18 WTE) professions;
- Lack of promotional opportunities and lack of flexibility were the most common reasons for leaving.

There is a need for continued focus on this indicator particularly in the climate in which we currently operate (global pandemic) and a desire to secure individual feedback on departures where possible. HR Business Partners are also working with relevant services where particular concerns have been identified.

Supporting Staff Wellbeing

We are continuing to see a lower level of sickness absence than expected during the COVID-19 pandemic period – for many NHS Trusts sickness absence has increased in this period. This month the absence levels are 4.5%, with currently <10 staff off due to COVID-related absence. Analysis has been undertaken to understand this in a bit more detail, which was discussed at SMT and Business Committee.

There has been a strong and continuing focus on this work during the last 2 months, including:

- Avoiding Burn-out & Developing Resilience – virtual workshop attended by 65 people across the organisation, with good feedback around its value. There are plans to offer this more locally across Business Units and Corporate Teams during forthcoming weeks.
- Targeted support for specific staff communities continues, including:
- BAME staff – support around assessment of risk for individual staff (100% of all BAME staff), ongoing engagement with the BAME network, including development of the BAME speaking up champions, and planning has commenced for a Leeds-wide coaching offer for BAME staff members
- 94% of all staff have been risk assessed
- Listening sessions for staff involved in End of Life Care; including 28 staff who have participated from Health Case Management; dedicated sessions across Kippax and Seacroft some Neighbourhood Teams, the latter involving ongoing support for leaders and case managers
- Listening and engagement sessions for 0-19 staff
- Workshop for staff who are shielding, which has led to the establishment of the shielding staff reference group
- Two sessions of the Men's Health group
- Drop in engagement sessions for Clinical Staff hosted by Executive Director of Nursing & Quality, supported by ODI & Clinical Psychologist
- Drop in engagement session for Operational Managers, hosted by Executive Director of Operations, planned to be held monthly during the Autumn
- Drop-in Mindfulness sessions for all staff – 68 staff have participated up to the end of July, and the evaluation has been very positive
- Staff Listening, Support and Signposting Line: 20 calls have been received in total by the Listening service, with 4 received during July. Greater promotion and explanation of this offer is being planned over forthcoming weeks.
- Since the launch of the Employee Assistance programme towards end of December, (reporting period Dec – May), just short of 500 hits on the portal and approx. 200 calls made for assistance
- All of the above work will be strengthened by the continuing input of a 0.6 Consultant Clinical Psychologist for 10 months, funded by a successful bid to the national Staff Health & Wellbeing Charitable Funds Committee. Dr Rao commenced in this role on 8 September.

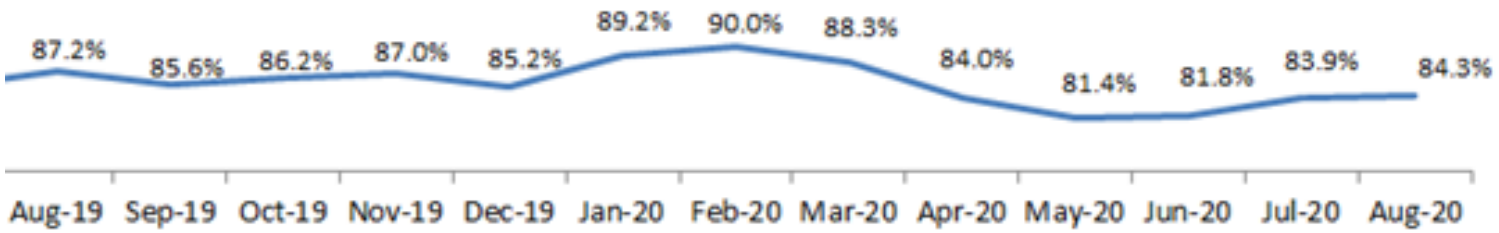
The Staff FFT was launched on 7 September and encompasses a number of questions around the Trust's response to COVID 19, including a focus on health & wellbeing. This will run until 27 September and will be repeated in Q4.

Planning has also been undertaken for NHS Staff Survey 2020, which goes live in October.

Appraisal

The Appraisal position for August has shown a marginal increase of +0.4% from July to 84.3%, continuing the slow and steady progress towards pre-COVID performance levels (90%) and the overall Trust target of 95%.

Overall Trust Wide Appraisal Rate – August 2020

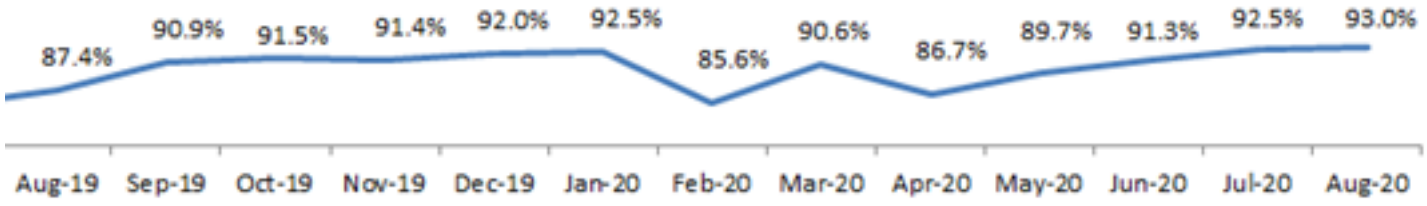


There have been increases in Adult Business Unit (now up to 80%), Operations (90.2%) and particularly Corporate directorate (up 5.8% to 83.6%), with the remaining business units showing small deteriorations. Work continues to improve overall Appraisal compliance with a regular analysis of hotspots areas and offer of support and interventions within those areas to support continued progress towards the Trust's overall target.

Statutory and Mandatory Training

The overall Statutory & Mandatory training rate is up during August achieving performance of 93%. Improvements have been seen across all Business Units and Operations, though there is a slight dip in Corporate compliance levels (88.8%). This will be a focus for improvement during September.

Overall Trust Wide Statutory & Mandatory Training Rate – August 2020



This is the highest rate achieved during the last 12 months and indicates good progress in responding to changes in training requirements initiated to comply with the Core Skills Training Framework in February 2020. This progress has been achieved despite the other demands experienced during the COVID period, and is in part enabled by a transfer of all training to on-line modes during this time. This is due to continue for the foreseeable future, with the exception of Moving & Handling training which is set to return to face to face delivery from September, with the appropriate safety restrictions in place.

Further work to improve compliance with national standards is planned during the Autumn - other factors permitting. This will be led by a new Learning & Development manager post which is in the process of being recruited, and who will lead on all training, talent and appraisals within the ODI team.

Finance – August 2020

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

Leeds Community Healthcare NHS Trust

Finance	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Jul	Aug
Net surplus (-)/Deficit (+) (£m) - YTD	BM	-0.3	0.0		2020/21	0.0	-0.1	0.0
Capital expenditure in comparison to plan (£k)	BM	599	763		2020/21	763	88	276
CIP delivery (£k)	BM	1145	665		2020/21	665	133	133
COVID specific costs identified and submitted (£k)	BM	No Target	814		2020/21	814	91	153

Income & Expenditure (I&E) Summary

Under the interim financial regime (table 1) for 2020/21 the Trust can assume that its actual I&E surplus or deficit will be adjusted back to balance for the first six months*, although that adjustment is subject to NHS England validation. There has been no forecast outturn included in this report as the NHS financial regime will change for the second six months. Details were received of the regime on 16 September; an assessment of the implications was taken to the Business Committee.

Overall the Trust had a small underspending at the end of August of £33k. This includes a net £0.6m more income than expected in the 'pre-Covid' Board approved plan and additional Covid-19 costs of £0.8m. A matching £33k reduction of top-up income is assumed to bring the financial position back to break-even.

Within the cost base, pay expenditure is £0.5m more than planned including £0.6m of Covid-19 related costs. There were net 21 vacancies in August. Non-pay expenditure is £0.2m less than planned including Covid-19 costs of £0.2m.

It is difficult to assess what the financial performance would have been against the Board approved financial plan by simply stripping out identified additional Covid-19 costs. Whilst there are at least £0.8m additional Covid-19 related costs in the financal position at M05 there will almost certainly been others that have not been specifically captured. Additionally the Trust has received additional income over and above planned levels and many services have not been operating as usual since April with a consequential impact on variable clincial and non-clinical costs.

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.

Pay and Non-pay Expenditure & Vacancies

Pay expenditure is £0.5m over budget this includes £0.6m of Covid-19 additional costs. The main areas of overspend are:

Adults Business Unit	£224k	Operational Support	£68k
Specialist Business Unit	£238k	Operational Management	£22k

There are a net 21 WTE vacancies for August:

Adult Business Unit	15	vacancies
Specialist Business Unit	(17)	over-establishment
Children's Business Unit	19	vacancies
Operational Support.	12	vacancies
Operational Management	(1)	over-established
Corporate	15	vacancies
Covid-19 response	(23)	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 August were £167k (£220k July).

The interrelationship between an overspending on pay, vacancies, agency costs and activity levels continues to be an area of focus and appears to have had an impact on costs. Whilst the number of vacancies has fallen again this month, we are seeing corresponding reductions in agency and bank temporary staffing costs.

Non-pay is £161k underspent at the end of August including £246k of Covid-19 related costs. The Trust is underspending on clinical supplies and services, notably at Wetherby YOI as a consequence of the interim provider to provider arrangement in place and on establishment expenses, travel, training costs and stationery costs. This underspending is offset by overspendings on premises and £419k in other non-pay where the CIP savings requirements and £246k 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 £480k behind plan; £417k 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 was 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 (CRL) requirement of £2.716m for the year. This includes the initial Board approved capital expenditure plan of £2.55m plus £105k of Covid-19 related capital expenditure and £61k approved for critical infrastructure expenditure following a national initiative.

The Trust expected to spend £0.6m on capital by the end of August excluding the Covid-19 kit; the August expenditure is £0.8m; this includes £0.1m on Covid-19 expense. The overspending is a matter of timing rather than a financial risk. 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.

Cash

The Trust's cash position remains very strong with £43m 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 August.

Appendix 1 – August 2020

Service Specific Measures with Contractual Financial Sanctions

Leeds Community Healthcare NHS Trust

Measures with Financial incentives/Sanctions	Responsible Director	Threshold - YTD	YTD	Forecast	Financial Year	Q1	Jul	Aug	Potential Financial Impact
LMWS – Access Target; National Measure (excluding PCMH)	SP	19%	11.8%		2020/21	12.0%	12.1%		Incentive paid where access is above 19%. Maximum incentified value on achievement of 25% £15,340,557.
LMWS – Access Target; Local Measure (including PCMH)	SP	19%	14.0%		2020/21	13.9%	14.9%		
T4 CAMHS - Occupancy	SP	88.7%	105%		2020/21	105%			Should the annual occupancy rate fall below the expected level of 88.7% the Commissioner shall claw back the number of days below the threshold at the full daily rate of £603.13. For activity between 88.7% and 95% we will pay the provider a marginal rate of 70% of the daily rate.
T3WM - Percentage of patients currently waiting under 18 weeks	SP	>=92%			2020/21				
LCPS - Number of Serious Incidents and Never Events not reported by email within 2 working days	SP	0			2020/21				
LCPS - Number of Serious Incidents and Never Events where final investigation wasn't completed within 60 working days	SP	0			2020/21				
LCPS - Annual audit report of referrer satisfaction with the service to be received by the CCG within 1 month of the date it is due	SP	0			2020/21				
LCPS - Any patient listed for a category 2 procedure listed in the NHSE EBI guidance should has within the record agreed documentation that the patient meets the required inclusion criteria	SP	0			2020/21				
0-19 - % of infants who had a face to face newborn visit within 14 days of birth.	SP	>=87%	92%		2020/21	92%			
0-19 - % of 6-8 week reviews completed within 12 weeks of birth.	SP	>=83%	43%	●	2020/21	43%			
0-19 - % of 12 month reviews completed within 12 months.	SP	>=80%	79%	●	2020/21	79%			

Measures with Financial Sanctions	Responsible Director	Threshold - YTD	YTD	Forecast	Financial Year	Q1	Jul	Aug	Potential Financial Impact
0-19 - Number of PBB Programmes commenced	SP	>=83			2020/21				0.25% of contract value (annual)
0-19 - Number of HENRY Programmes commenced	SP	>=80			2020/21				0.25% of contract value (annual)
0-19 - Percentage of actual staff in post against funded establishment	SP	>=95%	94.7%	●	2020/21		95.3%	94.7%	
0-19 - % of 0-19 staff (excluding SPA) co-located in Children's Centres	SP	43%			2020/21				Agreement that sanction waived for 2019/20
0-19 - Roll Out of Chat Health to secondary schools	SP	>=95%			2020/21				
LSH - HIV testing uptake on first appointment in MSM with unknown status	SP	>=85%	63.7%	●	2020/21	61.6%	65.1%	67.1%	
LSH - Number of people accessing EHC and leaving with a form of contraception.	SP	>=70%	80.6%	●	2020/21	85.9%	78.3%	71.8%	
LSH - Service should diagnose 85% towards the chlamydia diagnosis rate in 15-24 year olds	SP	>=85%	1117	●	2020/21	505	796	1117	
LSH - Percentage of clients requesting an appointment to be seen within 48 hours of contacting the service unless they choose to opt out.	SP	>=58.4%	99.3%	●	2020/21	99.3%	99.6%	98.7%	20% of incentive budget; £9,752.19 per month. Commissioners aware that underperformance on this target is related to 8% increase in footfall and LCH will not therefore incur a penalty
PolCust - % of calls attended within 60 minutes	SP	>=95%	94.1%	●	2020/21	94.0%	94.1%	94.2%	0.50% deduction from monthly invoice
PolCust - Provision of a full rota	SP	>=90%	100.0%	●	2020/21	100.0%	100.0%	100.0%	£350 deduction per missed shift

Appendix 2 – August 2020

Retention Background Data

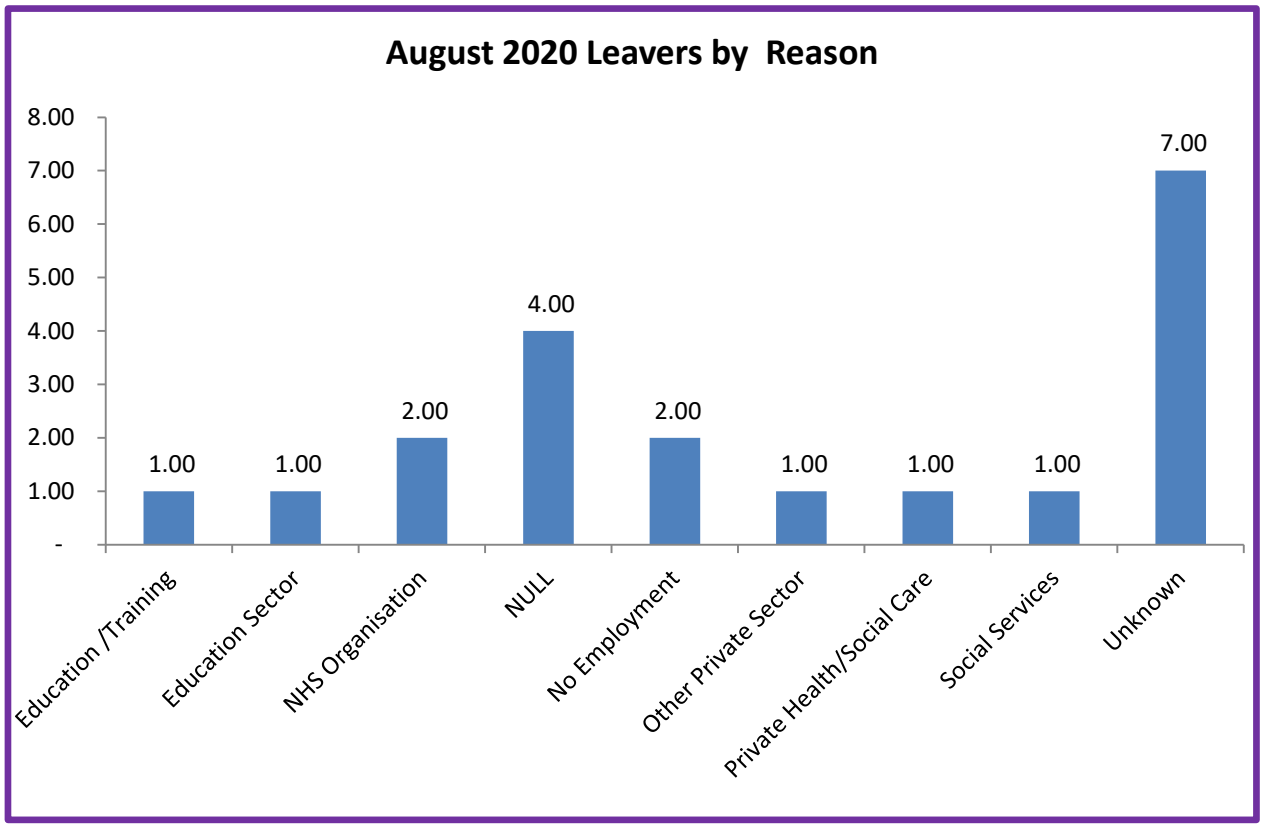
Leeds Community Healthcare NHS Trust

In August 2020 there were 20 leavers across the Trust.

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

Business Unit	August 20 Leavers
Adult Business unit	5
Children's Business Unit	10
Corporate	1
Specialist Business Unit	4
Executive Directors	0
Operations	0
Primary Care Network	0
Grand Total	**20**

Staff Group	August 20 Leavers
Additional Clinical Services	3
Additional Prof Scientific & Technical	3
Administrative and Clerical	3
Allied Health Professionals	3
Nursing and Midwifery Registered	8
Medical and Dental	0
Estates	0
Grand Total	**20**


August 2020 Leavers by Reason
8.00
7.00
6.00
5.00
4.00
3.00
2.00
1.00
-
1.00
1.00
2.00
4.00
2.00
1.00
1.00
1.00
7.00
Education /Training
Education Sector
NHS Organisation
NULL
No Employment
Other Private Sector
Private Health/Social Care
Social Services
Unknown

Appendix 3 – August 2020

Detailed Financial Data Tables

Leeds Community Healthcare NHS Trust

Table 1 Income & Expenditure Summary	August Plan WTE	August Actual Contract WTE	YTD Plan £m	YTD Actual £m	Variance £m
Income					
Contract Income			(65.5)	(67.2)	(1.7)
Other Income			(5.7)	(4.5)	1.1
Total Income			***(71.1)***	***(71.7)***	***(0.6)***
Expenditure					
Pay	2,852.5	2,831.4	50.0	50.5	0.5
Non pay			19.4	19.2	(0.2)
Reserves & Non Recurrent			0.3	0.9	0.6
Total Expenditure	***2,852.5***	***2,831.4***	***69.6***	***70.6***	***1.0***
EBITDA	**2,852.5**	**2,831.4**	**(1.5)**	**(1.1)**	**0.4**
Depreciation			0.9	0.9	(0.0)
Public Dividend Capital			0.4	0.2	(0.1)
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			(0.1)	(0.0)	0.1
Retained Net Surplus	**2,852.5**	**2,831.4**	**(0.3)**	**(0.0)**	**0.3**
	Variance =	**(21.2)**			

Table 2 Month on Month Pay Costs by Category	April £k	May £k	June £k	July £k	August £k	YTD Actuals £k
Directly employed staff	9,231	9,426	9,449	9,313	9,326	46,745
Seconded staff costs	266	292	184	356	315	1,414
Bank staff	252	246	256	220	195	1,169
Agency staff	294	242	213	220	167	1,136
Total Pay Costs	**10,043**	**10,207**	**10,102**	**10,109**	**10,003**	**50,464**

Table 3 Year to Date Non Pay Costs by Category	YTD Plan £k	YTD Actual £k	YTD Variance £k	Last Month YTD Variance £k
Drugs	343	324	(19)	8
Clinical Supplies & Services	7,675	7,145	(530)	(476)
General Supplies & Services	2,153	2,174	21	16
Establishment Expenses	2,650	2,351	(300)	(199)
Premises	5,899	5,898	(2)	(44)
Other non pay	652	1,320	668	543
Total Non Pay Costs	**19,372**	**19,211**	**(161)**	**(153)**

Table 4 Savings Scheme	2020/21 YTD Plan £k	2020/21 YTD Actual £k	2020/21 YTD Variance £k
Estates savings	33	33	(0)
Non Pay Inflation	167	167	(0)
Procurement savings	63	0	(63)
Continence products	21	21	(0)
Travel & lease cars	125	125	(0)
Stationery	8	8	(0)
Contribution from new investments	208	208	0
IT Kit	104	104	(0)
Un-identified CIP agreed by SMT	417	0	(417)
Total Efficiency Savings Delivery	**1,146**	**666**	**(480)**

Table 5 Capital Scheme	YTD Plan £m	YTD Actual £m	YTD Variance £m
Estate maintenance	0.4	0.3	(0.1)
Clinical Equipment	0.1	0.0	(0.0)
IT Equipment	0.0	0.2	0.2
Electronic Patient Records	0.2	0.1	(0.0)
Covid-19		0.1	0.1
Totals	**0.6**	**0.8**	**0.2**

Table 6 Statement of Financial Position	Plan 31/08/20 £m	Actual 31/08/20 £m	Variance 31/08/20 £m	*Opening 01/04/20 £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	9.1	10.0	0.9	*9.8*
Cash and Cash Equivalents	27.9	42.6	14.7	*33.1*
Total Current Assets	**36.9**	**52.6**	**15.7**	*42.9*
TOTAL ASSETS	**66.1**	**83.6**	**17.5**	***73.9***
Current Liabilities				
Trade and Other Payables	(9.8)	(25.2)	(15.5)	*(15.5)*
Provisions	(0.4)	(0.7)	(0.3)	*(0.8)*
Total Current Liabilities	**(10.2)**	**(26.0)**	**(15.8)**	***(16.2)***
Net Current Assets/(Liabilities)	**26.7**	**26.6**	**(0.1)**	***26.6***
TOTAL ASSETS LESS CURRENT LIABILITIES	**55.9**	**57.6**	**1.7**	***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	**55.9**	**57.6**	**1.7**	**57.7**
TAXPAYERS EQUITY				
Public Dividend Capital	0.4	0.4	0.0	*0.4*
Retained Earnings Reserve	24.9	24.5	(0.5)	*24.5*
General Fund	18.5	18.5	0.0	*18.5*
Revaluation Reserve	12.0	14.2	2.2	*14.2*
TOTAL EQUITY	**55.9**	**57.6**	**1.7**	**57.7**

Table 7 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	99%	95%	G

Table 8 Criteria	Metric	Performance	Rating	Weighting	Score
Liquidity	Liquidity ratio (days without WCF)	59	1	20%	0.2
Balance Sheet sustainability	Capital servicing capacity (times)	18.1	1	20%	0.2
Underlying performance	I&E margin	5%	1	20%	0.2
Variance from plan	Distance from plan	0	1	20%	0.2
Agency spend above ceiling	Agency	-37%	1	20%	0.2
Overall Use of Resources Risk Rating					**1**

NHS
Leeds Community Healthcare
NHS Trust

AGENDA ITEM 2020-21 (72)

Meeting: Trust Board 2 October 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: SMT 16 September 2020	**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 paper also seeks approval for a new risk to be added to the Board Assurance Framework.

Main issues for consideration:

The strongest theme found across the whole risk register is staff capacity, the second strongest theme is CAMHS, and 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) (16)
- Development of policies, procedures, checklists and guidelines (13)

There is one risk with a current score of 15 (extreme): Risk 1016, Managing the complexity of young people admitted to CAMHS Tier 4 Inpatient Unit.

There are thirteen risks scoring 12 (very high), one of these is a newly added risk: Risk 1015, Delays in treatment for podiatry patients due to COVID 19.

It is proposed that Risk 1013 (Prolonged impact on delivery of healthcare services due to COVID 19) is added to Board Assurance Framework, see paragraph 8.3.

Recommendations

The Board is recommended to**:**

- Approve the addition of a new BAF risk (previously Risk 1013)
- 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 (August 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 August 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 Audit reports both received reasonable assurance.

- BAF risk 3.2 (addressing the scale of sickness absence) has moved further into reasonable as the Performance Brief (Well led) date and the Workforce Report (Covid risk assessments) both received reasonable assurance

2.6.2 ***Negative movement (indicating a worsening situation)***
There has been no negative movement this month although there have been some items that received limited assurance.

3.0 Risks by theme

3.1 For this report, the 62 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: eleven risks are related to staff capacity due to an increase in service demand; five risks concern vacancies, including staff retention and difficulties recruiting staff to posts; two 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: eight risks relate to CAMHS Tier 4 (problems with existing building and capacity, development of new build including funding, audit processes); two risks are CAMHS Community (waiting times including infant mental health, ligature risk in community bases) One risk relates to the subcontractor offering a reduced CAMHS service to Adel Beck and Wetherby Young Offenders Institute.

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)

3.2.4 There is an emerging theme of patient safety risk

- Delays in providing services due to COVID 19

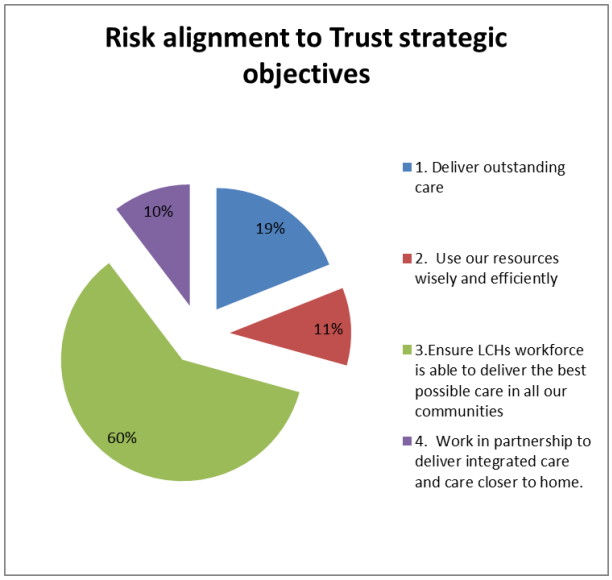
3.3 Each risk has documented controls in place and actions taken to mitigate the specific risk. A review of controls and actions has been undertaken, but there is no strong correlation between the risk theme and the subsequent action and control required.

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 (18)

- Communicating to stakeholders (GPs, Commissioners, workforce) (16)
- Development of policies, procedures, checklists and guidelines (13)
- 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 (7)
- 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

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 is one risk with a current score of 15 (extreme) or above on the Trust risk register as at 8 September 2020

Risk ID	**Risk description**	**Risk score**	**Risk movement**
Risk **1016**	Managing the complexity of young people admitted to CAMHS Tier 4 Inpatient Unit	15 (extreme)	(New risk)

5.0 New or escalated risks (scoring 15+)

5.1 One new risk scoring 15+ has been added to the risk register.

Risk 1016	Initial risk score **20** (extreme)	Current risk score **16** (high)	Target risk score **4** (medium)

Managing the complexity of young people admitted to CAMHS Tier 4 Inpatient Unit

Risk description: An increased number of reported patient safety incidents at the CAMHS inpatient unit suggests that there is an increased risk of young person's self-harming (including cutting, ligature, ingestion of foreign bodies and overdose)
This could result in the major harm to a young person, decreased staff morale, or potential reputational damage.

Risk score rationale based on:
The score is due to the limited assurance provided by current controls/mitigation

Controls in place:

- Policies and procedures in place such as search, ligature and risk assessment. However this provides limited assurance as all need updating to be more robust in line with MHA Code of Practice and other relevant national documents
- Care Notes (EPR) include risk assessment and management plan. However this provides limited assurance as these are difficult to work through if staff are new to the unit or have been off on leave e.g. clear statement of risks and management plan in place
- Incidents, including learning, discussed at team meetings and "Core Days"
- Reporting of incidents according to policy. However this provides limited assurance due to instances of delays in completion of 72hr reviews
- Quality Board on unit and used as part of handovers. Limited assurance as this doesn't happen at all team meetings. Currently Seminar Room used for MDT meetings and team meetings
- Daily handovers sharing incidents, changes in risk assessment and management plan. Limited assurance as this doesn't happen at all team meetings
- Increased therapeutic support available for young people on the unit:
- Use of OT
- Creative therapies Lead

- Temporary decreased from 8 beds to 6 beds due to current complexity and Covid 19 guidance.
- Ad-hoc supervision of staff and debriefing after all incidents to ensure the wellbeing of staff and enabling reflection but there is limited assurance this happens

Planned actions include:

- Review policies, including Search Policy, blanket restrictions, risk assessment. Ensure that there is a clear link between policy/guidance and restricted items
- Develop specific pathways for staff to use in terms of assessment and risk management plan – including process for escalation.
- Recording template on care notes to be adapted to ensure that all staff have access to relevant risk information in a timely manner
- Establish local database of incidents requiring 72 hour review
- Explore moving the Quality Board to the Seminar Room to aid discussion
- Introduce Safety Huddles
- Additional resource (psychologist)
- Re-establish the debriefing process with clinical team and operational managers

Current risk score: 16 = likely (4) x major (4)
Anticipated closure date: 13/11/2020

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

6.1 No risks have been closed, consolidated or deescalated below 15 since August 2020

7.0 Summary of risks scoring 12 (high)

7.1 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.

7.2 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
1002	COVID 19 local increase in cases / outbreaks in Leeds	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
*1013	Prolonged impact on delivery of healthcare services due to COVID 19	12
1015	Delays in treatment for podiatry patients due to COVID 19	12

*Risk 1013 is proposed to be added to Board Assurance Framework, see paragraph 8.3

8 New or escalated risks (scoring 12)

8.1 One new risk scoring 12 has been added to the risk register since 9 August 2020.

Risk 1015	Initial risk score 12 (high)	Current risk score **12** (high)	Target risk score **3** (low)

Title: Delays in treatment for podiatry patients due to COVID 19
As a result of a reduced workforce, there is a risk that patient care is significantly delayed or in many cases paused. The impact of this could be that the service will need to treat an increasing number of foot wounds which are more severe in presentation. As a result, the workforce may not be able to manage these additional demands, there could be a negative impact on staff wellbeing, increased referrals to hospital services for wounds and potentially an increased number of wounds could require surgical intervention.

Risk score rationale based on:
- Since the start of redeployment there have been 4 moderate harm incidents and 1 serious incident. Two of the four moderate harm incidents that occurred in July 2020 are being investigated as serious incidents.
- The number of patients, who are at a high risk of ulceration and amputation, and who require a face to face appointment has increased from 406 in May 2020 to 1232 in August 2020
- Patients who are at a high risk of ulceration and infection and are being supported with telephone reviews have increased from 1931 to 2831
- 50% of high risk caseload patients (1199) are overdue a face to face or telephone follow-up

Controls in place:
- All patients were telephoned when appointments were initially cancelled and provided advice on self-monitoring and emergency contact number for acute care.
- The podiatry acute care service was re-organised
- Creation of telephone safety net which contacts all patients with a higher risk code of ulceration and amputation.
- Advice letter sent May 2020 to 8000 patient's paused (moderate and low risk) with information about contacting for acute concerns and care.
- Activity reports collected on the numbers of total and overdue patients every week in the higher risk code category.

Planned actions include:
- Supporting returned staff with annual leave and focusing on wellbeing to ensure they are able to take on the new challenge
- Extra support offered to staff who do not specialise in wound care, including a checklist
- Provision of additional equipment, training and support

Current risk score 12 = likely (4) x moderate (3)
Review frequency: monthly

8.2 One risk has been escalated to a score of 12 (high)

Risk 1002	Previous Risk score **9** (high)	Current risk score **12** (high
Title: Coronavirus (Covid 19) As a result of the national situation of Covid-19 spread there is a risk of a local increase in cases / outbreaks in Leeds which could have an impact on workforce and service delivery**.** Reason for escalation: • infection rates are rising within Leeds and there is community transmission • within schools there are cases where entire year groups and student bubbles are self-isolating; this may impact on LCH's staffing situation due to staff having to care for their children		

8.3 Risk 1013 (Prolonged impact on delivery of healthcare services due to COVID 19) is currently on the risk register and recently the risk score has been increased to 12 (High = 4 Likely x 3 Moderate). However after due consideration by the Senior Management Team, and with discussion and endorsement from Quality Committee, it is proposed that this risk is instead included in the Board Assurance Framework as a strategic risk. The rationale for this is that it is a long-term and significant risk, cutting right across the organisation and if unmanaged, could have a major impact on all the Trust's strategic objectives (goals).

The (draft) BAF risk detail is as follows:

BAF Risk 1.5 If, as a result of the Trust's altered capacity due to the Covid-19 pandemic, the Trust cannot deliver services in a timely and equitable manner, then the impact will be further increases to waiting lists and the potential for harm to patients or complaints to the Trust.
Risk owner: Ruth Burnett
Risk assurance: Quality Committee
Risk score: 12 (3 possible x 4 major)

9.0 Risk profile - all risks

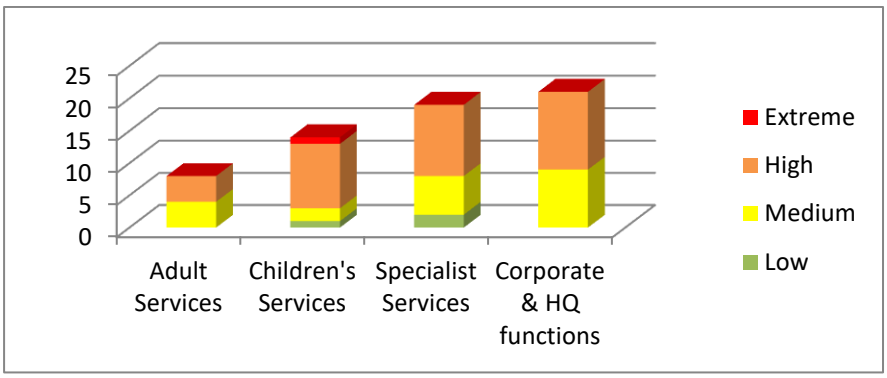
9.1 There are 22 open clinical risks on the Trust's risk register and 40 open non-clinical risks. The total number of risks on the risk register is currently 62. This table shows how all these risks are currently graded in terms of consequence and likelihood and provides an overall picture of risk:

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	3	2	1	0	6
3 - Moderate	3	12	19	9	0	43
2 - Minor	0	4	5	3	1	13
1 - Negligible	0	0	0	0	0	0
Total	3	19	26	13	1	62

10.0 Summary of all risks

10.1 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 09 September 2020. There is one extreme risk on the risk register.



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

11.0 Impact

11.1 *Quality*

11.1.1 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.

11.1.2 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.

11.2 Resources

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

12 Recommendations

The Board is recommended to**:**

- Approve the addition of a new BAF risk (previously Risk 1013)
- 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

Details of strategic risks (description, ownership, scores)									Level of Assurance					
Risk		Risk ownership		Risk score					Current Level of Assurance (denoted by ◆).					
Strategic Goal	Risk	Responsible Director	Responsible Committee	Likelihood	Consequence	Risk Score	Risk score movement		No	Limited	Reasonable	Substantial	Assurance - additional Information	Assurance Movement
Provide high quality services	**RISK 1.1** If the Trust does not have effective systems and processes for assessing the quality of service delivery and compliance with regulatory standards then it may have services that are not safe or clinically effective.	SL	QC	3	4	12					◆		Mortality Report and Clinical Audit Report received Reasonable assurance at July 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					◆		COVID update including partnership working across pathways received reasonable assurance at July Quality Committee.	
	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					◆		COVID update received reasonable assurance at July Quality Committee. COVID Rehabilitation report received substantial assurance at July Quality Committee. CAMHS inpatient incidents report and CAMHS transformation plan received limited 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					◆			
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					◆		Digital Strategy update received reasonable assurance at July Business Committee.	
	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					◆		Reset and Recovery Programme update received reasonable assurance at July Business Committee.	
	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					◆		Virtual Frailty Ward mobilisation plan received reasonable assurance at July Business Committee.	
	Risk 2.4 If the Trust does not maintain the security of its IT infrastructure and increase staffs' knowledge and awareness of cyber-security, then there is a risk of being increasingly vulnerable to cyber attacks causing disruption to services, patient safety risks, information breaches, financial loss and reputational damage.	BM	AC	3	4	12					◆			
	RISK 2.5 If the Trust does not deliver the income and expenditure position agreed with NHS Improvement then this will cause reputational damage and raise questions of organisational governance.	BM	BC	2	3	6					◆			

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						Workforce report including progress with staff (Covid) risk assessments received reasonable assurance at July Business Committee. Performance Brief June sickness absence figures are low.	→
	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						HSE action plan received reasonable assurance at July Business Committee.	
	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							
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							

Appendix 2

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.

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (74)

Meeting: Trust Board 2 October 2020	**Category of paper**	
Report title: Infection Prevention and Control Board Assurance Framework (BAF) Covid-19	**For approval**	
Responsible director: Executive Director of Nursing and Allied Professional Development **Report author:** Head of Infection Prevention and Control and Deputy DIPC	**For assurance**	✓
Previously considered by: The Board June 2020	**For information**	

Purpose of the report

This report is to appraise the Board of the measures in place around identified key lines of enquiry in relation to Infection Prevention and Control (IPC) and Covid-19, in line with national guidance from Public Health England (PHE).

Main issues for consideration

The updates around gaps in assurance that have been previously identified.

Recommendations

The board is recommended to note the contents of this report.

Infection Prevention and Control Board Assurance (BAF) Covid-19

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • Infection risk is assessed at the front door and this is documented in patient notes	• Screening questions asked at triage and on arrival at patients own home, and appropriate PPE worn as outlined in current national guidance. This is reviewed in line with national guidance changes and updates are communicated within the midday brief. • Documented in patient notes • Vulnerable staff have a risk assessment in place to identify any additional support required when visiting suspected or confirmed cases of Covid-19 • Flowchart in Community Care Beds (CCBs) to direct appropriate placement and cohorting, where required, inclusive of hospital discharge pathway • As services are re-set an IPC checklist has been developed for all services to complete to ensure practice is in line with national guidance, and appropriate audits of compliance are included • Adult business unit has completed an audit of 10 per team identifying the	• Audit of EPR to ensure clear documentation to ensure accuracy of detail in the patient notes – an audit of 10 patients per neighbourhood team has been undertaken to identify that patients have been triaged. • **Results showed that Covid symptoms documented** : Of the 80 records 28 had evidence of Covid-19 symptoms or Covid-19 diagnosis documented within the care record = 35% **PPE**: 55 of 80 care records have evidence of PPE being worn recorded = 69% Team Leads in the ABU have been reminded that this is a mandated requirement and will be raising directly with their teams. Also a new Neighbourhood Team memo is being released that reconfirms the requirement. **All** business units (ABU, CBU, SBU) to have a monthly report ran	• Risk assessment in place and Covid-19 risk identified on the risk register • Working strategy principles for face to face contacts during Covid-19 period developed for the organisation including ensuring safety of patients and staff when seeing Covid-19 positive patients, patients who are shielding and non-Covid-19 patients. • Identified hot, warm and cold sites throughout LCH and in partnership with primary care. • Use of pre-set coding on EPR in patient notes to enhance recording and efficacy. This will allow for a more efficient way auditing the triaging of patient for Covid-19 and use of PPE.

	level of completion • Front of house flowchart to triage patients coming into LCH buildings • A random sample of notes from CBU has been recorded • If a breach of PPE is identified this is recorded as a Datix incident. **Supporting evidence / documents:** Minutes of Trust Board Minutes of Quality Assurance Committee	on the pre-sets within EPR now that it has been fully embedded (24/09/20). We are exploring how this might work for non Sys1 patient recording systems such as dental, sexual health. • Track and tracing plans to be developed as per national guidance – work is being undertaken to determine an enhanced localised track and tracing system with Leeds City Council. Internal support is provided by IPC should a positive case be identified to understand if there have been any contacts or breaches. Examples of this work have been undertaken in the neighbourhood teams as well as WYOI.	
• Patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission	• Working strategy principles for face to face contacts during Covid-19 period • LCH will continue to treat patients who have or are suspected of having Covid-19, with a preference for telephony/ video conferencing treatment, particularly at the triage stage • Flowchart in CCBs to direct cohorting, in line with national recommendations • Daily communication via IPC team to facilities (care homes or LCH sites) where there are confirmed cases and		• Risk assessment in place for staff providing care to patients with confirmed/suspected Covid-19. • PPE provision and updated guidance made available to staff through midday brief • Frequent communication and support provided through the Infection Prevention and Control (IPC) Team • The IPC team will oversee all

	care is being provided. This provides expert advice and guidance on management of patients. • Cleaning schedules adapted as outlined in national guidance • New and updated guidance shared with business unit clinical leads through Clinical Bronze Meeting, Director of Infection, Prevention and Control (DIPC) and Deputy DIPC, and communicated via Midday Brief		arrangements to ensure that infection control arrangements offer a safe environment for staff and patients
• Compliance with the national guidance around discharge or transfer of COVID-19 positive patients	• New and updated guidance shared with business unit clinical leads through Clinical Bronze Meeting, DIPC and Deputy DIPC, and communicated via Midday Brief • Action and decision log in place for the Clinical Bronze Meetings • Covid-19 email address accessed by SMT and alerts shared appropriately • IPC team work in a reactive capacity and are there as a point of contact to support service if required around discharge. Frequent communication and support provided from IPC Team • Identified hot, warm and cold sites throughout LCH		
• Patients and staff are protected with PPE, as per the PHE national guidance	• Public Health England (PHE) message reiterated throughout midday briefs • Ensured consistency by following PHE advice rather than individual	• Challenging environments with third party involvement such as Adel Beck and WYOI: IPC and wider system involvement have	• Staff returning to practice through resetting to receive virtual training to discuss Covid-19, PPE

	professional bodies • Posters in place • VLOGs by the Director of Nursing and AHP's and Senior Nurse for IPC • Online IPC training • Table 4 PHE guidance is being followed • Decision log from Bronze Command detailing discussions around use of PPE • LCH PPE silver command group notes and decision log • Leeds command and control PPE group chaired by Cath Roff, Leeds City Council (LCC) • Grid identification for each service outlining relevant PPE required updated monthly or when guidance is released	provided support when there has been the identification of positive cases. Local IMT meetings have been held with PHE and partners. • Audit process is being developed for PPE. Plans are in place around delivering a virtual huddle within ABU, CBU and SBU for October to provide clarity around requirements for the teams and updates.	and national guidance to be followed. • Risk assessments in place which are reviewed.
• National IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way	• Midday brief is utilised to ensure messages are communicated to staff., • National call attendance and evidence of updates feeding in to internal command and control • Covid-19 inbox management and evidence of circulation of key messages • Contact with Y&H IPC Lead and Infection Prevention Society (IPS) • Director of Nursing and AHP's and Medical Director attend regular regional updates which include IPC updates		

• Changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted	• Areas relating to Covid-19 feature on the Risk register • Covid-19 update on all committee / Board agendas • CEO update to Chair and NED's on a weekly basis • IPC Head of Service contact and communication with SMT and the chair of the Board • Changes in guidance shared on Elsie and communicated through Midday Brief and cascaded through Clinical Leads via Bronze Clinical Meeting **Supporting evidence / documents:** - Trust Corporate Risk Register,		
• Risks are reflected in risk registers and the Board Assurance Framework where appropriate	• As above • Covid-19 Risk assessment detailing multiple potential hazards		
• Robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	• Partnership agreement in place with LCC detailing proactive measures around preventative work in reduction of Health Care Associated Infections (HCAI's) • Post Infection Review (PIR) process for MRSA/C. Diff in place working with partners throughout the system to identify learning. These have continued throughout the pandemic.	• PIR paperwork and timeline completed however meetings not held to discuss learning with partners – meetings have now been held to understand learning related to MRSA blood stream infections. All PIR's currently up to date. • Proactive health promotion work has not been completed during the	• Engagement with services from IPC team • 7 day IPC service • IPC Head of Service representation on Clinical Bronze Meeting • System working with LCC/CCG/LTHT sharing best practice • Electronic auditing platform

	• GNBSI E-coli pro-active work to identify ways in reducing infection rates • PPM+ citywide communication process for HCAI's: Clostridium difficile, MRSA • Monitoring Data Capture System (DCS) for all recordable HCAI's • Policies and guidelines in place • LCH training – face to face and online statutory and mandatory training. • Clinical risk assessments on SystmOne record for individual patients e.g. Catheters • Educational study days on HCAI and Sepsis awareness • Market stalls and preventive health promotion work with public health	pandemic, including engagement and social prescribing. This would normally be undertaken to educate and inform both staff and patients helping to reduce HCAI's including Gram Negative Blood Stream Infections and AMR awareness – resetting work has not started around the gram negative reduction programme in terms of social prescribing and preventative measures. We are still awaiting trajectories from NHS E/I for this current fiscal year. IPC have continued to keep the PHE Data Capture system up to date and RCA's have been completed on time. • IPC policies and guidance have been extended by 6 months – work has been started to ensure all policies are continuing to be up to date. • Due to social distancing measures all IPC training has moved from face to face to online – by moving to an online virtual training system we have seen an increase in compliance. 92% of staff are up to date with their Level 1 training, which is on average 20% higher than when delivered face to face. • Audits and premises visits have	usage

		been postponed and we hope will start in September with the use of an electronic auditing tool – a new electronic auditing tool 'MEG' has been purchased and LCH premises audits have been recommenced. The use of the electronic auditing tool will improve efficiency and out coming of the actions, aiming to close the loop more effectively and gain greater assurance. • The E.coli HCAI Conference which was planned for May 2020 has been postponed until 2021 – this remains on hold and a date will be identified early 2021. IPC may need to consider alternative ways of delivering a conference such and explore digital options such as an online conference.	

2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • Designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas	• Care Home training offered to all 151 facilities including Community Care Beds • Cohorting of patients and staff employed in CCBs • Hannah House – single rooms availability and source isolation for suspected or confirmed cases • Little Woodhouse Hall cohorting process in place • Risk assessment on hot / cold areas and involvement from LCH estates/emergency planning • WYOI / Adel Beck – single pods/rooms, source isolation • Reset training being provided • IPC e-learning averaging 92% frontline line.	Include in re-set and recovery work	
• Designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.	• Hannah House – all cleaners have mandatory IPC training and a schedule in line with government guidance. • Staff have access to Clinell disinfectant wipes, are also aware of the need to follow manufacture guidance and recommended contact times.		CCBs, LWH, WYOI, Adel Beck not LCH responsibility for cleaning.

	Cleaning teams have been trained on use of Chlor-clean, dilution methods and contact time.		
• Decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance	Cleaning schedule in place to reflect PHE guidance in relation to Covid-19. Additional touch-point cleaning (at least twice daily) has been implemented which includes electronic equipment, desk space and touch point areas. A Chlorine releasing agent (1,000PPM would be used on hard surfaces): Chlorclean is, in the main, used by Estates and Facilities staff, and they have been trained in its use, which includes following manufacture guidance an contact time Cleaning audits in place		CCBs, LWH, WYOI, Adel Beck not LCH responsibility for cleaning Minimal carpeted areas for example audiology booths, therapy rooms – there would be a triaging system in place for patients coming into that area and to consider a monthly steam clean through external contractors.
• Increased frequency of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance	Cleaning services would be contacted in the event of a deep clean. For community settings a routine clean would be required, including touch point areas by the clinician and cleaning of the floors etc by a cleaner at the end of the working day.		

• Linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken	• Hannah House undertakes own laundry – processes in place and policy • LWH – contract in place with Interserve for all bedlinen and towels. If there is a suspected resident, the linen will be placed in a red alginate bag and washed separately. A built in laundry with industrial washers for residents own clothes – separated per resident as per Covid-19 guidance. • CCB has process in place for laundry.		
• Single use items are used where possible and according to Single Use Policy	• PPE risk assessment inclusive of expired and re-usable PPE, listed on the risk register • Decision log from PHE guidance on expired PPE • Silver PPE group sited on single use items. • Communication added to midday brief about correct use of single use items.		
• Reusable equipment is appropriately decontaminated in line with local and PHE and other national policy	• Daily midday brief – guidance re cleaning of visors / eye protection, alternative wipes to Clinell when shortage occurred • Evidence of 'S' cleaning technique and information available on Elsie and as part of resetting checklist (evidence based method of cleaning) • Online IPC training discusses decontamination of reusable items		

• Increased frequency, at least twice daily, of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance	• Cleaning schedule in place to reflect enhanced cleaning required in line with national guidance • Cleaning staff trained on use of chlorine releasing agents • Embedded into IPC resetting checklist for services to consider frequency, patient appointment times etc. • Auditing enhanced cleaning mechanisms with the use of MEG electronic system • Checklist in place		
• Attention to the cleaning of toilets/bathrooms, as COVID-19 has frequently been found to contaminate surfaces in these areas	• As above • Part of resetting checklist and consideration to allocated toilet facilities	• Consideration for a checklist to be in place in toilets settings, providing patient assurance on cleanliness.	

• Cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine, as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses	• Chlor-Clean is used on all floors, toilet areas which meets the requirements of a chlorine based detergent (1,000 PPM). Cleaning staff have been trained in the use of this product and the COSHH regulations that are in place including storage and disposal. • LWHH, Adel Beck and WYOI cleaned by contracted cleaners – environmental audits in place. • Interserve contract for Hannah House, LWH • Adel Beck and WYOI - Amy		• Frequent IPC visits to locations and follow up visits made to monitor cleaning schedules and solutions used are in line with national guidance.
• Manufacturers' guidance and recommended product 'contact time' must be followed for all cleaning/ disinfectant solutions/products	• 'S' cleaning guide to using disinfectant wipes and contact times available on Elsie and product website • (contact time 60 seconds) • IPC online training • Cleaning staff trained on safe use and contact time of Chlor-clean • Information on cleaning part of resetting checklist - resetting virtual training delivered by IPC discusses transmission of Covid-19 and cleaning measures in place.		

• ‘Frequently touched’ surfaces, e.g. door/toilet handles, patient call bells, over-bed tables and bed rails, should be decontaminated at least twice daily and when known to be contaminated with secretions, excretions or body fluids	• Posters available • Resetting measures and checklist available • IPC online training • Standard infection control precautions		
• Electronic equipment, e.g. mobile phones, desk phones, tablets, desktops and keyboards should be cleaned at least twice daily	• Posters available • Midday brief • IPC Training encouraging all mobiles, laptops, hot desks, phones t be cleaned with a Clinell disinfectant wipe (contact time 60 seconds) • Wipes available in all office and meeting room areas.		
• Rooms/areas where PPE is removed must be decontaminated, timed to coincide with periods immediately after PPE removal by groups of staff (at least twice daily)	• Cleaning schedule in place and waste disposal routes determined. • Information posters displayed highlighting disposal route • Staff FAQ explaining disposal route dispending on setting.		

• Review and ensure good ventilation in admission and waiting areas to minimise opportunistic airborne transmission	• Ongoing work with estates and discussions with microbiology in relation to A/C and oscillation fans • Oscillation fans to not be used in clinical/non clinical environments, information shared in Midday Brief and cascades through business unit clinical leads • Assurance around maintenance checks of air conditioning. • Encourage good window ventilation in rooms both clinical / non clinical, information shared in Midday Brief and cascades through business unit clinical leads. • Increased window ventilation recommended to staff members if working in shared office space. Communicated in FAQ's, IPC checklist, posters.		
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and process are in place to ensure: • Arrangements around antimicrobial stewardship are maintained	• Citywide responsibility for AMR • Prescribing formulary on Leeds Health Pathways • Clostridium difficile Root Cause Analysis (RCA) and PIR process to identify lapses in prescribing	• AMR multi agency meeting on hold – recommenced September 2020 • PR agency commissioned via LCC not actively providing marketing around AMR. • There have been no recent	Compared to primary care, there is minimal prescribing of antibiotics within LCH. The exception is Sexual Health – however, a main part of their remit is treatment of sexually

	throughout the healthcare economy, system working with CCG and LCC • Local information can be extracted in real time from the electronic patient record – depending on how this is configured will affect how the search can be conducted.	engagement or awareness days held – these have been postponed until 2021, digital alternatives are being explored by Leeds City Council • There is a delay in prescribing data (ePACT) becoming available – for prescriptions written in June 2020, the data will not be available until mid-August 2020. This is a national position, and will not change.	transmitted infections, so you would expect them to use antimicrobials. There is no expectation form the city that this should reduce. All usage is in line with national guidance as advised by BASHH (British Association of Sexual Health & HIV).
• Mandatory reporting requirements are adhered to and boards continue to maintain oversight	• Citywide AMR Board with LCH representation • C. Diff PIR process to identify prescribing issues – continued throughout Covid • Completion of Public Health England Data Capture System is continuing to be monitored • Engagement with CCG/LCC relating to AMR		Cooperation partnership agreement review completed for quarter 4 – annual review has taken place with partners from Leeds City Council, LCH and NHS Leeds. An updated and extended cooperation agreement has been written to reflect the increase in funding for IPC. Initially this will see an increased involvement with track and trace, and elements around preventative work in universities, school and nurseries.

4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • Implementation of national guidance on visiting patients in a care setting	• Patients isolated • Individualised process for individuals in Little Wood House Hall and Hannah House in line with national guidance continue to review in line with national changes • New guidance shared 5th June on visiting healthcare inpatient settings during Covid-19 pandemic and plans to implement being put in place.	• To consider implementing electronic patient record system contains an infection alert and a red flag shows for positive COVID-19 patients and shielding patients.	
• Areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas clearly marked with appropriate signage and have restricted access	N/A		
• Information and guidance on COVID-19 is available on all Trust websites with easy read versions	Covid-19 part of LCH intranet, inclusive of links / guidance / blogs / vlogs		

• Infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	• SPUR / Bed Board process outlines on discharge that there is a confirmed case		• Communication on discharge EPR and coding has been implemented.
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • Front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms to minimise the risk of cross-infection and to segregate them from non COVID-19 cases	• Patient contacted prior to appointment to discuss infection status in line with government guidance Covid-19 criteria • Face to face triage upon arrival on own status and those they have been in contact with / own household – flowchart in place. This is then documented in EPR. • Poster signage on key IPC measures and social distancing guidance	• Part of resetting programme: consider text messaging reminders –services are sending reminder text messages to patients asking them to rearrange should they have Covid symptoms, been in contact with a person who is positive in the last 14 days or travelled abroad and should currently be in isolation as per current government guidelines.	
• Patients with suspected COVID-19 are tested promptly patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly retested instigation of contract tracing as soon as	• Flow chart for CCBs, WYOI, Adel Beck, LWHH, Hannah House • For patients receiving home visits if they are unable to access testing a pathway is available for internal testing • Guidance on isolation and cohorting of patients available • Contact from IPC team providing support		• Awaiting further national guidance on track and tracing system. IPC support teams should an outbreak be identified or a breach in PPE / social distancing has occurred.

possible	and information • 7 day IPC service		
• Patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately	• Triaging plans in place, hot and cold identified areas • Risk assessment in place and identified on the risk register • PPE available for suspected or confirmed cases of Covid • Enhanced cleaning schedules in place and audit process • IPC support, 7 day service • Re-set & recovery work, identified on IPC checklist – this is service lead and will identify further risk assessments that may require to be undertaken. • Each clinical area is risk assessing their ability to deliver two metre social distancing.		
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • All staff (clinical and non-clinical) have appropriate training, in line with latest PHE and other guidance, to ensure their personal safety and working	• Up to date PHE guidance followed. At present LCH is following table 4. Aprons and gloves are subject to single use as per Standard Infection Control Precautions (SICPs), with disposal and hand hygiene after each patient contact. • Aerosol generated procedures as outlined in the guidance.		

environment is safe	• Covid-19 guidance and any updates are shared on the Midday Brief, Elsie Covid page and cascaded through clinical bronze meeting. • Work with partners within the system to have a shared vision around use of PPE for staff particularly cross working – for example community care beds and Leeds City Council.		
• All staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it	• Vlogs available on Elsie • Donning and doffing guidance on intranet with videos available on how to • PHE Compendium of information followed and agreed material used for training • Online stat/mandatory IPC training reiterate standard infection control precautions and usage of PPE • Staff returning from redeployment to undertake training in format of webinar. This will cover what Covid is, potential chain of infection, cleaning, PPE usage etc. This is to be embedded into the resetting of services. This training can also be provided for staff who may display enhanced anxiety about wearing PPE and returning to a work based setting. The training can be delivered to services that have continued to deliver throughout the pandemic.		

• A record of staff training is maintained	• IPC training – recorded on ESR and BI • A record of staff that have undertaken FIT testing.		
• Appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed	• Visors are the only piece of PPE that LCH has had to reuse due to demand and supply issues. This has ceased now as adequate supplies available. • Reuse of PPE listed on the risk register and relevant risk assessment. • Silver PPE Group aware of re-usage • Sessional use of PPE is monitored and guidance on how to use PPE in accordance has been shared	• Visors: assurance that staff are following agreed usage guidance and cleaning 3 times and then disposing – all visors are now single use and the communications have been shared to reflect this. • Non accredited/kite marked PPE items used – this has been identified on the risk register and are items such as the 'clear mask' that has been received through government push stock.	• A supply has been determined through the PPE Logistics Group and visors are to be used as single use • All non-kite marked stocks have now been returned to stores and communication shared that only visors supplied through ordering routes can be used rather than donations. • Communications shared with staff that all visors are now single use
• Any incidents relating to the re-use of PPE are monitored and appropriate action taken	• Evidence of weekly report from Clinical Governance Team (CGT), discussed at bronze command		
• Adherence to PHE national guidance on the use of PPE is regularly audited	• Currently it is not audited but peer review • SOP in place for IPC staff taking swabs and working in pairs to peer review	• Clinical leads to establish a way an audit of use of PPE **–** an audit tool has been rolled out for Hand hygiene and PPE at the beginning of September to Business Units (CBU, ABU and SBU)	
• Staff regularly undertake hand hygiene and observe standard infection control precautions	• Prior to Covid-19teams completed Essential Steps which captured in hand hygiene audits • Monthly hand hygiene audits were	• Outstanding hand hygiene and PPE audits from Business Units, as highlighted previously this is an ongoing piece of work.	

	completed at inpatient facilities • Essential Steps to be restarted which will capture hand hygiene observations • Hand hygiene kits available to all clinical staff • A good supply of alcohol gel and soap available through PPE logistics • Discuss with Clinical Leads as part of Clinical Bronze Meeting		
• Staff understand the requirements for uniform laundering where this is not provided for on site	• Laundering of uniform guidance has been shared in the Midday Brief as outlined in current national guidance • Options around types of uniforms has been considered, particularly for services where they normally wear civilian clothing • Minimal options for changing at work, risk assessed> guidance around travelling from work location directly to home setting, staff member to change, shower/bath and launder uniform with no other items on a temperature hot enough that can be tolerated, tumble dried and ironed. • Decontamination of cars considered however by staff following Standard Infection Control precautions this has been deemed not necessary. • Information on use of staff coats		

• All staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national guidance if they or a member	• Regular information has been sent out to all staff, with links to the necessary guidance, via the Midday Brief. • Trust wide midday bulletins regarding the steps required to be taken if a staff member, or a member of their household displays any the recognised Covid-19. • All national guidance around the criteria for suspected Covid-19cases has been shared. • Posters displayed throughout LCH • Information displayed on Elsie and new intranet site. • OH support and advice via telephone service.		• Vulnerable risk assessments have been provided to line mangers to complete with staff and shared with WFI.
Guidance on hand hygiene, including drying, should be clearly displayed in all public toilet areas as well as staff areas	• All hand hygiene dispensers throughout the organisation show evidence based hand hygiene technique in both staff and patient areas • A mixture of posters and floor stickers are in place		
Hand dryers in toilets are associated with greater risk of droplet spread than paper towels. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination, as per national guidance	• There are very few hand dryers throughout LCH premises or LIFT buildings, paper towel dispensers restocked daily by cleaning staff • IPC on line training • Standard Precautions Policy • Hand hygiene kits • Covid – 19 posters • Sign posting to national guidance • Elsie and Covid page	• Estates to complete a risk assessment to understand the exact number of hand dryers throughout the organisation – this is still to be completed by estates. Communications has been shared to use paper towels for hand dryers. Facilities such as Shine where we use for training have been asked to turn hand dryers off and advise use of paper towels.	

7. Provide or secure adequate isolation facilities			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • Patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate	• Flow chart in CCBs • Regular communication with LTHT Geriatricians that cover CCBs • CCBs with positive cases receive daily contact with IPC to discuss figures and identify concerns in relation to IPC provision and PPE • In June a weekly IPC Q&A webinar to be available for care home staff inclusive of CCBs	• Plans to have wider IPC Q&A sessions for Hannah House, Little Woodhouse Hall, WYOI and Adel Beck, to make available in June – an organisation wide FAQ has been written and shared in Midday Brief.	
• Areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance	• Cleaning schedules reflect national Covid guidance, cleaning staff provided by LCC. • IPC visits made to CCBs, Hannah House, Little Woodhouse Hall, Adel Beck and WYOI to provide support and advice	• Concerns raised around Leeds City Council cleaning staff refusing to clean positive patients' rooms – this is being addressed by the CCG as raises concerns around confidentiality. In this instance cleaning is being completed by care staff in the community care hubs.	
• Patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	• Relevant policies in place relating to multi resistant organisms • Patients are managed according to Trust IPC guidance. • Organisms identified on PPM+ and information added to the patient's notes and recommendation of a risk assessment to be completed in line with		

	guidance.		
8. Secure adequate access to laboratory support as appropriate			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
There are systems and processes in place to ensure: • Testing is undertaken by competent and trained individuals	• Staff testing available and this has been advertised through the midday brief. • Local measures have been put in place to support key worker testing, as there were delays identified in the national programme. • A drive thru alternative has been made available to staff.		
• Patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance	• Local testing available to staff members in a timely manner, information on bookings accessed via Midday Brief and Elsie.	• Potential delays in results out of the control of LCH as it is external labs that undertake this	
• Screening for other potential infections takes place	• As per policy other screening such as MRSA swabs taken as per local/national guidance and information and support provided through the IPC Team		
9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in	There are processes in place to support staff in adhering to IPC policies, including		• Virtual Q&A session and online

place to ensure that: • Staff are supported in adhering to all IPC policies, including those for other alert organisms	staff induction, IPC mandatory training and appraisal • Staff team meetings • Policies on Elsie and IPC page • IPC Induction and mandatory training • Online training • Posters and resources • Midday brief • Seasonal staff flu programme • Appraisals and staff understanding that IPC is a responsibility and duty of care by all as outlined in the Health and Social Care Act 2008 • Audit completion • Champion training events • Conferences		Covid-19 specific training for staff that will be involved in having their services reset
• Any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff	Changes to PHE guidance re PPE are overseen and co-ordinated by the Trust PPE Group • Daily midday brief • Information available on Elsie • Leaders Network • Regular VLOGs		
• All clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance	• Evidence of guidance in midday brief • Evidence in meeting notes with CCBs re supporting appropriate waste management processes		

• PPE stock is appropriately stored and accessible to staff who require it	• PPE logistics group established an electronic ordering form • Weekly stock checks • Engagement with leads from business units • Partnership working as part of Silver PPE group with LYPFT • Escalation to procurement of push stock deliveries • Evidence minutes and action log from PPE logistics and Silver Command Group • A portal is available to order supplies through and these are dispatched from central stores		
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Appropriate systems and processes are in place to ensure: • Staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported	• Risk assessment shared with line mangers to complete with vulnerable staff members in the 'at risk group' • Staff psychological and wellbeing support provided through occupational health and employee assistance programme • Regular virtual drop in sessions for staff around various aspects of physical and psychological wellbeing including working at home, shielding etc.		

	• Dedicated OH clinicians provide telephone advice to staff and managers. This includes advice on providing support for physical and psychological wellbeing, and includes signposting to internal and external resources. **Supporting evidence / documents:** Vulnerable staff member risk assessment		
• Staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained	• All staff identified as requiring FFP3 masks due to delivering Aerosol Generating Procedures (AGP's) have been fit tested in line with national guidance • Evidenced through sign in sheet • Information and guidance shared on Midday Brief regarding 'fit checking' when using an FFP3	• Consideration of options going forward as LCH receives different brands of FFP3 and further testing may be required. Silver PPE group to consider using reusable FFP3 as part of resilience plans	
• Staff absence and wellbeing are monitored and staff who are self-isolating are supported and able to access testing	• Staff absence is recorded through ESR • Evidence of review in silver command • HR guidance on intranet • Staff support for psychological wellbeing through employee assistance programme and regular virtual drop in sessions		

• Staff that test positive have adequate information and support to aid their recovery and return to work	• Staff to follow national guidance and support available to staff member through IPC, occupational health, HR and employee assistance programme • Most up to date guidance available on gov.uk , shared through midday brief and available on Elsie. • Risk assessment and return to work assessment to be completed by line manager		
Consistency in staff allocation is maintained, with reductions in the movement of staff between different areas and the cross-over of care pathways between planned and elective care pathways and urgent and emergency care pathways, as per national guidance	• Where possible staff allocation maintained and consistency of staff caseload is maintained. • Standard infection control precautions policy and distancing measures to reduce forward transmission • Guidance and principles developed for all staff and services to ensure consideration of when visits are done etc. • Where possible a reduction in staff cross over on sites such as Adel Beck and WYOI, to reduce the possibility of transmission.		
• All staff adhere to national guidance on social distancing (2 metres) wherever possible, particularly if not wearing a facemask and in non-clinical areas	• National guidance available on Elsie • Posters displayed in all staff areas highlighting social distancing measures • PPE guidance if working less than 2 metres, ongoing assessments being completed by Estates and Health and Safety in relation to room assessments and safe distancing		

	• Encouragement of staff to work from home where this is possible		
• Consideration is given to staggering staff breaks to limit the density of healthcare workers in specific areas	• Estates building risk assessments completed identifying number of people that can use kitchen staff areas for breaks • Social distancing measures in place • Risk assessment to identify number of people in room at once • Discourage food sharing and fuddles in teams, open packets of food. • Monitored by line managers, leading by example ethos and encourage staff that its 'ok to ask'.		

NHS
Leeds Community Healthcare
NHS Trust

AGENDA ITEM 2020-21 (75i)

Meeting Trust Board 2 October 2020	**Category of paper** *(please tick)*	
Report title Operational Plan: Priorities Update	**For approval**	
Responsible director Executive Director of Finance and Resources **Report author** Business Planning Manager	**For assurance**	✓
Previously considered by SMT 2 September Business Committee 23 September 2020	**For information**	

Purpose of the report

This report provides an overview of the extent to which, at the end of month 5, the Trust priorities for 2020/21 which were developed prior to phase 1 of the COVID pandemic and approved by Board in March 2020

- remain the things we are focussed on
- whether the COVID pandemic has changed our focus and if so how

Main issues for consideration

The 2020/21 Operational Plan set out 11 priorities to drive achievement of the Trust's 4 strategic goals and support delivery of system priorities, what we aimed to achieve and success measures.

Since mid-March, responding to the Covid pandemic in terms of maintaining essential services and supporting our staff has dominated our focus and been the organisation's top priority. This is not fully reflected in this report because the report is framed around the 2020/21 priorities and core delivery is not a major focus of those priorities.

The report reflects that, in relation to some priorities, there was a very rapid, agile and effective change of focus in response to the Covid pandemic e.g. priority 1 relating to staff engagement, priority 3 relating to leadership and training and priority 5: Continuous Quality Improvement

Despite the significant pressures on many staff and managers resulting from responding to the Covid pandemic, good progress has been made across many workstreams, including clinical and Workforce developments supporting the integration agenda with the GP Confederation and PCNs (priority 8) and planning for the new CAMHS Tier 4 service (priority 9). Responding to the Covid pandemic has enabled some workstreams to be progressed at a faster pace than planned e.g. development of outcome measures (priority 4), optimising

use of digital technology to enable remote working and communication and virtual consultations (priority 11) and informing the Estates Strategy and Implementation Plan (priority 11).

Some planned service and pathway development was paused in the first quarter and has now re-started or is being incorporated in reset and recovery plans (priorities 7).

We are operating in a very uncertain global, national and local context. Our top priority for the remainder of the financial year is resetting services and ensuring preparedness and responsiveness in relation to winter planning and potential future Covid spikes / waves whilst ensuring that our staff continue to be supported. Reset and recovery plans will include the outcome of an assessment of innovations and new ways of working introduced in response to the pandemic to be retained, developed and embedded

Recommendations

The Board is recommended to:

- Note the assessment of delivery of work planned in relation to the Trust's 2020/21 priorities at the end of month 5 and the impact of the Covid response
- Note the focus of work planned for the remainder of the financial year

Operational Plan: Priorities Update

1. Introduction

This paper provides an overview of the extent to which, at the end of month 5, the Trust priorities for 2020/21 which were developed prior to phase 1 of the COVID pandemic and approved by Board in March 2020

- remain the things we are focussed on
- whether the COVID pandemic has changed our focus and if so how
- the consequences of the above for the agreed success measures – whether the measure and / or target are still relevant / meaningful, and if so, are we on track

Since mid March, responding to the Covid pandemic in terms of maintaining essential services and supporting our staff has dominated our focus and been the organisation's top priority. This is not fully reflected in this report because the report is framed around the 2020/21 priorities and core delivery is not a major focus of those priorities.

The report indicates our expected focus for the remainder of the financial year in relation to the agreed 2020/21 priorities. We are operating in a very uncertain global, national and local context. Our top priority is resetting services and ensuring preparedness and responsiveness in relation to winter planning and potential future Covid spikes / waves whilst ensuring that our staff are supported.

2. Overview of delivery of 2020/21 priorities

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

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

- **Keeping our staff well and at work;**
- **Embracing difference and diversity;**
- **Creation of a compassionate, kind supportive culture where people come 1st;**
- **Our workforce is well led, supported and empowered by skilled leaders;**
- **Enabling staff to make an outstanding contribution to the care of patients**

Status: Substantial activity aligned with this priority has taken place during the initial months of 2020/21 and throughout the Covid pandemic period to date.

These were described for Business Committee (29 July 2020) and Board (7 August 2020) in the Quarterly Workforce Report, "Looking After Our Staff" paper, which in summary described the steps taken at LCH during the past four months of the Covid-19 pandemic, to engage with and look after the LCH workforce in accordance with

our Values & Behaviours; and in the context of our culture of workforce engagement. Significant pieces of work and impact are associated with:

- flexibility in response to individual circumstances
- support and risk assessments for “at risk” groups of staff
- safe working environments project encompassing all LCH staff
- targeted health, wellbeing and development offers

In relation to the success measures for Priority 1, LCH is reporting:

- Sickness absence rates on target for a year end outturn figure of below 5.8%, with sickness absence for May, June and July all below 5%
- Relative likelihood of BME staff being appointed following shortlisting compared to white staff: WRES action plan undergoing refresh including implementation of new selection process measures to address imbalance in BAME candidate outcomes
- Work to ensure Statutory & Mandatory training is in line with Core Skills Training Framework requirements was put on hold to enable focus on maximising online access as part of our Covid response
- National Staff Survey due for release on schedule in October 2020, with an LCH Covid Survey due for release in September 2020 to measure staff views and experience of employment during the pandemic

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

Status: development of organisational and Business Unit workforce planning was put on hold due to COVID-19 but is expected to resume in the second half of 2020.

The CAMHS Tier IV resourcing campaign is developing to its original target timescales. The campaign includes partnering with third sector colleagues to effectively target recruitment within priority neighbourhoods in the vicinity of the CAMHS Tier IV Unit; and with national and regional partners to innovatively target the clinical labour market.

Our on-boarding and induction processes underwent rapid transformation during Spring 2020, enabling LCH to rapidly bring in new capacity in support of the COVID-19 response. Learning from this process, including the bringing together of our substantive and temporary recruitment arrangements, is informing our ongoing resourcing review.

The eRostering programme has continued its rollout during COVID-19, and the Health Roster system has been the primary tool in understanding the organisation’s workforce capacity on a daily basis. Rollout has been slower than planned due to the redeployment of eRostering team members in support of COVID-19 work. Analysis and planning is underway to determine the extent to which time can be made up

against the national 2021 deadline for completion of eRostering rollout, which has not been altered.

The turnover success measure of ">14%" has been met in every month of 2020/21 to date, with turnover rates consistently below 12%.

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

Status: due to the Covid pandemic and associated business continuity measures, the LCH Leadership Programme modules have not taken place so far this year; and the Talent Management work has been paused for the same reason.

During this time, we have reformulated our offer to a more modular based approach which can be offered more flexibly to meet a range of leadership needs. We are engaging with key stakeholders on this, including the BAME network, and have an opportunity to test it September 2020 through a bespoke offer being delivered to LMWS Leaders. We are also piloting a virtual version of Manager as Coach from September. Essential Management has also been reviewed and this will be offered virtually from September.

In addition we have focused on other, COVID-focused developmental & support interventions including training for redeployed staff, psychological wellbeing and a Listening & Support Service.

We have moved our statutory & mandatory training and induction online, to enable people to complete these remotely as far as possible, and safely. Statutory & Mandatory training compliance fell during the Spring to 86.7%, linked to it ceasing to be a core requirement as part of business continuity measures; however it has since returned to its March 2020 compliance rate of 92.5% (July 2020).

Strategic goal 2: Deliver outstanding care

Priority 4: Be outstanding

Status: the project to lead the Trust to 'outstanding' was stood down during the first phase of the pandemic and has not been progressed. LCH is now focussed on resetting services, using the learning from the pandemic to transform services. As part of this the overall aim is for reset to contribute to the development of outstanding services and creating an outstanding workplace for staff.

CQC improvement plan: the majority of the 'must-do' actions (Inpatient CAMHS, Community CAMHS and 1 breach for Dental and Governance respectively) are either complete or on track for successful completion. A number of actions were put on hold due to the Covid-19 pandemic but these are now progressing, including actions relating to waiting times for the Dental service. The 14 'should-do' actions

inpatient and community CAMHS services and Dental) are either complete or still on track for successful completion.

Quality Challenge: Quality Walks were stood down in phase 1 of the COVID pandemic. The Walks recommenced in July following a prioritisation review starting with Little Woodhouse Hall (LWH) and Seacroft Neighbourhood Team. Walks were led by the Assistant Director of Nursing & Clinical Governance and the Director of Nursing respectively, a Head of Nursing from a Mental Health Trust joined the LWH Walk. Rigour of the process and alignment with CQC and HSE inspections has been strengthened by incorporating mandatory prompts.

Patient Safety Strategy plan development has continued albeit at a slower pace due to pressures on operational staff supporting the work. Staff feedback has identified areas for improvement. Patient, carer and family feedback will provide a benchmark o and identify what could be improved.

Outcomes development: the Covid pandemic has heightened the focus on developing outcome measures organisation-wide to ensure that we are responsive to the pandemic, and caused a shift in focus. We have sought to understand mortality data and also the impact of new ways of working on patients and staff, triangulating the clinical impact of changes in service delivery to ensure that they do not negatively impact specific communities and health inequalities. Reset and recovery planning is accelerating the pace and scale of plans for developing outcome measures: programme aims for this 2nd year have been revised accordingly. The national phase 3 Covid guidance sets out requirements to further strengthen focus on understanding and addressing health inequalities which will require focussed effort across all services and underscores the importance of developing use of outcome measures.

Quality Impact Assessments will be undertaken for all service changes made as part of reset planning providing assurance about the impact of service changes on quality.

Work to **integrate adult mortality review with LTHT for deaths that occur within 30 days of a hospital discharge** has progressed. During the COVID-19 pandemic the focus has also been to maintain timely case review of level 2 investigations and monitoring the impact of Covid-19 related deaths which we have achieved by increasing the number of case reviews.

Work to **review and streamline the meeting and reporting processes that sit under Quality Committee,** including improving triangulation of data and potential for assurance and quality improvement, remains on track. April Quality Committee approved the terms of reference of the Quality Assurance & Improvement Group (QA&I) which brings together the Clinical Effectiveness Group, the Mortality Surveillance Group and the Patient Safety & Experience Group. Reporting arrangements will be reviewed in October 2020 which will determine progress and next steps.

Priority 5: Continuous Quality Improvement

Status: as a result of COVID the QI Team re-focussed on supporting work around staff psychological wellbeing and the induction and training of new/re-deployed staff.

The Making Stuff Better campaign and sharing of improvement stories was paused during the COVID period. A positive impact of COVID has been the extent of improvements made across the organisation which going forwards will be shared through weekly Reset &Recovery intranet updates.

QI training was paused during COVID. Virtual training is being developed as well as a more bespoke approach for services. We continue to develop QI champion roles which will now link directly with R&R champion roles and are supporting Reset & Recovery staff engagement sessions. We continue to work in partnership with the Improvement Academy, who will support the analysis of feedback from staff and patient engagement during Reset & Recovery.

Developing an integrated triage process to support allocation of change resource has progressed with the formation of the Business Logistics Team and the Reset & Recovery programme of work. The ODI team are linked in through regular attendance at business unit Reset and Recovery meetings.

ODI support has been provided to priority areas such as CAMHS and LMWS. Work with Dental and ICAN was paused due to COVID.

The ODI team has supported alignment of Making Stuff Better with Quality functions in the organisation through development of the Quality Forum.

Priority 6 Patient Engagement

Status: progress has been made in relation to the aims for this priority although Covid has impacted on some work planned. There is a strong focus on patient engagement in services reset and recovery planning – patient engagement being one of the 8 golden threads. During the pandemic the Leeds system has strengthened mechanisms to ensure health and care plans and delivery are informed by patient and public experience with particular focus on vulnerable communities. The Patient Experience Team is fully engaged and feeds back key messages from system engagement forums.

Work to develop wider awareness of Always Events has progressed: all Business Units attend the Steering Group. Work within ABU (CUCS) is on hold as the service is paused and staff redeployed.

Work to strengthen support for Carers has progressed well and includes training for managers, working carer clinics and awareness training sessions. LCH has been awarded a Commitment to Carers certificate from the Leeds Carers Partnership Board.

The new FFT has been fully implemented across the organisation and the FFT audit is underway.

Patient stories continue to be a part of the Trust board, and work to develop interfaces between LCH patient engagement forums, such as the Youth Board, and quality governance structures continues.

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

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

Status: work to develop New Care Models has progressed despite the pandemic:

Frailty programme and priorities for the city: developing the Ageing Well, Anticipatory Care and Enhanced Care in Health Homes work programmes, including delivering the 2-hour Urgent Response target by 1 April 2021:

- The 2-hour Urgent Response target is being delivered through mobilisation of the Virtual Ward (Frailty) which has continued despite the pandemic. We are currently operational in two thirds of the city and will be citywide by the end of September 2020. Interim evaluation of this model is anticipated in January 2021.
- The longer term Urgent Community Response Project was delayed as a result of Covid: project initiation phase commenced in July 2020.
- Enhanced Health in Care Homes: discussions with primary care colleagues and commissioners are underway to develop a joint response to identifying a clinical lead link role from within primary / community care.
- We are developing a draft plan for commissioner review (September 2020) to scope and model the Enhanced Neighbourhood Team offer to care homes, addressing gaps in OT and Physio input and support for people with other specialist requirements including swallowing and complex speech. The expectation is to have an element of delivery commencing from November 2020. The End of Life Care Home Facilitator Team are developing options for an enhanced model to align with the developing Enhanced Health in Care Homes Service offer for commissioner review

FCPs: funding is available for each PCN to have one wte FCP at no additional cost to PCNs. LCH will prioritise establishing one FCP per PCN. Should PCNs require additional FCPs we will work towards providing that once all PCNs have had the opportunity to access one FCP. Due to recruitment timescales we expect additional FCPs to be in post in the 21/22.

Diabetes, Stroke and Neuro Integrated pathway development was paused due to Covid but has restarted. Diabetes integration workstreams are now being picked up as part of reset. The focus for Stroke pathway is on continuing to embed the integrated pathway and identifying how to utilise £75k of permanent funding. For the Neurology service, restart provides a springboard to implement changes and progress the planned service review.

Work to produce a new Development strategy 2020-2022 was stood down due to the focus on Covid and resetting services.

Finalisation of the 3rd Sector Strategy was paused due to Covid. The strategy was approved by July Board and a launch event in September with the 3rd sector is fully subscribed. An implementation plan will be developed in quarter 3.

The planned review of progress in embedding Better Conversations and Personalised Care to inform our approach going forward has been put on hold due to Covid.

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

Status: development of an organisational model has been delayed as a result of Covid. Work had been progressing well in the Central locality and we have progressed joint working for Care homes. During the pandemic phase, the need for joint working was never higher and we saw a range of models developing and embedding such as joint wound clinics which we will build on.

Workforce: strong progress has been made with the LCH Employ / Deploy model, which continues to expand its reach with Primary Care Networks: 12 PCNs have taken up the offer against the 2020/21 target of 10 PCNs. 15 staff have been employed to date through this model, and a further 22 vacancies are in the pipeline, against a target of >25 staff employed under the SLA by the end of 2020/21

LCH workforce and HR continue to offer help and support across a wide range of issues to Leeds PCNs which support the workforce integration agenda

Developing the under-arching infrastructure work between the GP Confederation and LCH: good progress continues to be made. CIC is now back up and running and PCN Clinical Directors are all up to speed. Work is in hand to lay out the work programme for the remainder of the year and to ensure that we learn from positive experiences during COVID phase one such as integrated care in care homes. Little CICC has been reconstituted, chaired by the LCH Chair

We are now an associate member of most PCNs which allows more effective data sharing.

LWMS has been successfully mobilised and all primary care workers are embedded in practices.

Strategic goal 4: Use our resources wisely and efficiently

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

Status: whilst there has been some slippage in planning during the first 6 months of 2020/21, the programme is now fully resourced and good progress is being made across all the workstreams. We are confident of achieving our aims for 20/21. We will have agreed a standard operating model by the end of October 2020 and the

resourcing and OD plan will follow. Work to agree service level agreements or contracts for facilities management services is on track. There has been significantly more engagement with clinical partners across West Yorkshire to agree integrated end to end pathways with the new unit at their heart.

Priority 10: Understand and reduce unwarranted variation

Status: one particular focus of this priority remains and is now of even greater priority, "develop understanding of and reduce waiting times". This project is a key part of reset and recovery. A standard model for assessing when waiting back logs will be cleared is being developed as is a report with standard waiting data for all services. It is also planned to re-focus on capacity and demand modelling which will aid in anticipating waiting issues rather than responding to them. Additionally, a project is underway to standardise recording and reporting of waiting times across all services, prioritising services where this supports services reset plans.

The Podiatry service participated in the West Yorkshire & Harrogate ICS programme to reduce variation. A final report was produced and options signed off by commissioners. Work was then paused due to COVID but is being reviewed as part of the Podiatry services' reset planning.

All other aspects of this priority as originally envisaged are effectively paused with no foreseeable restart in 2020/21. However the work being done in response to reset and recovery will help with this agenda. We plan to implement a more strategic response to the reporting, including more standardised measures and modelling for all services which will highlight variation.

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

Status: progress has been unexpectedly swift in some aspects of the digital strategy, for example the deployment of digital technology for remote consultations with patients and supports remote working and communication. Significant effort has gone into ensuring the core infrastructure is sufficiently resilient to support this, eg migration from N3 to HSCN and significantly enhanced remote connection capability.

To some extent the progress made on remote working and remote consultations has been supported by training but that by no means addresses the digital skills gap and this will remain a focus.

Overall, an implementation plan is being agreed, shared with Business Committee, which will enable an objective prioritisation of existing priorities and those that have emerged in the last six months.

Similarly, whilst the response to the pandemic, making our premises safe, has taken precedent, a lot of the learning from this work has informed what were already

priorities in the Estates Strategy and Implementation Plan. For example, the learning from the forced new ways of working over the past 6 months for staff based at Stockdale House will significantly impact on our requirements for a new HQ. Extended opening to support reset and recovery may become a precursor to the existing aim of increasing utilisation of our existing higher quality estate.

Development of a Sustainability Development Management Plan was paused due to Covid. A Project Lead is now in post and progressing it.

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020- 21 (76)

Meeting: Trust Board 2 October 2020	**Category of paper** *(please tick)*	
Report title Digital Strategy Update	**For approval**	
Responsible director Executive Director of Finance and Resources	**For assurance**	
Previously considered by Business Committee – 23 September 2020	**For information**	✓

Purpose of the report

The purpose of this report is to provide an update on the progress in the implementation of the Digital Strategy.

Main issues for consideration

The outline plan and timescales which were part of the Digital Strategy approved in December 2019 have 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 many cases has meant working from home or away from the corporate network. The Business Committee received an update report in July 2020 reflecting this.

With the "Reset and Recovery" work gaining momentum, the Digital Strategy Implementation Group (DSIG) has devoted time to consider how digital projects will be prioritised in order to support the new ways of working which are emerging, balancing capacity and availability of technical resources to support all of the initiatives. DSIG is working collaboratively with the Business Units to develop an agreed "plan on a page" that identifies which projects will be tackled and in what order. The plan will also highlight where shortfalls on technical (IT, Clinical System or Information Governance) resources and where further business cases will be required.

The Trust Board is recommended to

The Trust Board is asked to note the progress made against the Digital Strategy actions.

1. Purpose of the Report

This report details the progress made with implementation of the Digital Strategy since it was approved by the Trust Board in December 2019. Updates have been presented to the Business Committee in July and September.

The report also describes a number of new priorities and activities which have arisen since the Strategy was adopted as a consequence of the response to the COVID pandemic.

2. Background

This is the first progress update report to Board since the Digital Strategy was approved in December 2019.

The activities envisaged for the first year of strategy implementation focussed on:

- Supporting staff
- Supporting the path to digital transformation
- Ensuring our digital estate was cyber-secure, compliant and well maintained

These actions were considered to be part of the foundations which needed to be in place before moving to innovation in practice using digital tools.

3. Digital Actions - Responding to COVID

The Trust response to the COVID pandemic and subsequent reset and recovery activity has impacted the expected progress of the Digital Strategy. The Trust has accelerated a number of schemes which have enabled staff to maintain services without the need for face to face contact with patients, and facilitating other staff to work flexibly and remotely. These developments have has been at the expense of a number of planned activities.

The main actions completed to directly support the response have been:

- Deployment of an additional 350 laptops to support home working
- Delivery of additional infrastructure to allow an increase in the Remote Access Service (RAS).
- The deployment of Microsoft Teams to all staff and the supporting “wrap around” services such as helpdesk, advice, basic training and support.
- Adoption of software designed to support remote patient consultations (such as ‘Attend Anywhere’ and ‘accuRx’) and the necessary governance, training and support needed to use these tools safely.
- Procurement of additional equipment to support home working
- Deployment of Video Conferencing facilities in an additional 5 Health centres and at Stockdale House to support virtual team to team meetings.
- Data Privacy Impact Assessment for the use of a commercial Video Conferencing Solution (Zoom) and its adoption in the Leeds Mental Wellbeing Service.

4. Digital Strategy Actions

Appendix 1 identifies the “Year One actions” taken from the Digital Strategy and provides an update on the progress which has been made.

In overall terms, progress in the “foundations” have continued where possible, with improvements being made in areas such as cyber-security and network and

software migrations, however the need to divert resources to support the rollout of laptops to enable home working for example has meant projects such as the upgrade to Windows 10 software have been slowed. More significant progress has been made in the introduction of “communications apps”, most noticeably Microsoft Teams, which has enabled communication via remote working at a scale which has not previously been possible.

It should be noted that whilst activities around “working with staff” to establish the baseline in terms of staff ability to engage with the digital agenda have not been appropriate during the past 5 months, there has been considerable engagement with staff about the deployment of the new communication technologies. The digital agenda will also be at the forefront of engagement with staff about Reset and Recovery programme. The extent to which digital initiatives are embedded in the reset and recovery work will inform the digital specific initiatives for the remainder of this year.

5. Digital Strategy Implementation Group (DSIG) Planning & Prioritisation

As part of the governance arrangements to oversee the implementation of the Digital Strategy, the DSIG has been formed.

It has been recognised that the increased pace of adoption of certain technologies as a result of the COVID response requires a realignment of priorities within the strategy.

To achieve the realignment of priorities in a managed way, a weighted scoring mechanism has been developed in consultation with clinical services to allow each potential digital scheme to be considered and a priority attached to it. This process is essential to collaboratively rank digital schemes and ensure deployment and development resources can be assigned in a controlled way to manage demand, as demand is expected to exceed current resource capacity. This can then inform business cases for additional resources or choices about the pace of implementation.

6. Next Steps

The priority actions for the Digital Strategy are:

- Foundation schemes such as external network migrations, Windows 10 and Microsoft Office 365 (N365) will continue
- DSIG will continue to work through and prioritise the schemes which have been raised either in the Strategy, in response to COVID or as a consequence of the Reset and Recovery Programme. This will include an assessment of the resource and capability requirement.
- Based on the outcome of the scheme prioritisation, DSIG will develop a plan on a page, to support more detailed implementation plans and the work of the Reset and Recovery Programme. The plan on the page will indicate where demand for digital resources outstrips the availability of supply and is expected to be available in early October.

7. Recommendations

The Trust Board is asked to receive this report.

Appendix 1

Digital Strategy Implementation Plan (Year One Activities)

Supporting Staff

Activity	Progress
Current digital skills gaps are identified and filled	
Alignment of the Digital Strategy with the Workforce and Making Stuff Better Strategies	**Behind Schedule**: Conversation commenced with OD team to identify how best to progress given the current status of redeployment and reset. Will not progress as originally envisaged until Quarter 3 but significant part of Reset and Recovery Programme
Audit of digital capabilities in the workforce to identify gaps	**Behind Schedule**: Conversation commenced with OD team to identify how best to progress given the current status of redeployment and reset. Will not progress until Quarter 3
Explore new methods for effective training	**Behind Schedule**: An E-Learning platform will be explored by the OD team with a view to establishing Trust wide requirements for all types of training, both staff and patients.
Agree what training is needed and solutions for delivery	**Behind Schedule**: Until the requirements for digital skills training are known, the "package" of requirements cannot be established. There will be a "lag" between the identification of training needs and the mechanism for their delivery through a digital platform.
Staff have the digital tools that they need to communicate effectively and efficiently with colleagues and patients	
Evaluate "need" against available Apps	**On Track**: Adoption of Attend Anywhere, MS Teams, AccuRx by services such as LMWS and Virtual Respiratory Ward Microsoft Teams has become the default standard for Leaders Network and Trust Wide broadcasts to staff and replaced many of the face to face team and individual meetings Data Privacy Impact Assessment completed for the use of Zoom for circumstances which dictate its use
Establish a build for new smart-phones and ensure these are controlled through a mobile device management system	**Completed** – New build established with approximately 1800 phones have been issued and are being managed through the Mobile Device Management (MDM) Systems. All new phones issued are automatically enrolled onto the MDM
Continue Skype for Business roll out to staff	**Completed**: As part of the central response to COVID, NHS Digital has deployed Microsoft Teams across all staff.Training and support material (including video tutorials) have been produced by the Major Change Team.

Continue Skype for Business roll out to staff (contd)	Additional Audio / Visual Conferencing facilities have been deployed at: Wetherby HC Woodsley Rd Pudsey HC Beeston Hill HC Kippax HC Stockdale House
Evaluate new digital tools to support communication needs (instant messaging into EPR; image transfer, Pathology ordering)	**On Track**: Evaluation of new products has continued alongside the production of a "Communication Applications Use" guidance document has been created to support staff to staff and staff to patient channels of communication after an evaluation of the various solutions made available and approved by NHS Digital which include: Attend Anywhere Microsoft Teams AccurX (Flemming) Zoom SystmOne Skype WhatsApp As new products will be brought to the market, further evaluations will be performed on a "as and when" basis. Pathology ordering is being progressed on behalf of the Specialist Children's Services and Child Protection Medical Service by the Major Change Project Team.

Supporting the Path to Digital Transformation

The Trust is aligned with national, regional and local strategic and operational plans for digital transformation across the health and care system	
Assess Global Digital Exemplar blueprints for potential utilisation in LCH	**On Track**: comprehensive review of national material in progress with support from NHS Digital resource.
Promote the use of the NHS App to the patients we serve	**Behind Schedule**: No Action, however the Trust external website is directing patients to NHS.UK/Coronavirus or GOV.UK/Coronavirus

Ensuring the Digital Estate is Compliant and Well Maintained

Cyber security standards are met and the Trust is fully compliant	
Maintain Cyber Essentials accreditation Cyber Essentials + accreditation	**On track**: Process managed through Data Security and Protection Toolkit return.
Effective and resilient networks that fully meets Trust needs	
Migrate to Health and Social Care Network	**Completed**
Improve the awareness and understanding of information governance responsibilities across all staff	
Engage with staff: information governance awareness, policies, training, and concerns to establish if there are unmet needs	**Behind Schedule**: No progress as originally envisaged, although the considerable engagement with staff teams about the deployment of communication applications has been significant
Review current provision of training and awareness campaigns and recommend improvements	**Limited progress** – an "Anti Phishing Campaign" was run in March 2020 involving 2069 LCH NHS Mail users. 1352 users took no action, 205 opened the message only, a further 479 clicked the link with a further 33nentering the requested credentials. COVID prevented any further action being taken at that time. A follow up communication to staff has now been issued.
Devices and software meet the needs of the Trust from a security and collaboration and the wider health and care systems	
Upgrade to Office365 and Windows 10 to maintain standards and compatibility	Office 365 **On track:** Participation Agreement to migrate to Office 365 completed 9th July 2020. High level plan for migration developed which will see users transferring between September 2020 and October 2021 in line with NHS Digital requirements. Project is supported by the Major Change Team. Windows 10: **On track**, although the COVID response saw 350 additional devices deployed which should have replaced non Windows 10 devices, the revised Project Plan should enable the remaining Windows 7 estate to be migrated prior to the deadline of the 14th January 2021.
Review the potential of 5G devices	**No action**: A low priority as existing 4G services across Leeds are sufficient for current operations.
Complete the national "Axe the Fax" campaign	**Completed** – Final stages of removing all known fax machines completed prior to the 31st March 2020. Any further fax machines subsequently identified will be removed where necessary.
Introduction of "Single Sign On"	**Behind Schedule**: Technical Deployment has been achieved; however rollout of the Single Sign on has been delayed due to the COVID response as it was felt unwise to implement a technical and process change in the midst of a period of significant upheaval. The project to deploy to all staff will be rescheduled and is anticipated to rollout in Q3 2020/21.

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (77i)

Meeting Trust Board 2 October 2020	**Category of paper**	
Report title Workforce Strategy Update	**For approval**	
Responsible director Director of Workforce **Report author** Director of Workforce	**For assurance**	√
Previously considered by n/a	**For information**	

Purpose of the report

This report provides the Trust Board with an update on the progress made on the delivery of the LCH Workforce Strategy 2019-21 during the period April 2020 – September 2020.

Main issues for consideration

Progress has been made across all six priorities of the LCH Workforce Strategy; with particularly strong progress made in Health & Wellbeing, Equality & Diversity and Leadership & Skills.

Whilst there has been some slippage in achievement against the original strategy objectives linked to the business continuity measures and changes in practice that became necessary as a consequence of the Covid-19 pandemic, for example in the declaration of Statutory & Mandatory Training courses as CSTF-compliant; there has also been an acceleration in achievement and transformation in other Workforce areas, for example in the increased variety and segmentation of the employee health & wellbeing offer.

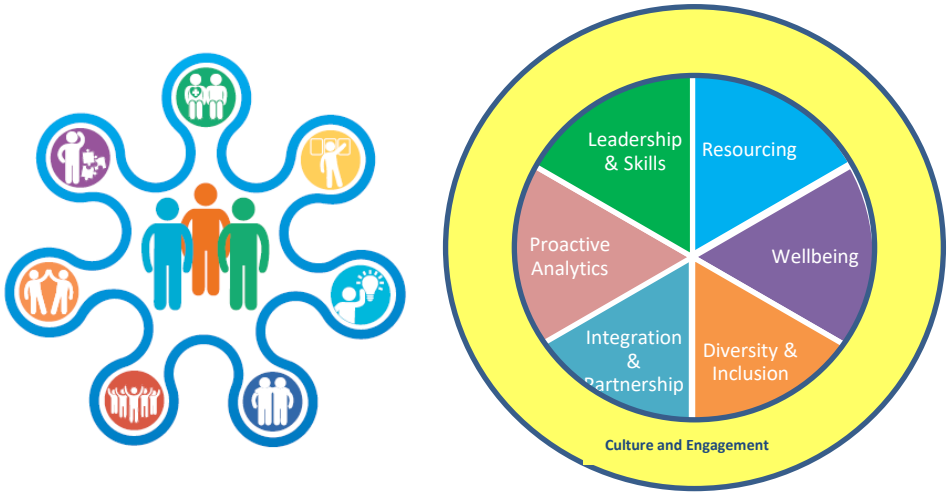
The priorities of the Workforce Strategy have been reviewed as part of the Workforce Directorate's Reset & Recovery approach, and in the context of the Covid-19 pandemic and the newly-released NHS People Plan.

The review has identified **Resourcing**, **Health & Wellbeing** and **Diversity & Inclusion** as three priorities to be amplified for the remainder of the Workforce Strategy's lifespan, underpinned by support for leadership & skills, and sound workforce systems.

Recommendation

- The Board is recommended to note the progress which has been made against the priorities set out in the Workforce Strategy 2019-21; and to note their "on target" status.

- Board members are invited to comment on the intention to prioritise **Resourcing**, **Health & Wellbeing** and **Diversity & Inclusion** during the remainder of the Workforce Strategy's lifespan.



Workforce Strategy 2019-21: Progress and Delivery

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

Leadership & skills **Resourcing** **Health & Wellbeing** **Diversity & Inclusion** **Integration & Partnership** **Proactive analytics**

1. Introduction

The LCH Workforce Strategy 2019-21 was approved by the LCH Board on 1 February 2019.

This is the first bi-annual update to Trust Board on the delivery of Year 2 of the LCH Workforce Strategy. The bi-annual update replaces the bi-monthly updates the Board received during 2019-20 on individual Workforce Strategy priorities.

This report provides the Board with an update on the progress made on all six of the above Workforce Strategy priorities during the period April 2020 – September 2020.

2. Current context

At the time of writing, the Covid-19 pandemic has been prevalent in England for over 6 months. The LCH response to the pandemic in the initial months of 2020/21 necessitated the prioritisation of Covid-19 response and support, in line with organisational business continuity plans.

Consequentially, some items and objectives within the Workforce portfolio have experienced a degree of "pause" for several months. This enabled a necessary focus on **maximising workforce capacity**, **supporting people's health and wellbeing**, and **communicating & engaging** with staff and trade union partners. In many areas of the Workforce Strategy, the pandemic has catalysed transformation in organisational approach; for example the more segmented approach to **Health & Wellbeing**, with increased attention to psychological support.

Across LCH, including in the Workforce Directorate, work has been progressing on Reset & Recovery for several months, with concurrent plans to respond to further surges in the pandemic also well-advanced.

At the time of writing, in the second half of September 2020, the country has been experiencing an upturn in cases since the end of the summer and the city of Leeds has seen cases rise to over 80 per 100,000 population. It must be anticipated that consideration may need to be given again to a pause or refocus of some areas of the Workforce portfolio in the event of a continued upturn or further pandemic surge requiring the reinstatement of business continuity measures.

It is opportune to signal to the Board in light of the above, the possibility of seeking an extension to the existing Workforce Strategy beyond its current end date of 31 March 2021 should business continuity requirements during the remainder of 2020/21 necessitate this. Any extension would be sought primarily in order to ensure a new Workforce Strategy can be properly and thoroughly drafted and consulted upon.

The release of the NHS People Plan in the summer of 2020, titled ***We are the NHS: People Plan for 2020/21 – Action for us all***, has brought a further dimension to Workforce considerations in this second year of the two-year LCH Workforce Strategy 2019-21.

Our LCH existing Workforce Strategy is well aligned with the recently published NHS People Plan, with **Health & Wellbeing**, **Diversity & Inclusion** and cultures of engagement featuring prominently in the national document.

3 Workforce Strategy 2019-21: the 6 priorities

The priorities of the Workforce Strategy 2019-21 are outlined below, with their associated aims. At the end of September 2020, eighteen months into the two year strategy period, all 6 priorities are judged to be on target to achieve their aim by the stated end date.

The associated objectives for each priority are set out at ***Appendix 1***

Priority	Priority's Aim	Status at 09/20
Leadership & Skills	We support the development of our leaders to ensure that every individual at LCH experiences good or excellent leadership and has access to appropriate training and development, regardless of where in the organisation they work.	**On target**
Resourcing	We recruit the right people with the right skills and deploy them to deliver the best possible care in all of our communities for now and for the future.	**On target**
Health & Wellbeing	Our staff at LCH are more likely to be well and at work as well as more engaged with work irrespective of service or geographical location than in 2016-18.	**On target**
Diversity & Inclusion	Each member of the workforce is treated as an individual, with particular regard to advancing equality for those with a protected characteristic.	**On target**
Integration & Partnership	We work effectively as a system partner in the development and implementation of workforce and HR strategies, systems and plans across primary care, the city of Leeds and the West Yorkshire & Harrogate Integrated Care System (ICS)	**On target**
Proactive Analytics	Workforce systems including the Electronic Staff Record are improved by a newly-created Systems & Intelligence function, delivering sophisticated workforce data and analytics that drive impactful business decisions.	**On target**

It is acknowledged the impact of pandemic surges may alter this position; however the majority of live objectives within the Strategy are already at or close to full delivery status.

The 6 priorities of the Workforce Strategy have been reviewed as part of the Workforce Directorate's Reset & Recovery approach, in light of all of the above.

The review has identified **Resourcing**, **Health & Wellbeing** and **Diversity & Inclusion** as three priorities to be amplified for the remainder of the Workforce Strategy's lifespan, including in the event of further pandemic surges. These are underpinned by support for leadership & skills, and sound workforce systems.

An update on each one of the 6 priorities is described in section 4, below.

4.1 Leadership & Skills:

Leadership & Skills	We support the development of our leaders to ensure that every individual at LCH experiences good or excellent leadership and has access to appropriate training and development, regardless of where in the organisation they work.	**On target**

Visible and engaging leadership is a vital component at LCH, and the Board may recall that LCH's 2019 **Staff Survey results** showed sustained improvement in respondents' experience of this in the organisation, building on the progress of previous years. This style of leadership has been essential in LCH's response to the current pandemic.

The pandemic has seen our approach to engaging and developing leaders shift into an increasingly virtual space, with weekly Leaders Network calls attracting regular attendance in excess of 100 delegates from across LCH.

During the same period, whilst the flagship **LCH Leadership Programme** has been unable to run its planned cohorts, targeted communications and development sessions have been introduced to support leaders.

Examples include sessions on individual risk assessments and supporting psychological wellbeing. These have enabled ongoing engagement and support for leaders to boost their own knowledge as well as providing tools with which they are able to support their teams.

Meanwhile, LCH's **Shadow Board** members have contributed insight and challenge to the Senior Management Team via the weekly Reset & Recovery SMT session.

Progress in our **statutory & mandatory training** objectives had seen organisational compliance rise to 92.5% by January 2020.

Since the onset of the national pandemic, our focus in terms of statutory & mandatory training shifted towards ensuring virtual delivery of courses, and rapid transformation was achieved in delivering this. Whilst compliance dipped at the start of the pandemic to 86.7%, the success and accessibility of the online programmes ensured a rapid recovery, with compliance standing at 93.0% in August 2020.

In light of the ongoing pandemic situation, our primary focus in this priority area for the remainder of 2020/21 is to ensure that our leadership development offer is refined and adapted to enable leaders to enhance their skills in key areas including **Diversity & Inclusion** ,and to provide them with tools to support their own and others' **Health & Wellbeing**, with particular attention on psychological wellbeing.

4.2 Resourcing

Resourcing	We recruit the right people with the right skills and deploy them to deliver the best possible care in all of our communities for now and for the future.	**On target**

The **Resourcing** priority remains fundamental, and is one of the priorities identified for additional focus during the remainder of 2020/21.

A range of progress has been made against the original objectives associated with this priority, including the development of a sophisticated resourcing campaign for the new CAMHS Tier IV unit; and the delivery of a successful resourcing campaign for traditionally hard-to-recruit roles in Police Custody services.

Turnover rates have continued to reduce, standing at 10.8% in August 2020, giving LCH impressive workforce stability levels. This is expected to be partially due to the pandemic stifling movement in the labour market, and turnover is expected to rise slightly in due course. Attrition amongst staff with <12 months service remains a concern, and analysis of this cohort is generating a range of remedial and supportive actions to address the issue.

At September 2020, the net number of LCH vacancies is reported as 23 whole time equivalents (WTE). Meanwhile, significant increase has been seen in applications across the range of LCH vacancies, of between 46% (for registered clinical positions) and 69% (for administrative roles).

Resourcing has naturally been a critical function during the pandemic. Substantial transformation was rapidly implemented to enable LCH to maximise its workforce capacity in its response to the pandemic. This included, but is not limited to:

- streamlining of pre-employment checking processes
- engagement and deployment of “Bring Back Staff” NHS returners
- a switch to virtual selection processes
- introduction of online induction and on-boarding
- support to internal redeployment of LCH staff
- introduction of workforce sharing agreements and MOUs for use with a range of partners in Leeds and as needed.

Over the coming months, our **Resourcing** plan will see us refine and enhance our offer to ensure that once again the LCH workforce is in the best possible position to respond to the challenges ahead.

4.3 Health & Wellbeing

Health & Wellbeing	Our staff at LCH are more likely to be well and at work as well as more engaged with work irrespective of service or geographical location than in 2016-18.	**On target**

Health & Wellbeing is an area that of course has seen heightened focus during 2020 / 21. Throughout this period we have sought to look after the LCH workforce in accordance with our Values & Behaviours; and in the context of our culture of workforce engagement.

Specific approaches to supporting the **Health & Wellbeing** of staff have included the following; all of which were described in detail for the Board in the *Looking After Our Staff* paper presented to Trust Board in August 2020:

- 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.

During this period, sickness absence rates at LCH initially increased, with sickness of 6.1% in April 2020. They have subsequently dropped to the lowest levels seen at LCH for several years, achieving 4.3% in June 2020 and rising more recently to 4.5% in July and August 2020. Detailed analysis has been undertaken to understand the factors contributing to these patterns of absence, in order to inform future approaches to supporting wellbeing.

Psychological support has been a key enhancement to the LCH **Health & Wellbeing** offer during 2020/21, with dedicated clinical psychology resource secured for an interim period and an aspiration to develop further the psychological support elements of our overall support offer.

Health & Wellbeing is imperative in our prioritisation of work for the remainder of 2020/21, as we seek to support the LCH workforce through the coming winter months and the anticipated challenges ahead.

4.4 Diversity & Inclusion

Diversity & Inclusion	Each member of the workforce is treated as an individual, with particular regard to advancing equality for those with a protected characteristic.	**On target**

Good progress has been made across the objectives of the **Diversity & Inclusion** priority during this period, with LCH rising to 14th from 49th in the Top 50 Inclusive Employers list.

The second cohort of Reverse Mentoring has successfully concluded, with many of the participants choosing to continue meeting beyond the formal end of the scheme. A review of this cohort's experiences is underway; and a third cohort is due to commence.

The action plans associated with both the Workforce Race Equality Scheme (WRES) and the Workforce Disability Equality Scheme (WDES) have been revised and refreshed, with detailed updates received by the Business Committee in September 2020.

The introduction of a regular Equality & Diversity statutory & mandatory training course for all LCH staff, required to be completed 3-yearly, has replaced the previous similar course, which was delivered solely at the outset of an individual's employment with LCH. This course has quickly achieved comparable compliance rates with the rest of LCH's statutory & mandatory training suite, and ensures that all staff have improved insight and understanding,

Tremendous progress has been achieved in the area of Race, with the LCH BAME Network celebrating the arrival of its 100th member. The Network has played a substantial and crucial role during the pandemic, not least in devising and implementing LCH's supportive, individualised approach to individual risk assessments, including co-leading guidance sessions for managers about the approach.

Changes to LCH recruitment processes will see BAME representation required on interview panels for senior roles.

September 2020 has seen the launch of the *@LCH I Can Be Me* campaign at the LCH Annual General Meeting.

Diversity & Inclusion has been identified as one of the three priorities for heightened focus during the remainder of 2020/21, with the intention of driving the inclusion agenda across LCH; and maintaining the superb momentum and achievements linked to Race. An important element of this will be the launch of the new Allyship Programme, currently planned for Quarter 3 of 2020/21.

4.5 Integration & Partnership

Integration & Partnership	We work effectively as a system partner in the development and implementation of workforce and HR strategies, systems and plans across primary care, the city of Leeds and the West Yorkshire & Harrogate Integrated Care System (ICS)	**On target**

Partnership working has seen a degree of acceleration in some areas during the first 6 months of 2020/21, with LCH trailblazing in the North East & Yorkshire Region through the development of its Workforce Sharing Agreement (WSA). The WSA is designed to enable the deployment of NHS staff to care homes in cases of urgent resourcing need.

LCH has also participated in the introduction of a Memorandum of Understanding (MOU) across the same region, that enables the flow of staff between NHS organisations where required during the pandemic period. Work is now underway between LCH and Leeds Teaching Hospitals NHS Trust, to refine the MOU for use in the long term, beyond the pandemic.

The LCH Employ / Deploy model, which LCH offers to Primary Care Networks (PCNs) has seen a significant increase in take up during 2020/21. 23 individuals across 4 different professions are now employed by LCH via the model, with a further 17 progressing through recruitment and selection processes. The model is expected to be reviewed and refined using the learning from its first year of operation.

Through its joint working with the GP Confederation, LCH has facilitated the development of the GP Confederation's status as an employer, culminating in a successful TUPE transfer of 140 employees into the GP Confederation from two GP Federations in the city. Work now focuses on further development of the employment terms & conditions, policies & procedures and organisational culture for the Confederation.

LCH continues to play a central role in the Leeds One Workforce Strategic Board, which is currently undertaking a refresh of its priorities.

4.6 Proactive Analytics

Proactive Analytics	Workforce systems including the Electronic Staff Record are improved by a newly-created Systems & Intelligence function, delivering sophisticated workforce data and analytics that drive impactful business decisions.	**On target**

A number of key milestones have been achieved in this priority during the past 6 months.

Key amongst these is the delivery of the alignment of the Electronic Staff Record (ESR) with LCH's financial structures, for all three Business Units.

A project to update the key organisational processes that govern workforce changes is due to conclude during Quarter 3, and will ensure that the newly cleansed structures now contained in ESR can be maintained and updated as part of standard organisational business.

Workforce systems have also played a key role during the pandemic period, including:

- Design and implementation of Covid-19 absence data collection and reporting for sitreps over 7 days
- Redeployment of all staff using HealthRoster
- Reconfiguration of HealthRoster, ESR and eExpenses systems to ensure that individuals' were not financially disadvantaged due to Covid-19-related absence or redeployment.
- Inclusion of new absence categories in HealthRoster/ESR/Reporting, ensuring that pay is correct and data accurate.
- Transition from face to face training to online training
- Redesigned smart card process allowing remote issuing
- Provision of information and support for risk assessments and antibody testing.

5. Conclusion

In summary, good progress continues to be made against the priorities and objectives of the 2019-21 Workforce Strategy. In some cases, there has been acceleration and transformation linked to the LCH response to the pandemic, and there are also examples of work that has been paused or changed for business continuity reasons.

All 6 priorities are currently judged to be on target for achievement by the end of 2020/21, subject to the impact of further business continuity requirements as a consequence of potential further pandemic surges.

Resourcing, **Health & Wellbeing** and **Diversity & Inclusion** have been identified as three priorities to be amplified for the remainder of the Workforce Strategy's lifespan, including in the event of further pandemic surges. These are underpinned by support for leadership & skills, and sound workforce systems.

6. Recommendations

- The Board is recommended to note the progress which has been made against the priorities set out in the Workforce Strategy 2019-21; and to note their "on target" status
- Board members are invited to comment on the intention to prioritise **Resourcing**, **Health & Wellbeing** and **Diversity & Inclusion** during the remainder of the Workforce Strategy's lifespan.

Appendix 1 (a) Leadership & Skills objectives

Priority's Aim:	We will support the development of our leaders to ensure that every individual at LCH experiences good or excellent leadership and has access to appropriate training and development, regardless of where in the organisation they work.

What do we plan to achieve?	How will we achieve it?	How will we know that we've achieved it?
Objectives	**Initiatives**	**Outcomes**
Leaders and managers understand the competencies and behaviours expected of them, and these can be objectively assessed.	Launch of LCH Leadership Competency Framework.	LCF embedded in appraisal processes LCF regularly utilised in recruitment & selection processes
Increasing numbers of leaders and aspiring leaders have the skills to lead across LCH and wider system.	Embedding and expanding a new Leadership & Management development offer.	Improvement in Staff Survey leadership question results.
Clear alignment of learning & development opportunities with organisational need; and clarity over access to development.	Redevelopment of the LCH Learning & Development offer and infrastructure Redesign of statutory, mandatory and role based training requirements in ESR.	Training Policy in place / Increased training uptake. Stat&Mand compliance improves, remaining within or exceeding tolerance i.e. 95% or higher.
Skills gaps and opportunities are identified and filled (e.g. Digital skills; Mental Health First Aid).	Engagement with Health & Care Academy Alignment of L&D offer with LCH business plan	L&D provision is in place for identified skills
Creation of clear career pathways for our staff.	Embedded in appraisal cycle and linked to identification of training needs.	Succession planning in place / improved recruitment to roles / enhanced retention.
Organisational succession planning is supported by a clear Talent Management approach.	Identification of critical roles Development & introduction of Talent Management approach	Talent Management tool is used in recruitment planning 90% of leadership roles are filled first time
Programme of Board development scoped and implemented.	Design and implementation of a Board Development Programme.	Board assessment questionnaires. CQC review.

This priority aligns with the following organisational behaviours:

Appendix 1 (b) Resourcing objectives

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

What do we plan to achieve?	How will we achieve it?	How will we know that we've achieved it?
Objectives	**Initiatives**	**Outcomes**
Vacancy rates are reduced year-on-year across a range of critical professions	Development & implementation of an organisation wide workforce plan + focused action plans for "hard to recruit" roles.	Vacancy rates drop
Workforce plans for each Business Unit based on a thorough understanding of workforce supply and demand	Organisation and Business Unit workforce plans address critical skills shortages including through apprenticeships. Implementation of E Rostering and Bank systems as well as E Job Planning.	E-rostering implementation is completed against plan Apprenticeships are aligned with workforce needs and plans
Innovative and effectively targeted resourcing campaigns + integration with wider system initiatives as appropriate.	Source permanently the digital marketing skills needed. Develop and implement resourcing campaigns aligned with workforce needs.	Applications have increased Fill rate for roles is higher Number of "hard to recruit" roles is reduced
Standardised and consistent on-boarding approach from recruitment to engagement.	Review and refresh of on-boarding approach. Initiatives to keep in touch and share stories of new staff.	Retention in less than 12 months service improves.
Aligning to the talent management approach, we will provide guidance on who and how we source, develop and retain.	Efficient and effective resourcing services, utilising the latest approaches to attract key skills groups, and engage on the most appropriate employment terms.	Vacancy rates drop
A joint operational resourcing approach for contingent and permanent labour is in place.	Development of a joint operational resourcing approach for contingent and permanent labour.	Single point of contact for our customers. Simplified route to market.
New roles are developed to anticipate and address skills gaps & integration opportunities	Nursing Associate programme + Apprenticeships Consideration of expanded preceptorship options	Vacancy rates drop Career development options expand

This priority aligns with the following organisational behaviours

Appendix 1 (c) Health & Wellbeing objectives

Priority's Aim:	Our staff at LCH are more likely to be well and at work as well as more engaged with work irrespective of service or geographical location than in 2016-18.

What do we plan to achieve?	How will we achieve it?	How will we know that we've achieved it?
Objectives	**Initiatives**	**Outcomes**
A reduction in staff sickness absence between 18/19, 19/20 and 20/21 resulting in declining resourcing challenges.	Delivery of all associated objectives and initiatives. Sickness absence project to understand better measurement and reporting + getting people back to work.	Reduction in sickness absence percentage. Reduction in incidents of absence – including within long term sickness absence.
Support leaders and managers to create positive workplace cultures – improve morale and wellbeing and eliminating bullying and harassment.	Design and develop the principles of "people before process". Focus on anti-bullying at defined points throughout the year. Leadership development programme.	Sickness absence rates improve or remain within tolerance. Positive impact on related Staff Survey questions. On-going "temperature" checks of staff engagement demonstrating improvement.
Staff feel supported when ill and upon return to work and that support comes in part from excellent leadership. New leaders understand the competencies and behaviours expected.	Management and leadership skills requirements incorporated into part of new leadership programme.	Reduction in formal people processes. Leadership programme evaluation. Staff Survey and other engagement initiatives indicating achievement.
Clear health and wellbeing offer for staff to access.	HWB Engagement Group established which reports to a HWB Steering Group and in turn Business Committee on progress. Focus throughout the year(s) on particular areas e.g. mental health, bullying and harassment, MSK.	Feedback from staff stories. Statistics on numbers of staff accessing services at start of "feel good pledge" are increasing. Improvements in HWB staff survey questions Achievement of HWB CQUIN

This priority aligns with the following organisational behaviours

Appendix 1 (d) Diversity & Inclusion objectives

Priority's Aim:	Each member of the workforce is treated as an individual, with particular regard to advancing equality for those with a protected characteristic.

What do we plan to achieve?	How will we achieve it?	How will we know that we've achieved it?
Objectives	**Initiatives**	**Outcomes**
Increase the Board's knowledge and understanding of experiences and challenges BAME staff from different backgrounds face.	Design, develop and launch a BAME Reverse Mentoring Scheme	Improvement in experience of BAME staff measured through Staff survey results. Feedback from Mentor and Mentee at start/during and at the end of the Programme.
Leaders and managers understand the WRES action plan and behaviours expected of them in improving BME staff's experience and opportunities.	Development of a Trust WRES Action plan Race for Equality Event	Feedback from BME staff on working in LCH. Delivery of action plan. Active participation at event + clear next steps agreed.
Leaders, managers and staff understand the behaviours expected of them and legal requirements under the Equality Act.	Develop a Trust WRES and WDES Action plans. Deliver disability training to managers. Disability Confident – Leaders accreditation	WDES action plan ratified by Trust board. WRES metrics improvement. Evaluates well and training put into place. Achievement of Disability confident level.
Continue to promote workforce diversity and inclusion across all protected characteristics by working with appropriate partners.	Delivery of WRES and WDES action plans. Partnership working with Stonewall Diversity Champions programme.	Staff survey results. Externally recognised through awards for dedication to workplace diversity
Understand the Gender Pay Gap and take action to address gaps / areas of concern.	Review and interpret 2018 analysis and identify actions to close the gap	Gender Pay gap as measured nationally reduced or mitigated

This priority aligns with the following organisational behaviours

Appendix 1 (e) Integration & Partnership objectives

Priority's Aim:	We will work effectively as a system partner in the development and implementation of workforce and HR strategies, systems and plans across primary care, the city of Leeds and the Strategic Transformation Partnership (STP) area delivering benefits to our patients and communities.

What do we plan to achieve?	How will we achieve it?	How will we know that we've achieved it?
Objectives	**Initiatives**	**Outcomes**
The healthcare workforce in Leeds can flow across organisational boundaries with minimal disruption to clinical working time.	Automatic transfer of recognised statutory and mandatory training via ESR Inter Authority Transfer Strategic leadership of the Leeds "One Workforce" Statutory & Mandatory training work-stream	New employee time spent on statutory and mandatory training is reduced by >50% Elements of statutory and mandatory training are universally shared across Leeds NHS providers
The GP Confederation directly employs staff, with a suite of policies, procedures and contractual terms in place – all of which are CQC ready.	Establishment of GPC Workforce Subgroup and associated resources to design and implement working arrangements	GPC operates its own Remuneration Committee, contracts and suite of policies & procedures TUPE of key staff to GPC has taken place
LCH bank arrangements fill some temporary staff assignments in primary care settings.	Introduction of bank Practice Nurse opportunities and training	Practice Nurse assignments are filled by LCH bank arrangements on a regular basis
Integrated working with colleagues employed by partner organisations is normal, not exceptional.	Support to teams exploring integration Facilitation of joint and hosted recruitment	More LCH teams are integrated with partners LCH regularly recruits with / for partners

This priority aligns with the following organisational behaviours

Appendix 1 (f) Proactive Analytics objectives

Priority's Aim:	Workforce systems including the Electronic Staff Record are improved by a newly-created Systems & Intelligence function, delivering sophisticated workforce data and analytics that drive impactful business decisions.

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

This priority aligns with the following organisational behaviours

NHS
Leeds Community Healthcare
NHS Trust

AGENDA ITEM 2020-21 (78i)

Meeting Trust Board Meeting 2 October 2020	**Category of paper** *(please tick)*	
Report title Engagement Strategy Update	**For approval**	
Responsible director Executive Director of Nursing and Allied Health Professionals **Report author** Patient Experience and Engagement Lead	**For assurance**	✓
Previously considered by Quality Committee Meeting 21 September 2020	**For information**	

Purpose of the report

The purpose of this report is to provide an update to the Trust Board on the LCH Engagement Strategy.

Main issues for consideration

The LCH Engagement strategy was approved by the Trust Board in October 2019. An operational plan for Year One of the strategy was presented and agreed at Quality Committee in January 2020

The Engagement strategy is made up 6 priorities:

- Culture of Engagement
- Working with others
- Leadership
- Listening to everyone's voice
- We are ALL experts
- How we do what we do

The focus for the first year of the strategy is on getting efficient and fit-for-purpose processes in place, and focussing on establishing the right relationships. How we get the systems and processes right will be based on principles of good patient engagement, and will involve patients, carers, families and communities.

The Trust Board has requested bi-annual updates on the strategy progress; at March and October meetings. An update was provided in March on the first 3 strategy priorities -Culture of Engagement, Working with others, and Leadership. This paper provides an update on the work so far on the remaining 3 objective areas- Listening to everyone's voice, We are ALL experts and How we do what we do. There has been some progress and all objectives are on track for completion within the given timescales, despite the ongoing Covid-19 pandemic.

Recommendations

The Board is recommended to:

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

Engagement Strategy Update

1. Introduction

1.1 The Patient Engagement strategy provides a framework for Patient Experience and Engagement work within the Organisation for the next 3 years (2019-2022). An operational plan (Year one) was agreed at Quality Committee in January 2020 to support what we aim to achieve in year one of the Strategy.

2. Background

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

- Listening to everyone's voice
- We are ALL experts
- How we do what we do

3. Current position

3.1 Detail of achievements against each of the 3 areas identified above is given in appendix 1. Below is a summary of progress.

3.2 **Listening to everyone's voice**

3.3 We continue to work towards fully implementing and embedding the Accessible Information Services (AIS). An audit of each service was carried out in 2019, this has helped to understand the position across the organisation. Services are being supported to ensure that all patient/public facing information is made accessible to all; a working group to support this work will be developed as a priority by Q3 20/21.

3.4 Work over the last six months has focussed on communication with all patient groups, and particularly with vulnerable communities. Points 3-9 of the AIS are being met consistently across services. These points are focussed on: asking new and existing patients if they have any communication needs, recording these needs appropriately within patient records and systems, ascertaining consent/permission to share this information with other NHS and Adult social care providers; and sharing this consistently, and ensuring people are provided information and are communicated with in an accessible way by providing alternative methods of communication and information. Point 1, 2 and 10 relating to posters and website updates to alert users to the AIS, and development of the processes to review and revise all patients' information and communication needs, are in development and will be led by the working group in Q3.

3.5 Attendance at the Inclusion for All Action Hub meetings, led by Healthwatch Leeds, has been consistent on a quarterly basis. There is now a webpage on the Healthwatch website for the Action Hub, and this collates minutes and actions from the meetings and highlight best practice case studies. LCH contribute to this through the meetings, for examples, sharing the update to the Friends and Family Test (FFT) cards which have been developed to be easy read on all versions.

3.6 Review of LCH Complaint, concern and compliment processes will take place in Q3/4 and will reflect the newly developed Complaint Standards Framework in

development by the PHSO. This will include review of our offer of face-to-face meetings as part of all complaint investigations and as the preferred resolution method. Meetings are being consistently offered within the current process; at both initial stages by the Patient Experience Team (PET) and by the Investigator, however the take up of meetings is low with less than 10 meetings taking place over the previous 6 months (out of a total of 50 complaints received between March-August 20). There has been some impact of Covid-19 and people not wanting face to face meetings, in these cases virtual meetings have been offered however some people have not wanted to engage in this way.

3.7 The Patient Experience Bulletin has been published on a quarterly basis throughout 2020. This has focussed on best practice, feedback received through the FFT and our complaint, concerns, compliments and sharing learning across the organisation.

3.7 **We are ALL experts**

3.8 All complaint responses begin with an acknowledgement that we are sorry to learn of the individual's experience. Both written responses and face-to-face resolution meetings consider when things have not gone well and include apologies where needed.

3.9 For low/no harm incidents – although this is not compulsory teams follow best practice to have a conversation with the patient/relatives and apologise where appropriate. For moderate and above harm and Serious Incidents we consistently follow Duty of Candour (DoC) and have improved this process; the service teams now have a conversation with the patient/family and offer a verbally apology and explain the process. Following this and within 10 days, the Patient Safety team will write to the patient/family in a DoC letter.

The statutory DoC requires that the Trust informs patients and their families within 10 working days or at the earliest possible opportunity if there is any reason that 10 days is not possible of an incident occurring and found to have lapses in care. This process requires a verbal conversation and a written letter, the Trust to date have been compliant. There is however exceptional circumstances where the Trust have not met the 10 working day target due to delay within the services to have the initial conversations with patients or their families. The patient safety team with the support of the Assistant Director of Nursing & Clinical Governance are working closely with services to ensure that the current escalation processes are embedded and that there is a clear accountability when there is reduction in service level e.g. annual leave and sickness which could pose a delay.

A final letter is sent where it has been agreed this is required by the patient and/or family and once the investigation is completed, this outlines the outcomes of the investigation, actions taken and lessons learnt.

3.10 **How we do what we do**

3.11 An Engagement toolkit has been developed and is now shared on the Oak intranet. This includes resources and guidance on how to carry out Involvement and Engagement activity with patients, carers and members of the public. To support services to do this it includes information on consent, examples of interview questions, proformas and guidance on Always Events and creating surveys. The toolkit continues to be added to, and staff have fed back that this has been useful, particularly to support patient/carer engagement in service reset.

4. Response to Covid-19

4.1 Health Inequalities

PET has contributed to a Health inequalities and COVID project leading on engaging with patients, partners and the public to ensure the voice of service users (including those experiencing health inequalities) influenced the transformation of services during and following the pandemic. This involved joining up with citywide engagement and involvement initiatives to ensure that the patient voice informed our understanding of what the impact of service changes was, whilst reducing duplication and the risk of over consulting with communities. Through this work relationships have been strengthened with Forum Central who have been a key link to the Communities of Interest in Leeds who represent the communities most at risk of health inequalities.

4.2 Digital Inclusion

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

4.3 Reset and Recovery- Incl. Engagement champions

As part of each service reset, services are engaging with patients and carers who have accessed the service prior to and during Covid-19. This is to ensure the patient voice leads how services recover and improvements are made that meet the needs of the people who access them. Each service is being supported to complete a reset engagement proforma to guide how they capture experiences, with support from PET to carry out the activity where appropriate. We are focusing on AIS and health inequalities as we restart services ensuring there is clear communication and there is no unintended impact on vulnerable communities There are a number of engagement pieces that are ongoing across services; including telephone, online and virtual surveys and interviews. This is being supported by the LCH engagement champion network which has developed to include reset project leads and meetings have moved to monthly throughout the pandemic; with an average attendance of 30-35 staff and a Volunteer.

5. Conclusion

5.1 As with many services, the Patient Experience team have been required to adapt in response to the Covid-19 pandemic. This has included a full time member of staff being redeployed to support frontline services, and a need to shift priorities, which has impacted on the progress of some objectives within the Engagement strategy. However there has been a great deal of incredibly valuable progress in areas that were longer term objectives, such as those described above. It is and has been over the last 6 months more important than ever to listen to the patients, carers and communities we serve. With this in mind, and in the current circumstances, the progress made has been positive and we move ever closer to consistent and genuine engagement with all communities and to achieving the objectives of the year one strategy implementation plan.

6. Recommendations

The Board is recommended to:

- Note reasonable assurance that the year one implementation plan is meeting the objectives of the Engagement Strategy.

Appendices

Appendix 1

Engagement Strategy 2019-22: Progress and Delivery

1. Introduction

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

This report provides the Quality Committee with an update on the progress made on the delivery of the Listening to everyone's voice, We are ALL experts and How we do what we do priorities during the period March – September 2020.

Details of the other 3 priorities and the associated schedule of dates for their updates to be presented at Quality Committee and Board are at Appendix 2.

LISTENING TO EVERYONE'S VOICE

AIM: We will listen openly to a diversity of voices; and consider how we learn from each and every experience

OBJECTIVE: Our services are accessible to all. We learn from experiences.

What we plan to achieve	How we will achieve it	Progress
- We will review the patient experience information we use to make sure this is in line with the Accessible Information Standards	- Measure all service against the Accessible Information Standards and guidance to establish a current position - Work with services to implement the Accessible Information Standards - Attend and contribute to the City-wide Improving Access for All Working Group led by Healthwatch Leeds	- Most services have completed an audit of the use of AIS within the last 12 months. - An AIS working group will be created in Q3 20/21 to look at how we can fully implement the AIS across all services. Members will include the Quality Leads for all Business Units. - Attendance at the Inclusion for All action hub has been sustained over the last six months and meetings are held on a quarterly basis.
- **We will review our complaints, concerns and compliments processes to ensure learning from this feedback is implemented and shared**	- Review Complaint policy and process - Offer the choice of a meeting for all complaints that come into the Trust - Review Concern and compliment processes - Quarterly Patient Experience Bulletin - Internal audit actions	- The complaint process was updated at the end of 2019, a further review of the complaint policy and process is scheduled for Q3 20/21 to include the new Complaint standards framework in development by the PHSO. - Meetings are offered to all complainants when explaining the process, and people are given the option to meet before the investigation or afterwards to discuss the outcomes, or both. This also forms part of the investigator checklist to encourage investigators to offer and arrange to meet with all complainants. - Concern and compliment processes to be updated by the end of Q4 20/21. - Bulletins have been shared in Q1 and Q2, with a further bulletin planned for October (end of Q3) - All internal audit actions are now complete.

WE ARE ALL EXPERTS

AIM: We recognise the skills and experience that each person can bring

OBJECTIVE: We are all human

What we plan to achieve	How we will achieve it	Progress
Duty of Candour is followed; we inform people when they have been harmed as a result of care/treatment they have received from LCH - We always acknowledge when things do not go well and say sorry when needed	Duty of candour is considered for each complaint and incident investigation as part of process	- All complaint responses begin with an acknowledgement that we are sorry to learn of the individual's experience. Both written responses and face-to-face resolution meetings consider when things have not gone well and include apologies where needed. - Low/no harm incidents – although this is not compulsory teams follow best practice to have a conversation with the patient/relatives and apologise where appropriate. - The statutory DoC requires that the Trust informs patients and their families within 10 working days of an incident occurring and found to have lapses in care. This process requires a verbal conversation and a written letter, the Trust to date have been compliant. There is however exceptional circumstances where the Trust have not met the 10 working day target due to delay within the services to have the initial conversations with patients or their families. - A final letter is sent where it has been agreed and once the investigation is completed- this outlines the outcomes of the investigation, actions taken and lessons learnt.

HOW WE DO WHAT WE DO

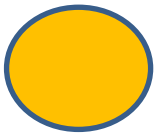
AIM: We have efficient systems and processes in place to maximise the potential of our engagement and the influence of the people's voice

OBJECTIVE: Effective systems. We have a protected resource to support experience and engagement activities

What we plan to achieve	How we will achieve it	Progress
Review our data collection approaches	- Scope what feedback methods are currently being used within each Business Unit - Work in conjunction with the Quality Improvement Team to agree a plan to build a set of quality improvement tools that enable the collection and analysis of quality data used to inform service improvement approaches	- Scoping of feedback methods across Business units is ongoing and progress has been hindered due to Covid-19. However the awareness of Always Events across the Organisation, audit of Friends and Family Test and information capture as part of service reset will inform this process and it is envisaged a full scoping project will be in place by end of Q4 20/21. - Work with the Quality Improvement team will recommence during Q3 to agree a plan to ensure consistency in collection and analysis of data, and how this is used towards service development and improvements.
We have a protected resource to support experience and engagement activities	- Development of an engagement toolkit - We will Implement standardised processes across the organisation Each business unit will utilise an engagement budget - There will be clear guidance on expenses and reimbursements	- The development of an engagement toolkit has continued with this moving to have a focus on the engagement in service reset, however the contents and guidance are similar and this will form the basis of an overarching engagement toolkit to be shared on the new intranet by end of Q3. - The involvement and engagement expenses guideline has been reviewed and updated to support clear and consistent practice on reimbursements and expenses.

Appendices

5. Overall progress rating:



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

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

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

6. Recommendations

The Quality Committee/Board is recommended to note the progress which has been made in the areas of Listening to everyone's voice, We are ALL experts, and How we do what we do and endorse the continuing work programme as set out within the Engagement Strategy.

Appendix 2: LCH Engagement Strategy Priorities & Board dates

Priority	Priority's Aim	RAG status	Planned update to LCH Board
Culture of Engagement	Engagement will be embedded within our culture and underpins everything that we do.		March 2021
Working with others	We work to improve the whole patient journey; working with people to maximise their strengths, reduce health inequalities and link with our partners across the city		March 2021
Leadership	There will be leadership from every voice- We are accountable to our citizens as well as the Trust Board		March 2021
Listening to everyone's voice	We will listen openly to a diversity of voices; and consider how we learn from each and every experience		September 2020
We are ALL experts	We recognise the skills and experience that each person can bring		September 2020
How we do what we do	We have efficient systems and processes in place to maximise the potential of our engagement and the influence of the people's voice		September 2020

Appendix 3: Priority 3-6 Objectives (from the LCH Engagement Strategy 2019-22)

LISTENING TO EVERYONE'S VOICE

AIM: We will listen openly to a diversity of voices; and consider how we learn from each and every experience

What we plan to achieve	How we will achieve it	How will we know we've achieved it?
Our services are accessible to all	- Working with our partners and community groups to increase our reach - We will review the patient experience information we use to make sure this is in line with the Accessible Information Standards - Our networks and groups will reflect the communities we serve	- The data we collect reflects a much wider audience demographically - We are engaged with relevant community groups - The information/correspondence we produce is available in different languages and formats when required - We promote inclusivity through our information sharing; this is accessible to everyone
We learn from all experiences	- We will review our complaints, concerns and compliments processes to ensure learning from this feedback is implemented and shared	- Revision of **CCC** process to provide stronger evidence of the impact of engagement
We engage at every opportunity	- Engagement will be embedded within organisation-wide policy, process and approach, e.g. Business development. - Policies will align to allow joint working	- Services provide engagement information as part of reporting structures - Services are confident in engaging with patients and families and do this regularly

WE ARE ALL EXPERTS

AIM: We recognise the skills and experience that each person can bring

What we plan to achieve	How we will achieve it	How will we know we've achieved it?
We use a strength based approach	- We will recognise the value that someone brings to their own care - The patient's view of their own care is critical - We will develop and implement processes that enable us to fully incorporate the people's voice in designing their treatment, services and organisation-wide change	- There is evidence to show that decisions are made based on all available information and experience – this is evidenced through our feedback data and through audit processes - Feedback demonstrates that people feel their views have been taken into account
Our staff have the skills, knowledge and confidence to engage	- Staff training needs are identified as part of the appraisal process - Training is delivered across the organisation as required and available - Learning is shared through engagement forums, newsletters, within team meetings and at other relevant forums - We use city-wide forums to share learning with our partners	- Annual and six-monthly appraisals and review, monthly one-to-one meetings -Ongoing attendance and contribution to city-wide forums; the People's voices group, Complaints sub-group and others
We are all human	- **Duty of Candour** is followed; we inform people when they have been harmed as a result of care/treatment they have received from **LCH** - We always acknowledge when things do not go well and say sorry when needed	- **Duty of candour** is considered for each complaint and incident investigation as part of process

Appendices

HOW WE DO WHAT WE DO

AIM: We have efficient systems and processes in place to maximise the potential of our engagement and the influence of the people's voice

What we plan to achieve	How we will achieve it	How will we know we've achieved it?
Effective systems	- Ensuring our systems are robust and fit for purpose to capture experience and feedback - Our reporting structures enable us to showcase our engagement activity - Review our data collection approaches, incl. **FFT**	- There will be an increase and variation of our data collection - We will have an increased capacity to capture the people's voice - We are able to demonstrate learning and change from feedback and engagement activity
We have a protected resource to support experience and engagement activities	- Development of an engagement toolkit - We will Implement standardised processes across the organisation Each business unit will utilise an engagement budget - There will be clear guidance on expenses and reimbursements	- Staff are confident and have what they need to lead engagement in services - There is consistency in how we engage - Experience and engagement activity has a clear rational and is meaningful to all involved
Resources	- There is a defined budget for engagement; centrally and for each business unit - There is an increase in capacity within the Patient experience team; with specific roles held either centrally or within each Business Unit - Patient engagement staff champions; there is allocated time and resource to lead on engagement within service	- There will be an increase in engagement activity Trustwide across a wider scope - The organisation is sufficiently resourced to achieve its' aims around experience and engagement

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (79ai)

Meeting Board Meeting – 2 October 2020	**Category of paper** *(please tick)*	
Report title Workforce Disability Equality Standard (WDES) Annual report encompassing WDES Action Plan	**For approval**	√
Responsible director Director of Workforce **Report author** Assistant Director of Workforce Equality and Diversity Facilitator	**For assurance**	
Previously considered by SMT – 16th September 2020 Business Committee – 23rd September 2020	**For information**	

Purpose of this report

- To inform and seek input from the Board regarding the first WDES Annual Report, encompassing 2020 metrics data and action plan, which has been considered by SMT and the Business Committee.

- If approved, the agreed Annual Report, containing revised WDES action plan 2020/21 will then be published on the Trust website by the 30 October, as mandated within the NHS Standard contract

The Board is recommended to:

- Approve the WDES Annual Report and revised WDES Action Plan.

Leeds Community Healthcare
NHS Trust

NHS Workforce Disability Equality Standard (WDES)

DRAFT Annual Report 2020

CONTENTS

1 Introduction

The WDES is a set of ten metrics that will help NHS organisations to compare the experiences of Disabled and Non-Disabled staff. These metrics are needed because evidence reports and research shows that the level of reported discrimination and inequality for Disabled people working in the NHS is higher than any other protected characteristic.

Similar to the Workforce Race Equality Standard, the WDES has been included in the NHS standard contract, and performance outcomes may well be considered during Care Quality Commission's (CQC) inspections / reviews under their 'Well Led' domain theme.

This is the second reporting year for the WDES metrics. Therefore, this year will see a comparator and there will be subsequent reporting on an annual basis to ensure continual improvement. Appendix 1 shows the metrics covering the period 2019/20.

The WDES will help the Trust to:

a) Improve understanding of inequalities experienced by staff with disabilities;
b) Create fairer, more anti-discriminatory environments and culture which foster the engagement, involvement, inclusivity of Disabled staff;
c) Ultimately provide better workplaces and services to patients / service users;
d) Enable the Trust to meet the Equality Act's 'Public Sector Equality Duty'; and
e) Help deliver the Government's pledge to increase more people with disabilities in employment.

There are 10 WDES metrics and they are based on:

- Workforce data (3 metrics)
- Questions from the NHS Staff Survey (5 metrics)
- Engagement and voices of Disabled staff (1 metric)
- Disability representation on Boards (1 metric)

There is a new requirement for all NHS Trusts to publish a WDES annual report, containing the 2020 metrics data and action plan, on the Trust website by the 30 October 2020.

2 Executive summary

Leeds Community Healthcare, (LCH), is committed to promoting fairness and equality of opportunity for the diverse workforce it employs and we have made good progress within the WDES arena in the last year. It is acknowledged, however, that the work in this area is less mature than that associated with Race. Our aim is to follow a similar roadmap to that associated with the work on Race and to support us to do this, we need to have an insight into who our staff are, where they are employed within the organisation and what their experiences are, working for the Trust. We use standard equality monitoring questions that have been developed and agreed across all NHS organisations. The data helps us to understand our workforce and how we can improve working conditions.

LCH already subscribe to several initiatives, aimed at addressing disability in the workplace;

- Disability Confident Employer and currently in process of applying for level 3 Disability Confident Leaders accreditation
- Inclusive Top 50 UK Employers (current placement 14th)
- Signed Time to Change Employer Pledge
- Mental Health First Aid Programme
- Employee Assistance Programme (with a 24 hr Confidential Helpline)

It is important that the Trust actively monitors performance locally, to fully understand any inequality or disparity that occurs for staff with disabilities and to take the necessary actions in light of the WDES findings, (Appendix 1).

This document reports on our Trust's activity between 1st April 2019 and 31st March 2020, providing us with the opportunity to address any issues in the form of an Action Plan (Appendix 2).

3 WDES progress in 2019/20

This is our first Annual Report, which has given us the opportunity to analyse comparative data and provide a baseline from which we can develop our work in reducing disparities between Disabled and Non-Disabled staff. LCH's original action plan focussed on establishing a strong foundation by striving to get the basics right and offering generic offer to all staff. Actions included;

Declaration Rates:
A campaign to raise awareness on the benefits of staff declaring is currently being designed to further improve the rates.

Health and Wellbeing group:
This group works closely with the reset and recovery team, estates and the HWB Steering Group, to improve access to site for disabled staff and patients. For example they have successfully supported the Trust to complete risk assessments for accessibility and also work closely with the Communications department to advertise events and training inputs specifically aimed at staff with disabilities.

Recruitment:
One of the significant changes has been a push for Independent assessors on interview panels with diverse backgrounds and characteristics.

Speaking up:
Maintaining and improving a culture of speaking up with the freedom to speak up guardian cultivating transparency and confidence in staff and showing that the Trust is committed to support staff where incidents of harassment and bullying in the workplace may occur.

Staff networks:
The Trust's disability and wellbeing forum is in it's infancy but does have a number of individuals who contribute and share their lived experiences which are published on the Trust's intranet**.** The aim is to grow and evolve this network to become a key influencer on this agenda within the Trust.

Training and development:
Reasonable Adjustment Awareness Sessions have been designed and were delivered to a variety of groups of managers and staff throughout 2019/20; these have been well received with additional support provided more informally to those that need it.

During the Covid-19 Pandemic, whilst there has been a pause to the "formal action plan" we have responded positively and at pace, with targeted health and wellbeing support for specific communities including our disabled staff, some examples are given below;

- 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, who have experienced significant demands around delivery of End of Life care
    - Drop in "virtual" sessions for Clinical Staff hosted by Director of Nursing, supported by ODI & Clinical Psychologist
    - Drop-in "virtual" Mindfulness sessions for all staff
- Introduction of a Staff Listening, Support and Signposting Line
- Avoiding Burn-out & Developing Resilience – virtual workshop

4 Conclusion and next steps

The WDES reporting process has highlighted a number of areas where action is needed to maintain and improve the working lives of our disabled staff, which currently only account for 5% of the whole workforce.

Using the experience during the Covid-19 Pandemic, it became clear that different communities of staff required a different type of support, as outlined above.

Appendix 2 is a refresh of the original WDES action plan, with amended timescales to take account of the "pause", however it remains very task based, and work will continue on this. However, we would very much like to use the experience during the Covid-19 pandemic, where we were much more "in tune" with staff health and wellbeing needs and would like to capitalise on that increased engagement to share the WDES results with staff and for them to work with us to develop the next phase of the WDES action plan. It is anticipated work will commence on this during Q3, however will be subject to exigencies of the business during the current pandemic.

The Board are asked to approve the current WDES action plan, and further updates to it will ensue and once we have had the opportunity to refine further and engage with our fledgling disability network on it.

Appendix 1 WDES metrics report

Detailed below is the organisation's WDES data which was submitted in August 2020 covering the period 2019/20

Metric 1 **Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.**

(Data source: ESR).

1a. Non-clinical workforce

	Disabled staff in 2019	Disabled staff in 2020	Disabled staff in 2019/2020	Non-disabled staff in 2019	Non-disabled staff in 2020	Non-disabled staff in 2019/2020	Unknown/null staff in 2019	Unknown/null staff in 2020	Unknown/null staff in 2019/2020	Total staff in 2019	Total staff in 2020
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	6%	6.5%	**+0.5%**	86%	85.3%	**-0.7%**	8%	8.2%	**+0.2%**	523	525
Cluster 2 (Band 5 - 7)	5%	5.9%	**+0.9%**	85%	86.5%	**+1.5%**	9%	7.7%	**-1.3%**	205	222
Cluster 3 (Bands 8a - 8b)	4%	3.2%	**-8%**	91%	88.7%	**-2.3%**	5%	8.1%	**+3.1%**	56	62
Cluster 4 (Bands 8c – 9 & VSM)	0%	0%	**0%**	70%	62.5%	**-7.5%**	30%	37.5%	**+7.5%**	8	8

1b. Clinical workforce

	Disabled staff in 2019	Disabled staff in 2020	Disabled staff in 2019/2020	Non-disabled staff in 2019	Non-disabled staff in 2020	Non-disabled staff in 2019/2020	Unknown/null staff in 2019	Unknown/null staff in 2020	Unknown/null staff in 2019/2020	Total staff in 2019	Total staff in 2020
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	4%	4.1%	**+0.1%**	81%	82.2%	**+1.2%**	15%	13.7%	**-1.3%**	503	534
Cluster 2 (Band 5 - 7)	4%	4.8%	**+0.8%**	86%	85.1%	**-0.9%**	10%	10.2%	**+0.2%**	1524	1597
Cluster 3 (Bands 8a - 8b)	4%	4.1%	**+0.1%**	92%	85.1	**-7.1%**	5%	10.7%	**+5.7%**	111	121
Cluster 4 (Bands 8c – 9 & VSM)	9%	8.3%	**-0.7%**	82%	75%	**-7%**	9%	16.6%	**+7.6%**	18	12
Cluster 5 (Medical and Dental staff, Consultants)	0%	0%	**0%**	79%	76%	**-3%**	21%	24.1%	**+2.9%**	32	29
Cluster 6 (Medical and Dental staff, Non-consultant career grade)	5%	12.5%	**+7.5%**	60%	62.5%	**+2.5%**	35%	25%	**-10%**	20	16
Cluster 7 (Medical and Dental staff, Medical and Dental trainee grades)	0%	0%	**0%**	0%	0%	**0%**	100%	100%	**-**	5	7

Metric 2 – Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts

(Data source: Trust's recruitment data)

	Relative likelihood in 2019	Relative likelihood in 2020	Relative likelihood difference (+-)
Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	19	25	+6

Metric 3 – Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

(Data source: Trust's HR data)

	Relative likelihood in 2018/19	Relative likelihood in 2019/20	Relative likelihood difference (+-)
Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff	2	0	-2

Metric 4 – Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse.

(Data source: Question 13, NHS Staff Survey)

	Disabled staff responses to 2018 NHS Staff Survey	Non-disabled staff responses to 2018 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2018	Disabled staff responses to 2019 NHS Staff Survey	Non-disabled staff responses to 2019 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2019
	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	
4a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	34.2%	22.3%	**+11.9%**	30.9%	24%	**+6.9%**
4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months	11%	6.7%	**+4.3%**	11.7%	5.2%	**+6.5%**
4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	21.1%	10.6%	**+10.5%**	18.7%	11.8%	**+7.1%**
4d) Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	56%	56%	**-**	55.3%	57.1%	**-1.8%**

Metrics 5 – 8

(Data source: Questions 14, 11, 5, 28b, NHS Staff Survey)

	Disabled staff responses to 2018 NHS Staff Survey	Non-disabled staff responses to 2018 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2018	Disabled staff responses to 2019 NHS Staff Survey	Non-disabled staff responses to 2019 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2019
	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	
Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.	83.9%	91.1%	**-7.2%**	81.1%	90%	**-8.9%**
Metric 6 - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	29.7%	20.4%	**+9.3%**	22.1%	14.7%	**+7.4%**
Metric 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	43.7%	51.3%	**-7.6%**	48.7%	59.5%	**-10.5%**
Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	**82.6%**	**N/A**	**N/A**	**78.9%**	**N/A**	**N/A**

Metric 9 – Disabled staff engagement

(Data source: NHS Staff Survey)

	Disabled staff engagement score for 2018 NHS Staff Survey	Non-disabled staff engagement score for 2018 NHS Staff Survey	Difference (+/-) between disabled staff and non-disabled staff engagement scores 2018	Disabled staff engagement score for 2019 NHS Staff Survey	Non-disabled staff engagement score for 2019 NHS Staff Survey	Difference (+/-) between Disabled staff and non-disabled staff engagement scores 2019
a) The staff engagement score for Disabled staff, compared to non-disabled staff.	**6.8**	**7.2**	**-0.4**	**6.9**	**7.4**	**-0.5**

b) Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?

Yes

Please provide at least one practical example of action taken in the last 12 months to engage with Disabled staff.

Example 1: During Covid-19 pandemic, held open supportive conversations with staff who were “shielding” (held virtually), due to Covid-19 Pandemic

Example 2 ; Health and Wellbeing Working Group, with members who have a disability who can help shape type of support as a Trust we can offer

Example 3: Disability and Wellbeing Forum – virtual lunch and learn inputs from EDI Officer (WDES Disability Event with lived experience, Inclusive Leadership and Reasonable Adjustment Awareness training).

Example 4: Open conversations around “mental health and wellbeing”

Example 5 Freedom to Speak up Guardian promotion on Trust’s Feel Good Pledge intranet page.

Example 6: Mental Health First Aiders’ drop in sessions

Metric 10 – Percentage difference between the organisation's board voting membership and its organisation's overall workforce

(Data source: NHS ESR and/or trust's local data)

	Disabled Board members in 2019	Non-disabled Board members in 2019	Board members with disability status unknown in 2019	% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce	Disabled Board members in 2020	Non-disabled Board members in 2020	Board members with disability status unknown in 2020	% points difference (+/-) Between Disabled and non-disabled Board members in 2020
	Percentage (%)	**Percentage (%)**	**Percentage (%)**		**Percentage (%)**	**Percentage (%)**		
Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated by Exec/non-exec and Voting/non-voting.	Exec = 0 Non-exec = 0 Voting = 0 Non-voting = /	Exec = 100% Non-exec = 100% Voting = 100% Non-voting = /	Exec = 0 Non-exec = 0 Voting = 0 Non-voting = /	**Total Board = 13** **Overall workforce = 3031** **Difference = -5%**	Exec = 0 Non-exec = 9% Voting = 9% Non-voting = /	Exec = / Non-exec = / Voting = 27% Non-voting = /	Exec = 70% Non-exec = 81% Voting = 64% Non-voting = /	**Total Board = 11** **Overall workforce = 3175** **Difference = +4%**

APPENDIX 2 - WDES action plan 2020/21

Metric	Objective	Action/s	Timescales	Lead/s	Why
8	Improve the percentage of Disabled staff saying that LCH has made adequate adjustment(s) to enable them to carry out their work	Review evaluation from current Reasonable Adjustment Awareness Training Session A range of actions to promote and increase awareness of reasonable adjustments and dispel myths; Robust communication with staff stories on success of reasonable adjustments, particularly during COVID19 pandemic, what and how	Complete evaluation by end of Q2 2020/21 During Q3 of 2020/21	EDI Officer	Improve staff confidence in reasonable adjustment requests. Improve Manager's confidence to implement reasonable adjustments.
9a	Analyse LCH's WDES indicators data	E&D Facilitator and EDI Officer to meet quarterly to review the progress of the action plan. E & D Facilitator and EDI Officer to analyse the WDES data – year end	Complete by end of Q4 2020/21 Q1 of 2021/22	E&D Facilitator and EDI Officer	To understand the WDES data and identify actions and engagement to be completed in a timely fashion and ensure the treatment of staff are not unfairly affected because of their disability
9b	Identify key stakeholders and collaborative opportunities	Share best practice at local and national wellbeing groups. Develop the Disability and Wellbeing Group to test the appetite for a formal Support Network. Implement the application process for the Disability Confident Leaders accreditation.	Complete by end of Q3 2020/21	EDI Officer	Provide mutual support to internal and external departments. Recognise the importance of disability inclusion.
7 & 9b	Plan, design and deliver a disability focussed event / programme	Secure a suitable venue for a maximum of 100 staff members Contact and recruit staff with disabilities to be involved in the design and delivery of the event.	Complete by end of Q4 2020/21	E&D Facilitator and EDI Officer	The target audience feel valued and will be aware of the Trust's commitment and continuing good work in the arena of disability inclusion. Raise the awareness of the inequality of experience by staff with disabilities compared to non-disabled staff.
5	Implement a Disability Talent Management Strategy	Involve staff with a disability to co-create this working with ODI department Liaise with similar size Trust for sharing information and prior experience	Complete by end of Q4 2020/21	E&D Facilitator	Potential increase in Senior and Board level roles Disabled staff feeling valued and given equal opportunities through positive action for career progression and promotion.
4a, b, c and d	Review and relaunch the Anti-Harassment and Bullying Support Officer role.	Meeting with Health and Wellbeing group, Freedom to Speak up Guardian, Staffside and Disability and wellbeing forum to review the requirements of the role. Meeting with the Communications department regarding the advertisement to generate expressions of interest in the role	Complete by end of Q4 2020/21	EDI Officer	The Trust maintains and improves employment relationships in a safe and fair environment

8	Review the process and procurement procedure for Reasonable Adjustment's supportive measures and equipment purchase.	Staff with disabilities to be actively engaged in sharing any difficulties encountered with receiving appropriate equipment/support in a timely fashion, due to bureaucratic processes Appropriate engagement with key stakeholders to address this	Complete by end of Q4 2020/21	EDI Officer	The Trust maintains and improves the timeliness of supporting staff requiring reasonable adjustments in the workplace

Note: Explain how Disabled staff have been involved in developing and delivering the actions.

Evaluation of awareness sessions have been conducted via survey monkey and e-mails for the previous lunch and learn sessions as well as the classroom based training sessions.

A communications plan will be designed and delivered to staff with disabilities and allies via the intranet and the Trust's feel good pledge. The EDI Officer will design and deliver, in conjunction with the Disability and Wellbeing group, virtual awareness lunch and learn inputs.

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (79b)

Meeting Board Meeting – 2 October 2020	**Category of paper** *(please tick)*	
Report title Workforce Race Equality Standard (WRES) Action Plan	**For approval**	√
Responsible director Director of Workforce **Report author** Assistant Director of Workforce Equality and Diversity Facilitator	**For assurance**	
Previously considered by SMT – 16th September 2020 Business Committee – 23rd September 2020	**For information**	

Purpose of this report

- To inform and seek input from the Board, regarding refinements to the current Workforce Race Equality Standard (WRES) Action Plan, to take account of the disproportional impact of Covid-19 Pandemic on BAME staff. This revised Action Plan has been considered by SMT and the Business Committee.

- If approved the revised WRES Action Plan 2020/21 will then be published on the Trust website by the 30 October, as mandated within the NHS Standard contract.

The Board is recommended to:

- Approve the WRES Action Plan

Background

By way of re-capping, the WRES is a set of nine indicators which aims to highlight differences between the experience and treatment of White staff and BME staff in the NHS, with a view to closing the experience gap in those metrics.

Together, the WRES Indicators are not intended to provide a blueprint on how "good" can be achieved; however, they do provide the necessary platform and direction that both encourages and helps NHS organisations to:

- Reduce the differences in the treatment and experience between White and BME staff in the NHS.
- Compare not only their progress in reducing the gaps in treatment and experience but to make comparisons with similar organisations about the overall level of such progress over time.
- Identify and take necessary remedial action on the causes of ethnic disparities in the metric outcomes.

Similar to the Workforce Disability Equality Standard, the WRES has been included in the NHS standard contract, and performance outcomes may well be considered during Care Quality Commission's (CQC) inspections / reviews under their 'Well Led' domain theme.

As Data around the nine indicators has been in place since 2016, this enables year on year comparisons to be made and focus attention on areas for improvement.

There are 9 WRES indicators and they are based on:

- Workforce data (4 indicators)
- Questions from the NHS Staff Survey (4 indicators)
- BME representation on Boards (1 indicator)

There is a requirement for all NHS Trusts to publish their WRES action plan, on the Trust website by the 30 October 2020.

It is important that the Trust actively monitors performance locally, to fully understand any inequality or disparity that occurs for BAME staff, and to take the necessary actions in light of the WRES findings. (Appendix1).

This document reports on our Trust's activity between 1st April 2019 and 31st March 2020, providing us with the opportunity to address any issues and amend the current WRES Action Plan (Appendix 2).

2 WRES progress in 2019/20

During Covid-19 we have seen the disproportionate impact this has had on our BAME communities, and have actively been working with our BAME staff, through their network, to look at ways to support them during this challenging time. Some of the initiatives include;

- Weekly on-line meeting with Chief Executive, Director of Workforce and Freedom to Speak Up Guardian to hear the voices and stories and offer support
- 10 BAME Speaking Up Champions developed to work with BAME staff in their conversations with managers and to ensure their voice is heard
- Running a series of online training sessions for managers about the importance of completing risk assessments with BAME staff
- Having open and honest conversations about what matters to BAME staff, such as the death of George Floyd
- Members of the BAME staff network rapidly grew during this period to over 100 members

All of this led to a critical movement of BAME staff feeling supported and encouraged to speak openly about what is important to them and share with us what they needed from the Trust. With an ever increasing number of BAME staff actively engaged, we felt it was important to review and refresh our current WRES Action Plan, in partnership with members of the BAME Staff network group. Appendix 2, outlines the over-arching WRES action plan which was ratified at Decembers Board, together with progress to date, and further proposals generated through the BAME Staff network group.

3 Conclusion and next steps

The WRES reporting process has highlighted a number of areas where action is needed to maintain and improve the working lives of our BAME staff, and we can demonstrate where we had already started working together on important topics such as Talent Management.

The Board is asked to note the active engagement piece which has/is currently taking place outlined above, and to approve the amendments to the current WRES Action plan, following input from members of the BAME staff network group.

APPENDIX 1 - WRES indicator summary sheet

Indicator Type	WRES Indicator	Metric Description
WORKFORCE	1	The percentage of staff in each of the AfC Bands1-9 and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce

CLINICAL

SUPPORT			MIDDLE			SENIOR			VSM		
2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020
12.3%	6.1%	12.2%	7.6%	9.2%	7.8%	3.5%	13.3%	4.1%	0%	0%	8.3%

NON CLINICAL

SUPPORT			MIDDLE			SENIOR			VSM		
2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020
16.9%	16.9%	19.0%	10.2%	9.7%	9.8%	1.5%	1.6%	1.6%	0%	0%	0%

	WRES Indicator	Metric Description	2016 Score	2017 Score	2018 Score	2019 Score	2020 Score
WORKFORCE	2	Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts	1.7	1.7	1.69	0.16	0.12
	3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process.	1.57	3.4	1.92	1.34	0
	4	Relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff	1.07	0.7	1.01	1.31	0.5
STAFF SURVEY	5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	25% (34%)*	25% (27%)	31% (25.%)	22% (26%)	21% (24%)
	6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	24% (22%)	15% (16%)	20.7% (15%)	21.3% (17)%	24% (17%)
	7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	80% (91%)	78% (94%)	73% (91%)	65.5% (92%)	60% (90%)
	8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team	12% (6%)	9% (4%)	12.2% (5%)	16.9% (4%)	18% (4%)
BOARD	9	Percentage of BME Board membership	0	0	0	0	0

* The figure in brackets relates to the percentage of White staff

APPENDIX 2 – Over-arching WRES action plan 2020/21

#	Initiative/Action	Desired Outcome	Delivery Date & progress
1	Design and implement a WRES Communication Plan	Increase awareness of the WRES and its purpose	Ongoing
2	Design and implement a Reverse mentoring programme for Board members and BAME staff	Educate leaders about Race issues, by exposing them to challenging dialogue, which they might otherwise never encounter.	**ACHIEVED** 3rd cohort starting September 2020
3	Conduct analysis of the Trust WRES indicators data	Understand the WRES data in order to identify actions to be included in the WRES action plan to create a level playing field where the treatment of staff is not unfairly affected by their ethnicity.	Analysis of WRES data for 2019/20 completed Draft action plan for discussion at Business committee for ratification at October 2020 Board, prior to publication on Trust website by 30 October 2020
4	Plan and deliver an equality event - #RaceForEquality	Raise awareness of the inequality of experience by BAME staff compared to white staff seek a commitment to improve BME staff experience and equality of opportunity	**ACHIEVED** this was followed up with two further meetings with delegates to progress issues raised and review the current WRES action plan
5	BAME Talent Management	An increase in BAME staff employed in Senior and Board level roles	**IN PROGRESS** The BAME staff network is working with OD, following involvement with BAME staff; a first draft has been submitted by the BAME staff network Chair.
6	Create and implement a sustainable process to enable the Trust to hold recruitment & selection panels comprising of a diverse staff group	The probability of BAME applicants being shortlisted and selected for posts is comparable to that of White applicants	Over the reporting period the focus has been Band 7 and above vacancies, BAME staff network members have been integral in the selection process of a number of senior posts in the Trust. This has since been mandated by SMT for all posts Band 8+
7	Design and implement a management process to ensure that recording of staff applications for and outcomes of the application for non-mandatory training can be accessed through the ESR	Provide robust data to inform the WRES action planning	**ACHIEVED** System now in place to capture and monitor this for all Leadership courses
8	Research and design a Cultural Competence (Race) awareness programme	Assist in equipping managers with a set of attitudes, behaviours and skills to enable success management of teams and individuals.	**ACHIEVED** The Compassionate & Inclusive leadership session has been developed as part of the Leading LCH management training - further development of this action is planned to widen the audience beyond managers This action will now be taken forward as part the WRES Cultural Change pilot (WRES action plan #12
9	Conduct analysis of the LCH WRES data at Business unit level to better share good practice, understand challenges and allocate resources.		**PAUSED (At National Level)** This action will be taken forward as part the WRES Cultural Change pilot (WRES action plan #12
10	Conduct an equality analysis of the recruitment and selection process, specifically the application to shortlisting section of the process for BME applicants.		**IN PROGRESS** Initial analysis of NHS Jobs data completed during Q2, involving some members of BAME staff network group – Currently reviewing analysis
12	Take part in the 18month NHS England (WRES team) led Workforce Race Equality Standard (WRES) cultural change pilot – details to be shared with Trusts at the launch in January 2020		**PAUSED (At National Level)** WRES Programme Launch held with Board – July 2020 Programme currently “paused” at a National level due to supporting with Covid-19 pandemic
13	Create and implement a BAME Allys	**PROPOSED**	BAME Allyship programme developed

	programme		6 x sessions will be delivered over a 12 x week period Co-delivered by 2 x BAME staff, as Facilitators To commence Nov 2020 – max 2 x cohorts of 10 staff
15	Nurture BAME staff into Senior management roles	**PROPOSED**	Cross reference against Model Employer goals

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (80i)

Meeting: Trust Board 2 October 2020	**Category of paper**	
Report title: Quality Account Report 2019/20	**For approval**	√
Responsible director: Executive Director of Nursing and Allied Health Professionals **Report author:** Clinical Governance Manager	**For assurance**	
Previously considered by: Quality Committee 21 September 2020	**For information**	

Purpose of the report

The purpose of the report is to present the final version of the Quality Account report 2019/20 for approval.

Main considerations:

- The Quality Account 2019/20 has been reviewed and agreed by the Quality Committee on the 21 September 2020 and is now ready for approval at Board on the 2 October 2020.

Recommendations

Board is recommended to:

- To approve the Quality Account 2019/20 for external publication.

NHS
Leeds Community Healthcare
NHS Trust

Quality Account

2019 : 2020

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Part 1

Statement of Quality

Leeds Community Healthcare Trust (LCH) provides community healthcare services across the health economy of Leeds and neighbouring areas. The Trust was last inspected by Care Quality Commission (CQC) in May/June 2019 and was rated **'good'** overall.

Our purpose is to provide high quality healthcare to all. We do this by working in partnership with other organisations and groups, involving and developing our staff, and using our resources wisely to continually improve our services.

At our Annual General Meeting this year, we took time to reflect on our successes and challenges this year. One of the main focuses has been around partnership. At LCH we aspire to work together for our collective goals, with the public and in partnership with others across the Leeds, West Yorkshire and the national system.

One of the things we are proud of at LCH is the progress we are making as an organisation in putting the person at the centre of what we do, along with their family and their carers, and the understanding that we are a guest in people's lives and that they are generally the most expert person in their health. We recognise that partnership working has a significant effect on quality – seeing the person not the illness or care need.

As an organisation we are learning to think and ask people 'what matters to you?' rather than 'what's the matter with you?'. We are always challenging ourselves to move away from old paternalistic/ maternalistic models of providing care and instead work in partnership with our patients to provide the right solutions for them.

It is this team working that can have a significant impact for both service users, carers, staff and the public 'none of us is as smart as all of us together' and that's what we see the most in our success over the last year.

The Quality Account priorities set for the 2020/21 reporting period have been discussed and ratified by the Quality Committee with final agreement by the board on 31 May 2020.

We have focused on four main areas for the coming year to present within the Quality Account to formulate targeted key measures to ensure tangible, sustainable change and improvements which include:

1. **Priority 1**
   Be Outstanding.
2. **Priority 2**
   Develop and embed continuous quality improvement which engages staff and service users.
3. **Priority 3**
   Strengthen organisational approach to service user engagement and experience at all stages of care delivery.
4. **Priority 4**
   Pro-actively develop and deliver left shift with partners and improve the health of the poorest the fastest.

We will also continue to monitor and progress a number of the 2019/20 targets into the 2020/21 reporting period. These include:

- **Always Events** – The Always Event working group will continue to progress Always Events across LCH and will aim to ensure that services are continually striving to work with patients, carers, families and the public to identify what matters to them.
- **Quality Challenge Plus** – will continue to be a tool for service reflection and peer review to help achieve CQC outstanding.
- **Learning from Incidents and Excellence** – LCH will continue to embed learning across the organisation ensuring robust action planning takes into consideration organisational learning and quality improvement.

Part 2

Priorities for improvement 2020/21

The Quality priorities agreed for the 2020/21 reporting period have been devised to continue from the 2019/20 priorities and to ensure that LCH continues to strive to achieve our vision and live our values seamlessly throughout our services.

The priorities focus on ensuring our workforce is able to deliver the best possible care in all our communities and that we can continue to deliver outstanding care to all. We will ensure that we work more closely with our partners and others so we can deliver integrated care and care closer to home. In addition, we always strive to use our resources wisely and as efficiently as possible.

Priority 1

Be Outstanding

What we aim to achieve:

- Understanding and alignment organisation-wide of the vision for 'outstanding'
- Embed robust Quality Challenge process that supports achieving CQC outstanding

- Embed applicable sections of the National Patient Safety Strategy
- Outcomes development: agreed Business Unit specific targets
  - Adult Services: clinical outcome measure (COM) established for all clinical pathways
  - Children's Services: all services receiving meaningful reporting on use of COMs
  - Specialist Services: 75% of services using COMs with all patients
- Quality Impact Assessments (QIA) becomes business as usual
- Improved effectiveness scores for Quality Committee and sub committees reflecting new meeting structures in place evidenced
- Establish integrated mortality review of deaths 30 days post discharge – currently all done by LCH

Priority 2

Develop and embed continuous quality improvement which engages staff and service users

What we aim to achieve:

- Progress the implementation of the **Making Stuff Better** (Continuous Quality Improvement) Strategy priorities: For Everyone; Enable and Support; Sharing Good Stuff:

1. Engage and enable staff and service users to undertake small or large scale improvements through continued focus and promotion of the Making Stuff Better philosophy
2. Provide tools, training and resources to frontline staff and leaders that help them identify and deliver improvements across their areas of work
3. Enable staff and service users to access Quality Improvement (QI) tools, QI team members and shared learning and improvement stories

- Support priority service / pathway areas to adopt and embed a sustainable QI approach
- Ensure our Clinical Quality Improvement (CQI) approach is a key enabler for achieving outstanding service delivery and being an outstanding place to work
- Continue the alignment of Quality Challenge, Clinical Audit, Research and Innovation and Service Developments, under the overall umbrella of Making Stuff Better, thereby enabling a trust-wide culture of improvement

Priority 3

Strengthen organisational approach to service user engagement and experience at all stages of care delivery

What we aim to achieve:

- We will develop an infrastructure that enables the people's voice to have a much bigger influence and measure the impact of this.
- We will sign the Leeds Commitment to Carers initiative; and provide support to staff members who are working carers, and carer awareness training to staff.

Carers Leeds
Working together to support carers

- We will Implement and embed new Friends and Family Test guidance and question in line with national guidance.
- We have representation of the people's voice within our quality and assurance frameworks; at the Patient Safety and Engagement Group Meeting (PSEGG), Quality Committee and Trust Board Meetings.
- We will define the aims and objectives of an LCH people's network and work closely with existing networks in the city.

Priority 4

Pro-actively develop and deliver left shift with partners and improve the health of the poorest the fastest

What we aim to achieve:

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

Quality Improvement Priorities 2019/20

The following section describes how the Trust performed against each of the quality priorities. The Trust made significant progress with the quality targets during 2019/20.

Priority 1 Maintain quality across all services and aim for outstanding rating – CQC and Quality Challenge+

Quality targets	Progress update
1. Implement action plans to address improvement recommendations from external reviews to the agreed timescale **2.** Define the Quality Challenge+ success measure and ensure that: a. At least 80% of Quality Challenge+ visits are reported as good or outstanding following a peer review visit b. Increase the number of Quality Challenge+ peer reviewers across LCH who actively engage in the Quality Challenge+ process **3.** Quality Impact Assessments (QIA) undertaken on a timely basis, monitoring and escalation of impact embedded across the organisational performance process **4.** Services have access to reliable outcome data to inform service development and linked to Quality Improvement	**Overall: Complete** The CQC published LCH's Well Led inspection report on 28 October rating LCH 'good' overall and for each of the 5 CQC domains. Action plan to address the 23 'must-do' and 14 'should-do' actions submitted as required. Review of our approach to Continuous Quality Improvement commenced in Q3. **Progress overview** **1. CQC:** SMT is receiving regular progress reports on delivery of the CQC action plan. January's Quality Committee Spotlight will focus on CAMHS transformation plan which incorporates CQC improvement actions, service development, redesign and other improvement requirements. **2. Quality Challenge Plus:** 54 self-assessments received; 48 services rated themselves Good, 2 Outstanding and 4 Requires Improvement. 10 Quality Walks undertaken in Q3; 8 rated Good, 1 Outstanding and 1 Requires Improvement. In Q1-Q3, 26 of the 27 (96%) Quality Walks rated services Good or Outstanding; 1 rated Requires Improvement. 35 colleagues have attended Quality Walker training since April of whom 12 have undertaken a Quality Walk. A priority for 2020-21 is to ensure that everyone who attends Quality Walker training shadows a Quality Walk soon after. **3. QIAs:** QIAs routinely undertaken and KPIs monitored by services and escalated via the Business Units performance review process. **4. Outcome Measurement and Reporting Development:** on track to achieve the year 1 aim of 75% of services agreeing centrally reportable outcome measures. The year 2 plan is being drafted and will align with national and local systems outcomes work. Work has begun to align services using the same outcome measures.

Priority 2 Strengthen organisational approach to service user engagement and experience at all stages of care delivery

Quality targets	Progress update
1. Develop a Patient Engagement and Experience Strategy: a. Agree an implementation plan which has SMART objectives; to include impact measures and review timetable b. Agree the process and support structure to services to increase patient engagement across the organisation c. Agree process and support structure to help facilitate patient and/or carer involvement in incident investigations **2.** Develop Patient experience and engagement service staff champion role and quarterly meetings: a. Aims, membership and Terms of Reference of the group are clearly defined b. There is representation from each service/team across the Trust c. The group feeds into reporting structures via the Patient Experience Team **3.** Trust-wide roll out of 'Hello my name is…' campaign **4.** 'Always Events®' are understood and in place across the Trust	**Overall: Complete** Reflecting that the Patient Engagement Strategy was approved by the October Board and the operational plan to support implementation was submitted to January Quality Committee. 'Hellomynameis…' and Always Events work is being progressed and continues to be embedded across the Organisation. **Progress overview** **1. Patient Engagement strategy:** Strategy operational plan was approved by Quality Committee and has been introduced to all Business Units. Year one priorities are being embedded within business plans. Strategy update provided to Trust Board in March 2020 and reported good progress. Patient/Carer involvement in incident investigations will move to 20/21 as part of the implementation of the new Patient Safety Strategy. The work to develop and agree a process and support structure to facilitate patient/carer involvement in incident investigations is ongoing and will be monitored as part of the implementation of the Patient Safety Strategy over a 2 year process. A Patient Safety Strategy Working Group has been developed and actions delegated to initiate conversations with patient/carers on their experience of the process; this action currently sits within the Incident Team and will be supported by the Patient Experience Team. Progress will be monitored through the Quality Assurance and Improvement Group. **2. Patient Engagement Staff Champions:** The number of Patient Experience champions has increased to 65. The PET are actively recruiting to have 1 champion per service; good attendance at the September meeting. The January meeting agenda will include the new FFT guidance, sharing of good practice and the Engagement strategy operational plan. **3. '#Hellomynameis… ':** The AGM presentation and celebration was received well. The campaign continues to be embedded. Follow up work to take place in Q4 to gather and share patient and staff experience. **4. The Always Events:** Testing for the Continence and Urology Service is on hold due to Covid-19. All support from NHS England for Always Events is also on hold until further notice. The Always Event working group membership has been agreed, a Terms of Reference produced and monthly meetings booked for the rest of the year. Work will continue as a priority into 20/21. Due to a review of membership of the oversight group it has taken some time to establish key members to take this work forward; this is now supported by the Engagement Strategy operational plan (year one) with roles clearly defined across each business unit. There has been work ongoing to actively involve business units and raise the awareness of Always Events within all areas; this work has now taken place. Each business unit has identified potential areas to focus on for their own Always Event, and as part of the oversight group these areas will be focussed on identifying how, when and where we can engage with patients and carers to find out what is important to them. This will form part of the Trust priorities for 20/21, and is an objective within the Engagement strategy which will report to the Trust Board bi-annually. Progress will be regularly monitored as part of the Quality Assurance and Improvement Group.

Priority 3 Strengthen our learning mechanisms from incidents and good practice

Quality targets	Progress update
1. Set up an intranet repository for all learning from incidents and good practice **2.** Roll out FABULEEDS across LCH: a. Gain good practice stories from Business Units in each quarter and disseminate across services b. Provide an annual poster of good practice for display in services c. Ensure that learning from good practice is escalated to senior staff leaders through the governance reporting structure **3.** Support focus events for all staff on learning from incidents and excellence to showcase good practice and learning **4.** Review and strength our Patient Safety, Experience and Governance Group (PSEGG) by: a. Focusing on learning and identification of emerging themes b. Discussion and dissemination of learning through services by active members of the group c. Wider dissemination through the governance committees to senior leaders of any emerging themes and trends d. Hold focused workshops through the year for open discussion and sharing across services e. Explore how we can include service users or representatives and the wider community in PSEGG meetings and workshops	**Overall: Complete** Continued focus on learning from incidents and learning from good practice has progressed within 2019/20 to ensure that LCH continually learns from when things go wrong and shares good practices across services and teams. **Progress overview** **1.** Business Units continue to use the learning repository to showcase good practice. There has been increased number of teams and services sharing learning across LCH. **2.** An annual poster will be produced for services to display on learning from good practice. Learning is included within the 6 monthly and annual incident and patient feedback report. We continue to triangulate data and themes across LCH to learn from excellence and good practice. **3.** There is now a better understanding of the learning from incidents and excellence and has been presented at workshops and within training events throughout LCH. Templates are available for all staff to access. **4.** Terms of reference for PSEGG have been revised. Focus on learning and emerging themes are included in the 6 monthly and annual incident and patient feedback report. Two external workshops have been held throughout 2019 with targeted learning sessions held at each. Healthwatch receive an invite to all PSEGG business meetings and workshops. The PSEGG is now combined with the Clinical Effectiveness Group to form a wider Quality Assurance and Improvement Group (QAIG).

Priority 4 Ensure quality is maintained or improved when developing and implementing new models of care and new ways of working and working across boundaries - including integrated pathway development, service developments, tenders and sub-contracting arrangements

Quality targets	Progress update
1. Successful implementation of new contracts e.g. dental, 0-19 and effective oversight of quality governance within these. **2.** Integrated care pilots and pathways established and effective oversight of quality governance within these. **3.** Identifying all sub-contracting arrangements within the organisation and ensuring robust governance processes are in place	**Overall: Complete** Good progress in developing robust frameworks and standards to support robust quality governance when working across boundaries. Board signed off the Partnership Governance Standards which incorporates the Clinical Governance Framework and work progressing to develop common standards and frameworks with primary care. **Progress overview** **1.** For services won through tenders that are delivered through partnerships Memorandum of Understanding's being developed which incorporate the Partnership Governance Standards, to sign off at Partnership Boards. 2. Integrated care pilots and pathways quality governance: respective organisational standards and frameworks are currently being used. The Integrated Care Steering Group's Governance Task and Finish Group continues to progress work to develop common standards and frameworks, focussing on integrated nursing, which will enable wider integration and collaborative working. Learning will be scaled up, applied to other integrated work and inform strategy. 3. Sub-contracting: In Q3 the contract database and standardised authorisation, contract governance and performance management arrangements were implemented in Children's and Adults Business Units (implemented in Specialist Business Unit in Q2). Contract management training has been incorporated into the Business Masterclass and delivered for the 1st time in December. Production of a SOP has been delayed but will be finalised in 2020/21 alongside a review of the resource implications of this more robust contract management process.

Continued Monitoring of Outstanding Priorities from 2018/19

The priorities outlined in 2018/19 which were still outstanding into the 2019/20 reporting period have continued to be monitored. These included:

- A zero target for avoidable category 4 pressure ulcers

  There has been a continued focus on preventing the formation and deterioration of pressure ulcers amongst our patients. In 2010/20 there have been significant actions put in place to reduce the risk of a pressure ulcer occurring wherever possible, and city wide work on the prevention of pressure ulcers.

- Ensuring that the Friends and Family Test (FFT) data is reflective of the patient population

  The Patient Engagement Team has supported services to offer all new patients the opportunity to complete an FFT questionnaire to assist services in making improvements where required. LCH is currently working on introducing the new FFT process for implementation from April 2020.

- Children and Adolescent Mental Health Service (CAMHS)

  All first appointments will be undertaken within 12 weeks – significant service redesign and additional recruitment has taken place in 2018/19 to help reduce the waiting lists within the children's services.

- Access for Children with Additional Needs (ICAN)

  Pre-school children will be seen for Autism Spectrum Disorder (ASD) assessment within 12 weeks – service improvement plans have progressed throughout the year to improve the waiting times within children services.

Statement of Assurance from the Board

The board receives assurance for patient safety, clinical effectiveness and patient experience through the Quality Committee which receives and reviews information from the supporting sub group governance meetings.

The Quality Committee is one of five committees established as sub-committees of the Trust's Board and operates under Board approved terms of reference. The committee provides assurance to the Board that high standards of care are provided by the Trust and in particular, that adequate and appropriate quality governance structures, processes and controls are in place throughout the organisation which promotes quality. These include patient safety and excellence in care, identify, prioritise and manage quality and clinical risk and assurance. This then assures the Board that risks and issues are being managed on a controlled and timely manner. The committee also ensures effective evidence based clinical practice and produces annual quality account priorities which are monitored on a quarterly basis.

The Quality Committee promotes a culture of open and honest reporting of any situation which may threaten the quality of patient care.

LCH also continues to review and update organisational and service priorities on an annual basis to ensure that the Trust can meet the needs of the people and communities we serve. The three business units (Adult, Children's and Specialist) review and produce their individual 'plans on a page' for the coming year as well as the Trust plan. These plans look at the overall vision and direction of the organisation and the development of services.

Celebrating success

At LCH we are proud of the hard work our colleagues, teams and services do on a daily basis to maintain safe, effective, caring, responsive care. There are a lot of achievements throughout the year both big and small recognised at a local, regional and national level. Below are examples of achievements throughout 2019/20.

Gold Award for the Communications Team

Our Communications Team picked up a prestigious Gold Award at the inaugural Internal Communications and Engagement Awards in London. The award was made for the concept and running of the Thank You Event, in which members of staff from across Leeds Community Healthcare are nominated for their work and achievements by colleagues. Winners receive a hamper, cake and balloons from an Executive Director during a surprise 'pop up' thank you presentation.

The Thank You Event 2019

Infection Prevention and Control Team

The Infection Prevention and Control Team walked away with two awards from the Infection Prevention Society (IPS) national conference in September 2019. The team won Team of the Year award and one of our IPC Nurses collected the Practitioner of the Year award.

This is a prestigious national award and these awards highlight the excellent work that the team are doing within LCH and the wider health community in collaboration with our partners.

Adult Business Unit

The Adult Business Unit has rolled out a celebration initiative across the Neighbourhood Teams which first started within one of the South areas of Leeds. The new initiative called 'You've been mugged' was suggested by one of the Neighbourhood Clinical Practitioner's (NCP), after seeing a similar idea in another trust. This demonstrates that small celebrations can have a big impact to teams and individuals. Every week a lucky recipient gets a mug filled with treats to show 'you're appreciated for all you do'. They then have to refill the mug with treats to give to someone they appreciate with a note saying why they've 'been mugged'.

Young Persons Secure Estates Healthcare Team Awards – HM Wetherby YOI and Adel Beck SCH

The Awards event was created in 2018 during a time when teams were undergoing many changes and adapting to an increase in multi-disciplinary working as one healthcare team, this now runs as an annual event.

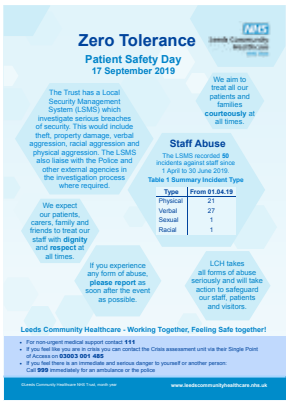
A Primary Care Team Manager had observed something similar and wanted to bring the idea to the team as a way of boosting morale, continuing to promote cohesion and remind everyone what an amazing job they do on a daily basis. Taking time out of such busy days can be hard but the awards allow designated space and time to provide recognition of the excellent work in such a specialised and challenging environment. The Awards are in six categories: most supportive colleague, above and beyond, positive attitude and commitment towards work, most improved new starter, team of the year and Lead for innovative practice for the Primary Care, Substance Misuse and CAMHS Teams.

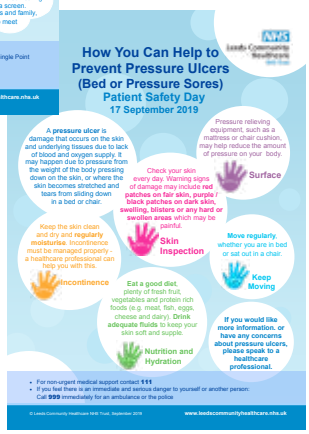
International Patient Day

LCH celebrated International Patient Day in September. The theme was Patient Safety is Everyone's Business. A working group was set up to look at what this meant to LCH, our partners, patients, carers and the public. Three areas of focus were agreed:

- Mental health – keeping myself safe
- How you can help to prevent pressure ulcers (bed or pressure sores)
- Zero tolerance to violence and aggression against staff

All three are part of creating safe environments for both staff and patients.





Admin Celebration Event

In 2019 NHS Employers highlighted LCH as an example of good practice in how we celebrate, recognise and engage our administrative staff.

LCH launched the Admin Celebration Event to recognise and reward the work of our admin staff and teams. The first successful event was held in 2017 which celebrated and recognise the important role they carry out which enables the Trust's clinical staff to provide patient care. It is now an annual event.

Always Events®

The Always Events® initiative has continued to be rolled out within LCH in 2019. This national initiative aims to understand what really matter to patients, people who use services, carers and family and then encourage co-design changes to improve experiences of care. LCH is embedding the Always Events® methodology across services with the aim of co-producing an Always Event every year within each Business Unit.

The Continence, Urology and Colorectal Service (CUCS) was the first service to undertake an Always Events® project and were really enthusiastic to help improve the experiences of their service users. Through analysis of data from the Friends and Family Test (FFT) questionnaires, they found that sensitivity and discretion were the most important factors for service users. Working closely with service users, five always statements were devised which were then voted on at the annual service user event to rank their importance. Service users overwhelming agreed that they would 'always want to know what to expect before being examined'. The service is now exploring with service users what they would want to happen to fulfil the Always Event®, looking at how they can achieve this for every patient.

The 'hello my name is…' campaign has been rolled out successfully across LCH in 2019. All staff are aware of the importance of introducing themselves to patients, carers and family whether they see the patient in a clinical setting or in the patient's home. LCH supports the 'hello my name is…' concept with staff ID badges, email signatories and presentation slides embedded with the logo.

hello my name is…

LCH was also fortunate to welcome Chris Pointon to our 2019 AGM. Chris is the husband of the late Kate Granger, a doctor, who created the concept following her own experience with medical staff when undergoing treatment for a terminal illness. Chris gave an emotional insight into the journey of the 'hello my name is…' campaign and why it is an important element of a patient's journey through healthcare.

Lessons learnt

Learning from incidents

The fabu-leeds concept was devised in 2019 to support services to share learning and good practices. LCH recognises that good and innovative practice occurs every day across our services, which could help other services.

The North 1 Neighbourhood teams identified that there was a long waiting list for therapy input and there were breaches in waiting times for patients. The team reviewed all therapy referrals proactively with critical questioning, considering if referrals could be managed effectively with other available therapy services including hospital, hospice and other specialist services.

Through wider team conversations involving partnership working with nurses and the GP practices in the area, all referrals are now managed through an effective triage service. Patients are contacted directly by the team with physiotherapy and occupational therapy staff utilising coaching skills. The therapy service created a successful physio clinic for mobile patients with admin supporting the process of booking patients for the new clinic. A ledger was created so assessments visits were delegated to the most appropriate medical professional. By putting the patient at the centre of what we do and working in an integrated way with our partners, the team has developed a process to actively triage and respond to capacity and demand issues.

Medicine Management

In 2019 the Medicine Management team devised a new insulin medication chart to support the safe administration of insulin. Analysis of medication incident data had established that insulin was the riskiest medicine LCH staff administered in terms of the likelihood of an error becoming a harm incident.

Any actions that can be introduced to make insulin administration safer and reduce the number of insulin related incidents would have a positive contribution to reducing the number of harm incidents.

This investigation of insulin related incidents showed the design of the previous Injectable Diabetic Administration Chart used by Neighbourhood Teams may have been a contributory factors in some of these.

The chart was redesigned to help reduce the risks and introduced in June 2019 with the following features:

- If a patient has more than one type of insulin this would be written on one chart rather than separate ones
- Colour coding of different time slots to reduce the risk of AM and PM doses being mixed up
- Requirement for staff to sign each time a dose is administered to confirm the product is being used within 28 days of opening
- No space at the edge of the page to add further columns instead of re-writing a new chart
- Guidance on duration of action of commonly used insulins

Antimicrobial stewardship at HMYOI Wetherby

Antimicrobial resistance is one of the biggest threats to health. Overuse and inappropriate prescribing of antibiotics is driving antimicrobial resistance. It is estimated that antibiotic 'superbugs' will kill more people than cancer by 2050.

As part of a city-wide approach to antimicrobial stewardship (an organisational or healthcare-system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness), we embarked on an antibiotic audit programme at HMYOI Wetherby.

The first audit, conducted in 2017, provided baseline information. Over a further three audit cycles, the Medicines Management team worked with the clinical team to develop the audit tool, the sampling period used and the data collection method.

Four audits have now been completed, with feedback provided to prescribers, and the wider clinical team, after each audit. A number of improvements in antibiotic prescribing have been seen as a result of the audit work:

- Increase in the documented indication for use from 85% to 98% - this helps clinicians understand why the antibiotic is being used, so that appropriate review can be undertaken
- Increase in adherence to local prescribing guidelines for drug choice from 49% to 100% - this contributes to reducing antimicrobial resistance by ensuring that only effective treatment is prescribed
- Increase in the recording of allergies on the clinical system – which helps to ensure that patients do not receive inappropriate treatment

This work was presented at the inaugural Leeds Community Healthcare **Clinical Audits Plaudits** event in November 2019. Further work with the Prison Healthcare Team to review the length of antibiotic treatment courses for acne will be undertaken in 2020.

Stock on Shelves

During late 2016, a review of the dressing supply pathway was undertaken. This identified a number of delays in the prescribing process including:

- The time spent by Nurse Prescribers writing prescriptions for dressings
- The time spent by GP practices writing prescriptions for dressings
- The time taken by community pharmacies to fulfil prescriptions for dressings as they often had to order in specific dressings before they could deliver them to patients

All of these potential delays meant that patients may not have their wound dressed optimally which could have an impact on wound healing and also meant that clinical time was being wasted trying to resolve supply problems.

Agreement was reached between Leeds Community Healthcare and NHS Leeds Clinical Commissioning Group to trial a different supply pathway for dressings. Instead of writing prescriptions, a Woundcare Formulary would be drawn up, and stock of dressings would be held in each of the Neighbourhood Team clinical bases. Staff could then take the dressings they required with them on each patient visit. Any unused dressings could be returned to stock.

Working with the Wound Prevention and Management Service, Kippax Neighbourhood Team were the first base to pilot the new system in August 2017. The process was reviewed and refined with roll out to each Neighbourhood base. The last area of the city went live with 'Stock on Shelves' in February 2019.

A number of improvements in the dressings supply pathway have been seen:

- A reduction in delays in dressings getting to patients – which means that dressing change visits are no longer aborted
- A reduction in the time spent by Nurse Prescribers writing prescriptions. Prior to the Stock on Shelves system, Nurses wrote an average of 1,625 prescriptions per month. This has dropped to 222 prescriptions per month, freeing up nursing time for clinical care
- An increase in the adherence to the products included in the Woundcare Formulary, ensuring evidence-based, cost-effective use of products
- Reduction in waste

This was a complex piece of work to implement, and the rewards for all the efforts are now being realised.

Chronic Pain Service: morphine equivalent dose tool

The dose of oral morphine in non-cancer pain where harms outweigh benefits is 120mg (or equivalent) per day. As part of the implementation of the new Chronic Pain Service, the Medicines Management team was asked to review a tool developed in Oxford that calculates morphine equivalent daily doses. Reviewing, and aiming to reduce, pain medication intake is a key element of the new Chronic Pain Service.

On review, it was discovered that the Oxford tool did not follow the Leeds Opioid Conversion Guide, which meant that different results, and different care plans, might be calculated in error.

We decided to develop a Leeds Opioid Conversion Tool and integrate the calculator into SystmOne to support practitioners in the new Chronic Pain Service with calculating and documenting current morphine equivalent consumption by patients attending the service.

Working with the clinical team and the SystmOne Clinical Adviser, a Leeds tool was developed, and has been integrated into SystmOne.

Further evaluation will take place during 2020/21 to assess the impact of the service, and the tool, in reducing on the use of pain medication by patients.

National Patient Safety Strategy

The National Patient Safety Strategy was launched in July 2019. This sets out an ambitious change in how patient safety incidents are managed.

There are several components to the Patient Safety Strategy which aims to enable continuous improvements in patient safety by building a culture of patient safety and a patient safety system.

LCH is currently developing an implementation plan which will look at how we can successfully implement the strategy across the organisation. Work is continuing on building a 'Just Culture' which supports the strategy, ensuring that staff feel empowered and supported when incidents occur. At LCH we are aiming to build on our culture of openness to support improvement planning and learning from incidents. We are focusing on how we can support patients, carers and families to take an active part in the investigation process from the beginning.

Examples of everyday care from across LCH and success outcome for patients

Children's Business Unit:

0-19 Public Health Integrated Nursing Service (PHINS)

In May 2019, school staff from a high school in Leeds linked with the Clinical Triage Team in the 0-19 PHINS service for some support with a young person who was disengaging from school and who had entered the school with a knife in their bag. The parents were very worried and were desperate for some support with their teenager.

The young person met with one of the nurses from the PHINS team within the school setting. Following the completion of an emotional health and wellbeing assessment, the young person and nurse agreed to three sessions, which was in accordance with the emotional health and wellbeing pathway. The young person was able to explore feelings and reflect on the situation they found themselves spiralling into. The young person was always polite and chatted at length about behaviours, life so far and the lifestyle choices they were making.

The young person talked about the knife incident in school and told the nurse they were only carrying it for protection purposes, not because they wanted to use it on anyone in particular. The nurse and young person talked about the implications of carrying a knife; fighting on the street and being involved in gang fighting. The nurse and young person talked though strategies for re-establishing family relationships.

The intervention was over a period of eight weeks. By the end of the third session the young person had built a better relationship with their family and school. A fourth session was left available during the exam period just in case the young person needed someone to talk to.

The nurse received a phone call from school staff during the summer to say that the young person wanted to say they were fine and did not need the fourth session. The young person even managed to sit their GCSE exams in June/July 2019 successfully.

By the end of the third session the young person had built a better relationship with their family and school

Children's Speech and Language Therapy Service (CSLT)

Top Ten Tips Animation

In January 2018, the Children's Speech and Language Therapy (CSLT) Parent Work team set a long term goal of producing information on the LCH website to support parent training. The team currently delivers a range of face-to-face workshops for parents across a number of the CSLT pathways or offers. The workshops support clinical interventions with children and young people.

The team used a questionnaire with parents/carers attending face-to-face workshops across the city. We asked what they would find useful to access via the website. The results indicated that parents/carers would prefer information to be easy to manage, to be visual and convenient to access at home. They wanted something which supports but does not replace face-to-face workshops or clinical consultations.

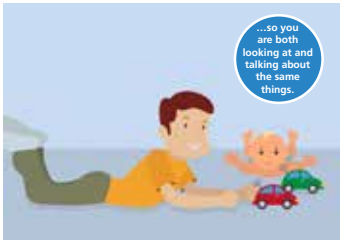
Funding was obtained from LCH to carry out the work with an external animation company, which focused on the information and support provided in the under 5s workshop. Written information was already available via the website – Top Ten Tips for Talking. Animations were produced in a draft version which was shared with parents/carers and professionals for their views. The final version was launched in May 2019 via social media, to coincide with National Children's Day. Briefings have been produced for other services at LCH and there is now the ability to send links to the animations to parents/carers via the SystmOne text-messaging function.

An online survey is in place to collect feedback from stakeholders. The quantitative and qualitative feedback received so far has been positive, for example 'Great idea to promote parent-child interaction and language learning through animations. The message will spread far and wide this way.' A neighbouring trust has requested permission to put a link to the animations on their website.

There have been presentations at the Royal College of Speech and Language Therapists Hub Event in Leeds in June 2019 and at the Baby Week Launch event in Leeds in November 2019. The team is now working on developing other workshop materials for use online in 2020.

The Language Development Pyramid

Tip 1 Get down to your child's level



Tip 2 Comment on what you're both looking at/doing

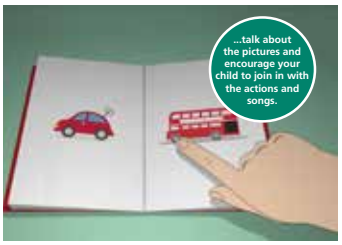
Tip 3 Model words correctly

Tip 4 Dummies and bottles

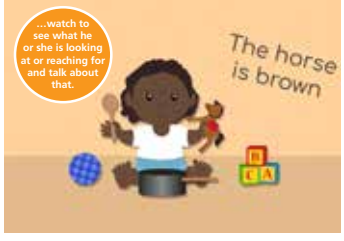
Tip 5 Give choices (no more than two at a time)

Tip 6 Reduce screen time

Tip 7 Share books and sing nursery rhymes



Tip 8 Follow your child's lead in play



Tip 9 Playing is fun...

Tip 10 Reduce questions

Integrated Service for Children with Additional Needs (ICAN)

The Story of ICAN and the IDOs

ICAN has spent a number of years ambitiously developing pathways and offers across all areas of the service to better meet the varied needs of our service users through a more integrated approach. From July we have been supported by the Trust to utilise significant resource to conduct a number of IDOs (Integrated Design Office). This rapid improvement approach has allowed the ICAN Team to come together with the support of the SystmOne Team, Major Change Project Team, Quality Improvement Team, and work collaboratively with clinicians, administrative staff, stakeholders and our service users to significantly advance the work that had begun previously. The process was immersive with us focusing on one topic for 3-4 days for each IDO.

To date we have had the following IDOs:

- Patient Triage process
- Community Paediatric Clinics
- Special Educational Needs
- Complex Communication
- Electronic Patient Records
- Citywide services i.e. neonatal abstinence, adoption and fostering.

Each IDO has had specific aims and therefore required a cross section of attendees to best represent and inform the conversations and direction of travel for the development of the service and implementation of change.

Each IDO has produced a range of outcomes including:

- Service offer – clearly articulated to provide purpose, resource required, entry and exit points for service users
- Integrated referral criteria – based on the child's needs rather than the service offered
- Revised referral form and process
- Competencies in the form of 'Witnessed Assimilated Supervised Proficient' (WASP) framework documents
- Reporting requirements that will provide data for performance reports and staff involved in delivering services
- Process maps with guides for administrative and clinical staff

Whilst the outputs of the IDOs have been vast, the outstanding success of this approach has been the meaningful engagement of staff across the Children's business Unit and extended to stakeholders and service users. Each IDO has had the collaboration of attendees to improve the service – this has been pivotal to the success of the workshops and commitment to take improvements forward. We have agreed realistic and detailed plans for implementation with all attendees and these have been adhered to. We have shared responsibility for implementation, and clear mechanisms for ongoing monitoring.

Physiotherapy service

The parents of a three year old girl with Rett Syndrome requested further involvement from the Integrated Children with Additional Needs (ICAN) physiotherapy service to help improve her mobility.

The ICAN (Integrated Service for Children with Additional Needs) physiotherapy service worked with the parents to identify the family's goals and tailored the physiotherapy to meet these goals. The physiotherapy team increased their input by providing a block of physiotherapy delivered by physiotherapy assistants, updating the physiotherapy programme at home and at nursery so that it focused on the family's goals, and adjusted the child's equipment to challenge her abilities. The service also supported the family to pursue additional avenues for further support.

The child has now taken five steps independently in her walking frame, which is fantastic. Her sitting balance and standing ability has improved due to a combination of the family completing a daily physiotherapy programme, increased NHS physiotherapy input, and two blocks of private physiotherapy. She is now able to hold her head up for much longer and she no longer experiences dystonic (uncontrollable) movements. She is also tolerating her standing frame far better, which is a great improvement.

The West ICAN team were nominated by the child's parents for the Yorkshire Evening Post Health Awards, and won the Community Healthcare Award category.

Team members who attended the awards are (L-R) Sharon Hopton (Health Visitor), Paige Copeland (Physiotherapist) and Nicki Arkell (Speech and Language Therapist)

Wheelchair Skills Course

One of the Children's Physiotherapy Assistant in the ICAN service, approached the Quality Improvement team outlining an idea about introducing a wheelchair skills course for children, to maximise their independence. Two of the Children's Physiotherapy Assistants had identified a problem: children were being issued with wheelchairs but were struggling to use the wheelchair independently. The Children's Community Physiotherapy Service ran annual wheelchair skills training with Whizz Kidz, a national charity, but the Whizz Kidz programme was not targeted at children with learning disabilities.

The Physiotherapy Assistants developed a wheelchair skills course which can be tailored to any child. They also developed an outcome measure to evaluate the course. They now run wheelchair skills sessions throughout the year for children who are on the physiotherapy caseload; the sessions are flexible and can be delivered on a one-to-one basis or in a group. One of the assistant's has trained other physiotherapy assistants to use the wheelchair skills course and plans to deliver further training on the outcome measure.

The course is being really well-received by children and families and is making a real difference. All children have improved their scores using the new outcome measure. One 9 year old said, "I push myself round the shop instead of mum now", and a 14-year-old said, "I'm now allowed to go with my cousin who is the same age as me around the shops together with mum nearby". The Physiotherapy Assistant now plans to train staff in schools so that they can continue to work with children on their wheelchair skills, and offer the course to children who are not on the physiotherapy caseload. The assistant is also linking with Leeds Wheelchair Services to develop the course and include advanced outdoor wheelchair skills.

One of the Physiotherapy Assistants has been shortlisted for an Advancing Healthcare Award in the category of 'The NHS Employers award for outstanding achievement by an Allied Health Professional or healthcare science apprentice, support worker or technician' for her work on the wheelchair skills course. They also attended the Trust's Quality Improvement training course and is using what she learnt to make more stuff better – including the system for administering orthotics, which is being trialled and getting good feedback.


Leeds Community Healthcare NHS

One minute guide

Developing Independent Wheelchair skills

Powered Wheelchair

Wheelchair Safety Checks

Basic Training Tips – Powered Wheelchair

Wheelchair Maintenance

Children's Mental Health Service

Transition process from child to adult service

In April 2019, following a Serious Incident investigation involving the transition of care across Leeds Community Healthcare's (LCH) CAMHS and Leeds and York Partnership NHS Foundation Trust's (LYPFT) Adult Mental Health Service, an opportunity arose to participate in the NHSI Improving Healthcare Transition Collaborative. The collaborative was sponsored by Leeds Community Healthcare NHS Trust and the project team included representatives from:

- CAMHS transitions service, crisis service and out-of-hours service
- LYPFT Adult Mental Health Service teams e.g. crisis, acute liaison psychiatry service (ALPS) and community mental health team
- Commissioners
- Young people

The methodology used for the project was the Model for Improvement.

LCH was in the first cohort of the Improving Healthcare Transition Collaborative, which contained 32 NHS Trusts. The launch event was 22 May 2019 with the final 150-day event on 10 October 2019.

The aim of the collaborative is that by February 2020, all CAMHS and adult mental health service staff know the revised referral process for young people aged 17 years and 9 months to 18 years who attend the emergency department in crisis. In 2018, there were 792 referrals from the emergency department to CAMHS. Of these 792, 42 were aged between 17 years 9 months to 18 years. Of these 42, 29 young people had no recent history in CAMHS.

In having this aim, there was acknowledgement that:

- There is a well-established transitions protocol in CAMHS, however the pathway for the target population is not robust
- Adult mental health service staff were unclear whether they could accept referrals for young people under 18 years of age
- Young people said:
  - "Make sure young people see fewer practitioners, and the practitioners know the referral process"
  - "Communication about the referral process and what to expect is really important and will give confidence in the system"

The CAMHS transitions guidelines have been updated to include a clear referral process for young people aged 17 years 9 months to 18 years who attend the emergency department in crisis. The guidelines were co-produced by CAMHS and adult mental services.

In the new process, young people without a recent history in CAMHS will be seen by adult mental health services. In the old process, there were between 8 and 14 steps from the young person attending the emergency department to the young person being referred to Adult Mental Health Service Single Point of Access, depending on whether the young person turned 18 during the process or remained under the age of 18 respectively. In the new process there are five steps.

Improving the referral process, and communicating the process to all adult mental health service and CAMHS staff, aims to ensure that young people access the most appropriate service without delay. Young people will not be passed around between services and therefore will not have to tell their story to multiple practitioners; the importance of this improvement was emphasised by the young people involved in the project.

Adult Business Unit:

Neighbourhood Team

A patient was referred to the Neighbourhood Team (NT) from hospital following a diagnosis of diabetes and a new wound. The patient needed twice daily administration of insulin and daily wound dressings. The patient lived in a bungalow with their spouse and was normally self-caring. The patient had mild learning disabilities and the spouse had some mental health issues. The hospital thought the patient would be unable to manage their insulin at home safely, even though they self-managed other medication. The patient was independently mobile indoors and used a mobility scooter outside and used it every day for shopping and eating out.

Twice daily visits were put in place by the NT on hospital discharge. Both the patient and spouse found this very intrusive on their time and this created stress between them and a decline in the spouse's mental health. After discussion about how to manage the situation, the patient decided they would try to learn how to self-administer the insulin and to take over wound care once this was appropriate.

The Community Matron referred the patient to the self-management staff in the NT who then worked closely with the staff visiting on a daily basis. They were able to spend longer periods with the patient allowing continuity of care, as well as ongoing teaching and encouragement. Visits were reduced over time and as the wound improved, it could be managed twice weekly by the practice nurses from the GP surgery.

The self-management team were essential in allowing the patient time and support to achieve her goal of independent insulin administration. It was crucial that the patient had identified this and was willing to try to achieve it although she initially lacked confidence.

Community Matron

Kari's story

Kari is a 58 year old lady with multiple health problems including bi-polar disorder which was diagnosed some 20 years ago along with chronic obstructive pulmonary disease (COPD) and chronic heart failure. Kari loves to write, particularly poetry and has often found inspiration during trips to the local supermarket. Kari lives on her own and struggles to go out due to her conditions which can leave her feeling isolated, frustrated and can affect her mood. Kari is reliant on carer support which she has had to pay for herself. Kari could only afford 2½ hours of care per week and had previously struggled to obtain carers through agencies. This heighted Kari's anxiety and Kari struggled to carry out her daily activities. Kari has had numerous admissions to hospital and has struggled with managing her conditions at home.

Kari was referred to the Neighbourhood Team following an admission to hospital. The Neighbourhood Team assessed Kari as requiring carers three times a day to help support her daily needs. This care was being provided to Kari as part of her health needs which eased her anxiety about affordability.

Kari feels more empowered to call the Community Matron when she needs help

On discharge from hospital, Kari was also introduced to a Community Matron who supports her to maintain her health needs without going into hospital or seeing her GP. The Community Matron can also assess medication needs, prescribe and monitor medication. Prior to the involvement of the Community Matron, Kari had received both positive and negative experiences of healthcare which had affected her confidence of calling for help when she needed it most. Kari now feels confident that the Community Matron will assess her appropriately and only send her into hospital when absolutely necessary. Kari feels more empowered to call the Community Matron when she needs help and that she is seen as a person and not 'just a DNAR form'.

Specialist Business Unit:

Respiratory Service

A patient in their 30s with severe respiratory disease and long standing mental health issues has been well known to the Respiratory Service for a number of years. There had been concerns raised as the patient was known to smoke whilst using oxygen in their home. One of the respiratory nurses worked with the patient to reduce the risks posed to both the individual and others by smoking whilst using oxygen. On the initial visit by the respiratory nurse, the patient did not engage and told the nurse to leave.

The nurse had gone to the appointment with an agenda of establishing whether there was a safety issue that needed to be managed. The patient's next of kin contacted the service to make a complaint about the visit. The nurse was able to talk to the next of kin and explain the rationale for the approach used in the visit and the next of kin provided more detail regarding the patient's history. This enabled the nurse to better understand the patients' needs and preferences. The nurse and next of kin agreed that visiting regularly, focusing on one thing that was important to the patient and keeping the visits short was a good first step to providing care.

At the next visit the nurse and patient discussed what the goals and priorities were. The nurse did not complete a formal assessment, but just asked what was important to the patient. The patient stated they wanted to stop smoking and the nurse subsequently facilitated five joint visits with One You Leeds (a stop smoking service). At each visit, the nurse did not use a laptop or use any measured observation approaches, unless the patient was clinically unwell and agreed to this. The patient and nursed worked together weekly and the patient engaged really well with the process. The patient successfully went from smoking 60 cigarettes daily to only having two cigarettes in total over a three week period.

Following this intervention, the patient also agreed for therapy input to be included in their care. The aim is that with time, a positive, trusting relationship can have a positive effect on the patient's quality of life.

Tuberculosis Service

The Service had to carry out a large screening programme for Tuberculosis (TB) at a local traveller site. This was a huge piece of work that required a lot of co-ordination and engagement of the population living there. The team worked together with other services such as CIVAS, the Homeless and Health Inclusion Team and the Infection Control team to carry out the necessary screening for more than 180 individuals in a two week period alongside all the usual work commitments.

Throughout the process, all relevant stakeholders were involved which included commissioners, Public Health, Leeds Gate, and the patient group. A debrief event allowed those involved to feedback on the success of the screening programme, and how well the services had worked collaboratively to get the job done. The team attended the TB nursing forum, where they highlighted the work they had done at the traveller site and presented it at the national TB leadership conference.

Statements on Quality as Mandated in the Regulations

This section of the Quality Account contains all the statements that we are required to make. These statements enable our services to be compared directly with other organisations and services submitting a quality account.

Review of Services

During 2019/20 the Trust provided and/or sub-contracted 73 NHS services with £161.1m of income. The Trust has reviewed all of the data available to it on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2019/20 represents 100% of the total income generated from the provision of NHS services by the Trust for the year.

In addition, the Trust also provided £1.3m of non-NHS services and the data in respect of 100% of these services was reviewed in year.

Clinical Audit

All clinical audits that are planned to be undertaken within LCH **must** be registered on the clinical audit and effectiveness registration database. The monitoring of each audit includes results, summary report and improvement/action plans.

National Clinical Audits

During 2019/20 **five (5)** national clinical audits and one (1) national confidential enquiries covered the NHS services that LCH provides.

During that period LCH participated in **100%** of national clinical audits and **100%** of national confidential enquiries, of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that LCH was eligible to participate in during 2019/20 are as follows:

Eligible National Clinical Audits	The National Clinical Audits participated in during 2019/20
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme	✔
Sentinel Stroke National Audit Programme	✔
National Diabetes Audit – Diabetic Foot Care Audit	✔
UK Parkinson's Audit	✔
National Audit of Cardiac Rehabilitation	✔

Eligible National Confidential Enquiries	The National Confidential Enquiries participated in during 2019/20
Mental Health Clinical Outcome Review Programme	✔

There were no national audits applicable to our organisation that we did not participate in.

The national clinical audits and national confidential enquiries that LCH participated in, and for which data collection was completed during 2019/20 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Audit	Number of cases submitted	Percentage
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme	Organisational audit: submitted. This will be included in the report that will be published in November 2020 Clinical Audit: data collection commenced during 2019 and the reporting timeline has been extended by the provider. Interim report intended to be available summer 2020	100% of all cases identified
Sentinel Stroke National Audit Programme	March 2020 – no data has been submitted nationally due to Leeds Teaching Hospital NHS Trust (LTHT) not registering the patients for the past 21months. Therefore, the Trust cannot upload our data. The Trust has continued with collecting data for the past 21 months, but it has not been processed or entered on the national database. Discussions have taken place with the Sentinel Stroke National Audit Programme team to request how the Trust can participate in the audit which is not possible without LTHT.	0% of all cases identified submitted 100% patient identified recorded on internal database
National Diabetes Audit – Diabetic Foot Care Audit	Clinical Audit: Data collection commenced and has continued upload data onto an external database throughout the financial year. All cases have been identified but the final figure is not available at this current time.	100% of all cases identified
UK Parkinson's Audit	Requires submitting data collection for a minimum of 10 patients with Parkinson's and submit a minimum of 10 Patient Reported Experience Measures (PREM) questionnaires. 10 data collection 10 PREM questionnaires submitted	100% of all cases identified
National Audit of Cardiac Rehabilitation	The audit identified the number of patients who started a core delivery rehabilitation cardiac rehabilitation programme. The sample size 734 patients identified	100% of all cases identified

National Confidential Enquiries	Number of cases submitted	Percentage
Mental Health Clinical Outcome Review Programme	2 cases	100% of all cases identified

The reports of **four (4)** national clinical audit(s) were reviewed by the provider in 2019-20 and LCH intends to take the following actions to improve the quality of healthcare provided:

National Audit	LCH action 2019/20
Sentinel Stroke National Audit Programme	This audit requires information to be inputted into a national database. The results are published by the national provider in graph format. Even though the Trust has not submitted data for the audit due to the issues identified, national results have been reviewed by the service. The team will continue to deliver best practice and collect local data. Once local results are available then an improvement plan will be developed by the service.
UK Parkinson's Audit - delayed	Individual Service Level report due to be published February 2020. There has been delay due to COVID-19. Recommendations currently being reviewed prior to Improvement plan being developed Given the challenges of the current situation we are extending the submission date for Service Improvement Plans to the end of November 2020. In the meantime, our Service Improvement Team will be reviewing your Individual Service Reports and drafting very simple overviews for each of you, highlighting three things you are already doing well, and one or two areas which would benefit from service improvement planning. They will be in touch by email with these draft ideas when it looks as though services are returning to 'normal', hopefully in June/July. Based on the early findings of the audit by the audit lead, suggest we are implementing the guidelines and evidence base in our daily practice. Areas identified for improvement include: implementing a training competency covering Parkinson's guidelines, assessment, and intervention, as a specific part of new starter's induction within the service. We also need to embed Expiratory Muscle Strength Training as part of our services therapy programme. The audit requirement and initial finding have been disseminated through a poster which had been presented at the Trusts Clinical Audit Plaudit Event in November 2019. Local improvements and benefits from the audit are the following: • Developing a checklist of competency for all new starters will ensure consistency of delivery and knowledge across all staff which will ensure evidence based practice for all patients with Parkinson's seen by the Speech and Swallowing Team. • A clearer pathway and information leaflet across Trusts will ensure the patient journey is clear and transparent and based on the evidence base and guidelines. • Training on Expiratory Muscle Strength Training will benefit patients with Parkinson's rehabilitation.

National Audit	LCH action 2019/20
UNICEF UK Baby Friendly Initiative – Gold Revalidation Report	All Gold accredited services are required to undergo a formal revalidation process one year following Gold accreditation. This is achieved via submission of an annual portfolio which includes data and audit results relating to the Baby Friendly standards, as well as actions taken and evidence of progression. The report confirms that the 0-19 PHINS is highly commended for the quality of the evidence submitted and the thorough way in which the necessary processes to embed and further develop care related to Baby Friendly standards has been planned and implemented. The service celebrated the achievement of the Gold award, using the opportunity to significantly raise the profile of their work within the organisation as well as an opportunity to recognise the contribution of staff. The service has looked at succession planning with the development of an audit plan and a team of Train the Trainers. A new Guardian has been appointed within the Health visiting service and the role has been taken by the Executive Director for Nursing and Allied Health Professionals.
Review of Emergency Contraception	The review of practice of emergency contraception has been undertaken by the Leeds Sexual Health Service and has been completed against the Facility of Sexual Reproductive Health Guidance. The audit has been completed before and these results have been compared to the previous year's findings The audit looked at the number of women requesting emergency contraception within a one month timeframe at the Leeds Sexual Health Service. The results have shown that 97% of woman had been assessed for an intra uterine device which is a slight increase from 92% previously. The report also confirmed that 90% of women were given contraceptive advice compared to 71% last year and that 68% presenting at the service were given sexual health advice which is an increase from 25%. The following actions have been developed based on the findings which are developing an electronic template for recording of the assessment for an intra uterine device and improve on the percentage of women being given sexual health advice.

Local Clinical Audit

The reports of **143** local clinical audits were reviewed by the provider in 2019-20 and LCH intends to take the following actions to improve the quality of healthcare provided:

- HM Wetherby Young Offenders' Institute (HM WYOI) undertook an audit reviewing the number of new arrivals being offered, and subsequently receiving, a Dry Blood Spot Testing (DBST) screening for Blood Borne Virus' such as Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV). The audit found that 88% (30) were offered the DBST and that 65% (22) received the DBST. Whilst this is an improvement from the 2018 results (uptake of the DBST was 27%), the service is not yet achieving the national target of 75%. The audit also identified that not all children who meet the criteria are offered the DBST through the opt-out process. The service is therefore reviewing the 'opt out process' it implemented following the 2018 audit cycle to ensure that all new arrivals are offered the screening.

- An audit examining the Trust's compliance with Duty of Candour requirements took place in July 2019 as a result of Care Quality Commission (CQC) inspection feedback. The audit found that a verbal apology was given in 92% of incidents audited, but highlighted areas for improvement being the recording of Duty of Candour on Datix and understanding of the Duty of Candour requirements. Following the audit, the Duty of Candour policy was reviewed and the new process was disseminated via a number of mediums. The Datix and Serious Incident templates were aligned to ensure completion of Duty of Candour on Datix. Additionally, Duty of Candour compliance would be managed by the Patient Safety Team to ensure compliance.

- Within the Integrated Children's Additional Needs (ICAN) service, an audit was undertaken to review the transition process from paediatric to adult services for young people with complex neurodevelopmental health needs. Whilst good practise was identified in the audit (e.g. the transitions letter was copied to relevant professions in 98% of cases, parents and carers were consulted in 98% of cases, and the diagnosis and associated health problems were clearly stated in 95% of cases), the audit ultimately highlighted that transition-transfer documents weren't utilised routinely or consistently, with the formal transitions process starting before the young person reached 16 years of age in just 25.6% of cases reviewed. Additionally, the audit highlighted that the transitions documents was difficult to locate on SystmOne in 100% of cases. Following the audit, training will be delivered to paediatricians, nurses, allied health professionals, and administrative staff on using and completing the transitions document. The service is also developing a standardised transition-transfer document template which could be used Trust-wide and would enable multi-professional contribution to the transitions document.

- The Safeguarding and Children Looked After team completed an audit looking at the number of Care Leavers in Leeds being offered a Healthcare Summary by the age of 18. Previous audit cycles identified that as few as 30% of Care Leavers had a Healthcare Summary attached to their record. As a result, regular reminders were shared with the Looked After Children team and the Healthcare Summary document was reviewed to make it more relevant to Unaccompanied Asylum Seeking Children (UASC), who historically had particularly low levels of Healthcare Summaries attached to their records. The latest audit cycle in October 2019 identified that 85% of Care Leavers had a Healthcare Summary attached to their record.

- An audit of documentation for IV Diuretics in the Cardiac Service overall highlighted a good standard of record keeping for that aspect of the Cardiac Service. The audit identified an area for improvement as the recording of the goals of treatment at the onset of treatment. The actions taken forward as a result of this audit were to raise this issue with Cardiac Nurses involved in the delivery of this service to result in improved communication with other healthcare professionals.

- The Adult Learning Disability Speech and Language Team completed an audit that looked at how new referrals are triaged by the service against a number of standards. The audit identified areas of good practice including areas of improvements required. The results has focussed the team to increase the number of face to face contacts each week which should reduce the length of time that patients are waiting to be seen.

- The Trust embarked on a joint venture with the Leeds Teaching Hospital Trust and NHS Leeds CCG that looked at reviewing and implementing the most clinically and cost-effective wound care formulary and how to improve practice for patients in the future. The audit focussed on the current process of identifying and treating wound infections and how to improve practice for the future. Any new process looked at a number of drivers which were cost efficiency, safety, allowing early intervention of treating infections and allowing staff to access the product through a stock on the shelves initiative; to ensure that any treatment or process implemented following the results will be based on best practice. The audit results identified that significant savings and cost effectiveness could be achieved by using the wound infection framework and stock on shelves initiative. Good practice identified that Leeds are delivering the most cost and clinically effective care to the patients of Leeds CCG and achieving the getting it right first time (GIRFT) project through treating local wound infections quickly, first time.

- The Community Intravenous Administration Service completed an audit that looked at the vascular access device care offered to patients and has been developed using standards set out in NICE guidance CG139: Healthcare-associated infections: prevention and control in primary and community care. The audit demonstrated that for patients who require an access device in place for their treatment are receiving care to a high standard and against best practice as the service scored 100% against all of the individual areas.

- The 0-19 Public Health Integrated Services (PHINS) completed an audit based on a topic identified with the commissioners. The audit completed looked at three parts of the referral pathway (economic wellbeing, substance misuse for parents and carers, emotional health and wellbeing) for the service. The audit has been developed using standards from the Healthy Child Programme (2009), NICE Pathway on Emotional Health and Wellbeing for Children and Young People and local Trust pathways for the service. The audit demonstrated areas of good practice for each of the individual pathways and where improvement could be made. Completion of the audit has provided insight into the knowledge and skills which influence contacts with families and young people and that the young person was central to the planning and goal setting and strong partnership working with children centres.

- An audit completed by the Wound Prevention and Management Service looked at the assessment of chronic wounds. The audit has been undertaken previously as part of the CQUIN improving the assessment of wounds and the Trusts Wound Care Clinical Framework. The audit shows that patients with chronic wounds has a wound assessment completed (84.8%) and met the CQUIN target of 80%.

- The Child and Adolescent Mental Health Service looked at how information is recorded in the care notes for young people who are fed through a tube called a nasogastric tube as part of their treatment. The audit showed that all young people who had a nasogastric tube (100%) documented in their care notes. When the young person has arrived with the nasogastric tube in place, which will not always be from a Leeds hospital, the initial passing of the tube and checks showed was 80% this has resulted in an admission checklist been introduced. The re-audit demonstrates areas of improvement and good practice for when another tube is required to be inserted, a feeding plan being available and the daily feeding log but that recording of the external tube length and referencing the tube at each shift could be improved. The audit findings have been shared with the team and staff training commenced.

- An audit completed by the medicine management team looked at how controlled drugs are managed within a children's inpatient area. The audit has been developed using standards from the Controlled Drugs Regulations (2013) and NICE Guidance (NG46) for Safe Management of

Controlled Drugs (2016). The audit shows that record keeping is in line with best practice and has been shared with staff but that unwanted or out of date drugs need to be disposed of as soon as possible.

- The Community Dental Service completed an audit that looked at antibiotics being given to patients. The audit has been completed against standards published by the Scottish Dental Clinical Effectiveness Programme dental prescribing guidance (2016) and the Faculty of General Dental Practitioners antimicrobial prescribing guidance (2019). The records of children and adult patients that had been given antibiotics whilst attending three different clinics were looked at. The audit demonstrates that there were many standards that achieved 100% but to ensure that all of these are met, an antibiotic auto note has been introduced as a reminder. The audit had been presented at the Trust clinical audit plaudit event.

During 2019/20 all services were required to participate in the annual record keeping audit and produce an improvement plan to identify required improvements. Our Neighbourhood Teams within the Adult Business Unit included collection of data relating to end of life care, pressure ulcer management and falls in keeping with some of the priorities for improving patient care in the organisation.

Additionally, the Infection Prevention and Control Team undertake a range of local audits. These include; Environmental audits, PLACE audits and Essential Steps to Safe, Clean Care audits. These audits aim to reduce the risk of microbial contamination in everyday practice and to ensure our environment is managed in a way that minimises the risk of infections to patients, staff and visitors.

This table does not include audits that will be continued into 2020/21:

Local clinical audits completed during 2019/20 - by Business Unit

Children's Services

- Record Keeping Audit (all services)
- Quality Challenge+
- Environmental Audit
- PLACE Audit
- Deliberate Self-Harm Assessment Procedures Audit
- Transitions for Young People with Complex Health Needs Audit
- Audiology Results Scanning Audit
- Clinics Calibration Records Audit
- 0-19 Audit of Referral Pathways
- Re-Audit for Young People who are/have been Nasogastric Fed within the Adolescent In-patient Unit
- Timeliness of Adoption Medicals (Adults)
- UNICEF BFI Breastfeeding Staff and Mothers Audit Gold Award Assessment
- Audit in Medication Review Appointments in patients on Methylphenidate in the West
- Local Safeguarding Conversations
- School Calibration Recording Audit
- Use of the Canadian Occupational Performance Measures (COPM) in the over 5s Mild to Moderate Motor Impairment Pathway
- UNICEF BFI Breastfeeding Staff and Mothers Audit Gold Award Revalidation
- Hand Hygiene Audit
- Audit into the Timeliness of Adoption Medicals
- Mattress Audit
- OT Caseload and Goal Management
- Compliance with NICE Guideline (NG69) for Children and Young People with Eating Disorders
- Initiating Early Discharge Planning as part of Care Plans and Care Planning Meetings within the Adolescent In-patient Unit
- Management of Constipation within the Community Paediatric Clinic
- Time between receipt of referral and initial assessment – are we meeting the 4 week standard?
- Assessing Speech, Language and Communication needs for clients who speak a language other than English

Adult Services

- Documentation Audit (x2 cycles)
- Quality Challenge+
- Environment Audit
- PLACE Audit
- Record Keeping Audit
- Re-audit Chronic Wound
- Pressure Ulcer Management Audit (All services)
- End of Life Audit (All services)
- Falls Audit (All services)
- Cancelled and Re-scheduled Visits (13 Neighbourhood Teams)
- Stock on Shelves Wound Infection Project

Specialist Services

- Record Keeping Audit (all services)
- Quality Challenge+
- Essential Steps
- Mattress Audit
- Environment Audit
- PLACE Audit
- Informed Consent for HIS 2nd Cycle
- Hand Hygiene Audits
- Hoist Sling Audit
- Audit of Cleaning Non-Invasive Clinical Equipment
- IV Diuretic Documentation Audit
- Vascular Access Device Audit
- Utilisation of Therapist Skills Audit
- Audit of Antibiotic Prescribing
- Discharge Planning Audit
- Prescribers Entresto Audit
- Spinal Injection Audit
- Safeguarding Children Audit
- Patient Centred Care in Diabetic Clinic
- Environmental Template Completion Lone Worker Risk Assessments
- Harmful Sexual Behaviour Audit
- Bed Occupancy at the CYRPT
- Re-audit Review of Practice of the Emergency Contraception
- Medicines Invoice Reconciliation – Controlled Drug Audit
- Heart Failure Drug Optimisation Audit
- Patient Safety Audit within Police Custody Service
- MDT Spinal Injection Audit
- Emergency Contraception Provision UK National Audit
- Knee MRI Audit
- PGD Audit
- Alcohol Withdrawal Audit (CIWA Scoring)
- Dry Blood Spot Testing Audit
- Audit of Safeguarding Children at WYOI
- Triage Tool Audit – Learning Disability Team
- Radiography Activity Audit
- Application of Fluoride Vanish for Children Under 16
- Quality of Intra-oral Radiographs in the Theatre Setting Audit
- MDT Spinal Surgery Audit
- Controlled Drug at Police Custody Audit

Corporate Services

- Mental Capacity Act Audit
- Care Leavers' Health Summary Audit (x2 audit cycles completed)
- ADHD Prescribing at WYOI
- Audit of Missed and Delayed Doses at WYOI
- Audit of Antimicrobial Stewardship at WYOI
- Audit on Compliance with Duty of Candour Requirements
- Audit of Controlled Drugs at Community Neurology Rehabilitation Centre (CNRC)
- Audit of Controlled Drugs at Little Woodhouse Hall (LWH)
- Audit of Prescribing Standards at Community Neurology Rehabilitation Centre (CNRC)
- Baseline Audit on the Use of Quality Boards
- Controlled Drug Audit at Community Dental

Clinical Research

The number of patients and staff receiving NHS services provided or sub contracted by LCH in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 497.

Our recruitment intelligence projections show that a further 190-240 patients and staff would have been recruited through new and existing ethically approved research in Quarter 4 of the financial year but for the COVID-19 outbreak.

The Trust continued to host strong research collaborations in a number of services, in particular in musculoskeletal (including podiatry), the children's and young people's secure estate (CYPSE) and with regards to palliative care through strong links to St Gemma's Hospice.

Working alongside the University of Leeds and researchers based at St Gemma's Unit of Academic Palliative care, the Trust's research nurses have continued to be involved in a number of different successful National Institute of Health Research (NIHR) portfolio studies including 'ACTMED' (Assessing medicines at the end of life), achieving 33 accruals which is 137% of its target, and 'STEP' (Supporting Timely Engagement with Palliative Care), achieving 32 accruals which is 200% of its target. The team paused studies in March due to COVID-19, however prior to this they were recruiting well to other portfolio studies including Exploring the role of the descending Modulatory system in Cancer Pain, to which 25% of accrual target had been achieved prior to pausing.

The development of research about Child and Adolescent Mental Health, hosted within Wetherby YOI and Adel Beck secure children's home specialist has continued to develop over the past year with successful recruitment to two significant studies. 'Using QbTest to aid the identification of Attention Deficit Hyperactivity Disorder (ADHD) in young people in the criminal justice secure estate' recruited 60 young people (100% of target), and the 'Secure Stairs' evaluation study (Secure Stairs is the Framework for Integrated Care for the Children and Young People in the Secure Estate) recruited 104 (70% of target) in Q4 making LCH the highest recruiting site nationally. This study would have achieved 100% of its site target but for the COVID-19 pause.

The research Strategy for 2019-2022 was ratified in February. Work against the new strategy was due to begin was due to begin in April with short term goals being planned to deliver in March.

On the 2 March 2020 LCH received its first notification of an Urgent Public Health (UPH) study for COVID-19. On the 16 March all face to face recruitment was suspended as per the updated NIHR guidance and subsequently on the 23 March all studies were officially 'paused' in order for Clinical Research Network (CRN) funded resource to be re-directed into urgent public health research for COVID-19 as requested by the NIHR. In total LCH has 'paused' 44 studies, and delayed the set-up of a further four trials.

A complete return to business as usual for Research and Development (R&D) may be delayed for up to 18 months based on current estimates for UPH trial durations; however this is subject to continuing discussions with the CRN Yorkshire and the Humber (Y&H), however discussions continue across the network and regular updates will be available via the trusts COVID-19 intranet page.

During Q4 UPH research recruited predominantly in acute and primary care settings, the role of community was to facilitate the deployment of CRN funded staff to deliver these studies across the region, gather data, conduct follow ups and set up community studies as they came online.

The CRN provided assurance that the usual metrics will not apply for Quarter 4 of the 2019/20 financial year, and that metrics will be re-aligned to support the delivery of urgent public health research moving into the new financial year.

Commissioning for Quality and Innovation (CQUIN)

A proportion of LCH income in 2019/20 is based on achieving quality improvement and innovation goals agreed between LCH and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Commissioner	CQUIN	Description	Actual (YTD)
LEEDS CCG 2	Improving the uptake of flu vaccinations for front line staff within Providers	Staff flu vaccinations are a crucial lever for reducing the spread of flu during winter months, where it can have a significant impact on the health of patients, staff, their families and the overall safe running of NHS services. This CQUIN target for 2019/20 of 80% of staff to be immunised to receive 100% of the payment. There is the option this year of including staff who have had the vaccination elsewhere provided we are able to demonstrate an auditable trail.	Achieved the target of >80%
LEEDS CCG 3a	Alcohol and Tobacco – Screening	Screening and brief advice is expected to result in 170k tobacco users and 60k at risk alcohol users receiving brief advice, a key component of their path to cessation. Achieving 80% of inpatients admitted to an inpatient ward for at least one night who are screened for both smoking and alcohol use.	100% of inpatient admitted to LCH services were screened for smoking use and 96% screened for alcohol use.
LEEDS CCG 3b	Alcohol and Tobacco – Tobacco Brief Advice	Of the denominator, those who are given brief advice as outlined in the Alcohol and Tobacco Brief Interventions E-learning programme-including an offer of Nicotine Replacement Therapy (whether or not this offer had been taken up). Achieving 90% of identified smokers given brief advice.	100% of identified smokers were given brief advice, were offered nicotine replacement therapy and were offered a referral to stop smoking services.
LEEDS CCG 3c	Alcohol and Tobacco – Alcohol Brief Advice	Of the denominator, those who are given brief advice as outlined in the Alcohol and Tobacco Brief Interventions E-learning programme, or offered a specialist referral if the patient is potentially alcohol dependent. Achieving 90% of patients identified as drinking above low risk levels, given brief advice or offered a specialist referral.	100% of patients identified as drinking above low risk levels were offered brief advice. All were offered GP referral. 2 declined and 1 had already been referred to the GP and was engaging with support offered.

LEEDS CCG 5a	Mental Health Data: Data Quality Maturity Index	Achieving a score of 95% in the MHSDS Data Quality Maturity Index (DQMI). Data quality and completeness is measured via the Mental Health Services Dataset (MHSDS) that is submitted monthly to NHS Digital.	**Achieving score above >95%** Ongoing monthly checks to audit data quality and ensure compliance. Monitor monthly data quality reports and address any issues reported.
LEEDS CCG 5b	Mental Health Data: Interventions	Achieving 70% of referrals where the second attended contact takes place between Q3-4 with at least one intervention* (SNOMED CT procedure code) recorded using between the referral start date and the end of the reporting period. Compliance is measured via the Mental Health Services Dataset (MHSDS) that is submitted monthly to NHS Digital.	**Achieving above the 70% threshold. The service will continue to monitor and report compliance.**
LEEDS CCG 8	Stroke Six Month Reviews	Improved stroke rehabilitation is a key pillar of the stroke improvement landscape and a commitment in the Long Term Plan. The 6 month assessments have been highlighted as the most fundamental part of that work and the strongest ask from stroke survivors. The 6 month reviews also provide an opportunity for enhanced personalisation of care through identification of further support needs e.g. through social prescribing. **A target of 55% of patients coming through the Community Stroke Team in the whole year should be achieved.**	There were 15 patients on data validation that had been discharged in error. These patients were contacted and offered 6 month reviews. The service is working with the performance team to ensure that live data is available and to rectify any anomalies in the data.
CQUIN 9	Improving awareness and uptake of screening and immunisation services for targeted groups	The Provider must carry out an annual audit of its compliance with this obligation (Equity of Access, Equality and Non-Discrimination), and must demonstrate at Review Meetings the extent to which Service improvements have been made as a result. To increase and support access to commissioned screening and immunisation programmes to those who do not readily take up this offer or who DNA.	**All targets on track.** Home education young people are identified and will be invited to a Community Clinic The team will continue to engage and attend Cottingley Springs traveller site to promote and offer immunisations. Immunisation for children in Specialist Inclusive Learning Centre (SILC) units. The SILC nurses will continue to offer immunisations to those young people within the SILC sites. The School Immunisation Team will immunise the children who attend SILC units within a main stream setting.

CQUIN 10	Personalised care and Support Planning – Liaison and Diversion Services	Ensure completion of a personalised care plan for every service user. A review of the screening and assessment tool, exploration of the benefit to implementing use of the Outcomes Star and continue efforts to gain Service User feedback. As identified above, the service will prioritise the progression required in terms of: • Completing the review of the screening and assessment template ready for implementation in first quarter 20/21 • Agreeing outcome measures and working to add into the new screening and assessment template • Exploring different approaches to gaining service user feedback • Completing development of local competence framework informed by the national L&D framework.	Actions completed in line to fully achieve target
CQUIN 11	Supporting People at risk of Suicide and Self Harm – Secure Estate Wetherby YOI and Adel Beck	The 2019/ 2020 Supporting People at risk of Suicide & Self Harm – Secure Estate CQUIN is to be delivered over one year with an aim of developing healthcare service for those who are at risk of suicide or self-harm and ensuring those services provided meet the expectations of relevant NICE Guidance and associated Quality Standards.	Significant process of action plans progressed throughout the year to achieve target.
CQUIN 12	Addressing staff training needs in Tier 4 CAMHS services	The key aim is to transform existing Tier 4 inpatient and community services for children and young people by adopting and adapting where necessary, appropriate team based training, including elements and principles of the CYP IAPT programme that will help improve outcomes for children and young people, and by providing assessment and treatment which is based on best evidence, outcomes focused and client informed.	Achieved all targets and improvements made throughout the year.

Care Quality Commission

LCH is required to register with the Care Quality Commission (CQC) and its current registration status is full registration without conditions.

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The Care Quality Commission has not taken enforcement action against LCH during 2019/20.

In October 2019, the CQC published the final report on its announced inspection of the Trust which took place in May-June 2019.The CQC visited a selected number of services including Sexual Health, Community Child, Adolescent Mental Health Service (CAMHS), Inpatient CAMHS, community dental and community services for children, young people and families. The CQC also completed a Trust-wide level inspection under the well-led framework.

Overall the Trust was rated **GOOD** in all five domains (safe, effective, caring, responsive and well-led). The CQC found improvements in services since the last visit and they concluded:

- **Sexual Health services** were rated outstanding overall. The service was rated good for safe and caring, and outstanding for effective, responsive and well led. This was an improvement on the last inspection.
- **Children and young people's services** were rated good for safe, effective, caring, responsive and well led. This was an improvement on the last inspection.
- **Inpatient CAMHS** was rated good for caring, requires improvement for safe, effective and responsive. Well led was rated as inadequate. This was the same overall rating as the last inspection.
- **Community CAMHS** was rated good for effective and caring, requires improvement for safe, responsive and well led.
- **Dental services** were rated good for safe, effective, caring, responsive and well led. This remained the same as the last inspection.

The CQC found 23 breaches of legal requirements which relate to actions the Trust must do. There were 14 minor breaches of regulation which are not breaches in the legal requirement, but actions the Trust should take.

LCH has developed robust action plans to address the findings and these will be monitored through the governance structure.

The Trust is proud of the achievements and improvements made since the last CQC inspection in 2017 but acknowledge the recommendations made by CQC to continue to improve our services for patients, carers and the public.

LCH has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2019/20:

- Mental Health Act 1983 Monitoring Visit to the Inpatient Child and Adolescent Mental Health Service.

LCH intends to take the following action to address the conclusions and requirements reported by the CQC:

- Development and ratification of the Blanket Restrictions SOP to ensure consistent practice across the service in line with national guidance and best practice.
- To undertake monthly audits on restrictive intervention and attend the Reducing Restrictive Interventions Group at the local Mental Health Trust to share learning and receive peer support.
- Include service information relating to restraint and seclusion into a new service Operational Manual.
- Review the seclusion policy and undertake weekly review of restraint and seclusion forms in the patient records to ensure in line with Code of Practice.
- Develop a flowchart to be included in staff induction on recording the information provided to patients when they are detained under the MHA along with their capacity to consent to treatment. Six-monthly documentation audits to be undertaken on recording of information provided to patients at detention and their capacity – results and assurance will be provided at the MHA Governance Group.

Building permission has been granted for a new purpose-built CAMHS unit which is due to open in 2021. Enhancement to the current facility is being completed to ensure the ongoing safety of patients.

Secondary Uses and Hospital Episode Data

LCH submitted records during 2019/20 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- that included the patients valid NHS Number was 100% for admitted care and was 99.97% for outpatient care
- that included the patient's valid General Medical Practice Code was 100% for admitted care and 99.84% for outpatient care

*The above confirms data available for 1 April 2019 to 29 February 2020; the submission timetable for data does not require data for 2019/20 (to 31 March 2020) to be submitted until May 2020.

Information Governance

Data security, data ownership and transparency are of paramount importance to the Trust, supporting both clinical and organisational management needs and is fully committed to ensuring that personal data is protected and any confidential data is used appropriately.

The Trust complies with the relevant Information Legislation(s) and actively supports the transparency of information. The Trust complies with the General Data Protection Regulation (GDPR) by engaging with a Data Protection Officer (DPO). The DPO duties include promoting the accountability principle within the Regulation, which empowers the organisation to be compliant with the Data Protection Act (DPA). Ensuring there is a subject matter expert provision for internal and external stakeholders to achieve compliance with privacy and information security in relation to the organisation activities. Protecting information, its integrity and availability throughout the lifecycle of the information and also supporting the move to integrated care modelling.

The Trust's information governance group functions have been revised to include governance for the Data Protection Officer duties and monitoring of cyber security related risks.

The information risk management approaches have been reviewed and strengthened throughout the Trust. The SIRO management structure has been advanced and identifies data ownership at more granular level than previously.

The Trust demonstrates compliance with the 10 Data Security Standards, an outcome from the National Data Guardians – Review of data security, consent and opt outs report, via a self-assessment within the Data Security and Protection Toolkit (DSPT). Compliance with all 10 Data Security Standards has been met as at 31 March 2020.

In recognition of the importance of data security, there is a nationally set target of 95% of staff compliance with information governance training, this has been achieved. Training compliance is closely monitored and enforced where necessary.

Disclosure of personal data related incidents

The General Data Protection Regulations (GDPR) was introduced as part of a new UK Data Protection Act 2018 (DPA).

The new legislation strengthens the rights of data subjects, while increasing the responsibilities of organisations to process personal data in a lawful and transparent manner. The Trust demonstrates compliance:

- A Data Protection Officer is in post to support the monitoring of data protection compliance and personal data breaches.
- The approach to the management of personal data related incidents has been revised and a different reporting and escalation criteria was produced by NHS Digital in September 2018 - Guide to the Notification of Data Security and Protection Incidents.
- Incidents calculated as externally reportable **must** be reported to the Information Commissioner's Office (ICO), through NHS Digital's Data Security and Protection Toolkit (DSPT).
- Where there has been a personal data related incident that would likely result in high risk to the rights and freedoms of the data subject affected must be communicated with.

Four incidents were reported to the Information Commissioner's Office (ICO) by the Trust during 2019/20. All incidents relating to a potential breach of personal data are reported, investigated and, where appropriate, remedial actions are implemented.

Risks to data security are managed at all levels, this includes ensuring that all colleagues with access to personal identifiable data have the necessary permissions to perform their job role and have completed their compulsory data security awareness training. All data security arrangements are reviewed for adequacy on an annual basis. All IT equipment is fully encrypted and has effective organisational and technical measures in place to maintain essential safeguarding of our information assets from threats.

Payment by Results

LCH was not subject to the Payments by Results clinical coding audit during 2019/20 by the audit commission.

'Freedom to Speak Up' Guardian (FTSU)

The Freedom to Speak Up (FTSU) index report 2019 was published in October 2019, it is the first of its kind and it focuses on FTSU and openness which is seen as core to good culture.

LCH is listed as sixth best in the country based upon the answers given to questions taken from the staff survey.

At LCH there is a culture of speaking up. This is expressed as 'Speaking Up is a Practice Not a Position'. At induction, new staff are introduced to this approach by the Chief Executive and the mechanisms for staff to use to speak up and be heard. These mechanisms include managers, staff networks, Ask Thea, Non-Executive Directors visits to teams, direct and easy access to directors / Chief Executive, Staffside, HR and the Freedom To Speak Up Guardian (FTSUG). Staff are encouraged to use these. We work to hear and understand the voices of all staff.

There is a clear process for the FTSUG work - the concerns are raised with the Chief Executive and then the relevant directors and senior managers. Actions, plans and further exploration are taken from there. Feedback to the staff member raising the concern is a key part of this, as is the pastoral support offered to that staff member

The FTSUG works and reports quarterly to the National Guardian Office and internally within LCH. The FTSUG meets with the Chief Executive, Chair and Non-Executive Director appointed to support speaking.

The FTSU work has three assurances. The first is that it reports nationally and internally within LCH. This offers data and information at NGO, Board and Senior Management Team level. The second is whether the role sees staff from across the four units of LCH - Adults, Children, Specialist and Corporate. The work does always cover these areas. It also sees staff from all disciplines - managers, nurses, medics, AHPs, HCAs, domestics, etc. This assures the role is covering the organisation. Third is local comparison where we look at local NHS organisations and see if the numbers of staff seen are comparable. In this we measure well.

There was a peer review of the LCH FTSUG service within 2019. This was an independent review by an external body and spoke to key people involved in the process such as a staff member who spoke up, Chief Executive, Managers. The LCH FTSUG service evaluated well.

The recent FTSUG Index covering 180 NHS Trusts placed LCH as 6th in the country for an open inclusive culture. This was based on NHS Staff Survey questions.

The FTSUG role is an evolving one and we are always looking for new ways to develop and strengthen the work.

Learning from deaths

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.

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'.

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.

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

All **adult patients** who die whilst receiving care from LCH are reviewed but are not always reported as an incident through the Datix reporting system. All deaths undergo an initial level 1 mortality assessment and where triggered on assessment, a deeper level 2 investigation will be completed. *Following a level 2 investigations, a number of cases will receive a further review through the Mortality Surveillance Group to help identify key learning points and explore for any trends. Where identified, deaths which fall within the serious incident category are reviewed following the serious incident progress.*

The Mortality Surveillance group meets regularly which scrutinises data and information across the organisation.

The Trust is compliant with the Learning Disabilities Review Programme (LeDeR) system for reporting any deaths in a patient with Learning Disabilities whilst under the Trust's care. There has been one death that fall into these criteria within 2019/20 reporting period. However, not all people with a LD are adequately coded by primary care to enable cross referencing of our manual system. We continue to explore how we may be assured.

We are in the process of establishing how our local acute hospital and LCH could electronically link to identify any community deaths that occur within 30 days of discharge from hospital to ensure our learning is combined, and are looking to utilise the newly implemented Medical Examiner system within the acute hospital to lead on this.

We are working on improved coordination with the acute hospital to improve the identification of patients with a Learning Disability or Severe Mental Illness in both Trusts, as at present the Trusts have different mechanisms for identifying and coding these patients.

Learning from the acute hospital has resulted in an additional step in our mortality process, such that deaths in a patient with learning disability are independently reviewed by a member of the LCH LeDeR reviewer team to ascertain whether there is any additional learning that can be identified.

At the request of the CCG, LCH agreed to undertake the mortality reviews for the Non Alliance Community Care Bed Bases, this was because they were not formally reviewing their mortality cases. We noted an increase in the number of CCB deaths within Q3 to that seen within the previous quarters of 2019/20 and the mortality case review process did not identify any areas of concern. In most cases compassionate and effective End of Life care was provided.

Review / Investigation	*Qtr1	Qtr2	Qtr3	Qtr4	Total
Level 1 Mortality Review (Adult)	261	258	275	269	**1063**
Level 2 Mortality Review (Adult)	43	36	43	39	**161**
Level 2 proceeding to Mortality Surveillance Group Review	14	15	15	13	**57**
Death proceeding to SI	0	0	0	0	**0**

Good practice and learning gained from the Adult Mortality Reviews:

Enabling linkage between the Neighbourhood Teams (NTs) mortality data and the Primary Care Network (PCN) clinical meetings is awaiting maturity of the PCNs. Where possible NTs are present when deaths are discussed at some GP meetings.

It has been agreed that a condolence card, rather than headed paper will be used as a method to further engage with families and we are linked with the patient engagement team regarding further work to explore how to offer condolences. This will help give a more personalised opportunity to raise concerns or be involved in the review of care.

Learning themes and actions taken are noted:

- Clarity on case management and coordination when several teams are involved in delivering End of Life care.
- Lack of case manager or senior clinician availability and oversight within the last days of life
- Appreciating deterioration in severely frail patients when approaching end of life, and lack of certainty regarding reversibility of condition
- Communication issues with family and carers
- Communication and care coordination between primary care and neighbourhood teams whilst jointly caring for patients in their last days of life

Work is underway in the Central locality to establish how we can better coordinate care for patients at home between primary care and the neighbourhood teams. Whilst not established from the perspective of end of life care initially, it is expected that the increased communication and coordination in regards to these patients will have a positive impact on the improvement areas noted above.

ReSPECT (a personalised plan created with an individual for when they are unable to express their choice) is being rolled out to primary care alongside LCH colleagues at present, and an increased use of this is expected to assist with clarity of diagnosis and communication between healthcare professionals from different teams.

In order to review the Adult Business Unit (ABU) mortality case presentations in a timely basis, an additional 'extraordinary' mortality review meeting is planned in April 2020. This is to ensure that case reviews are heard within three months of the death occurring.

Action taken to policy/procedure or protocols

Deteriorating Patient Guidance and use of NEWS2 now fully implemented and embedded within ABU.

Child deaths (expected and unexpected)

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).

A new Child Death Review Panels across the Leeds area went live on 1 October, 2019. LCH is an integral partner of these panels.

All children's deaths (0 -18 years of age) are reviewed by the statutory Leeds Child Death Overview Panel (CDOP) in order to identify whether there is any learning to influence better outcomes for children and young people at both local and national level.

All unexpected deaths are further scrutinised by the Sudden Unexpected Death in Childhood (SUDIC) process, as part of CDOP. LCH is commissioned to lead the SUDIC process on behalf of the Leeds Safeguarding Children Partnership (LSCP). The SUDIC process aims to understand the reasons for the child's death, address the possible needs of other children and family members in the household and also consider any lessons to be learnt to safeguard and promote children's welfare in the future. The decision of whether a child's death meets the SUDIC criteria is made by the Designated Paediatrician for SUDIC and throughout the process the child remains under the jurisdiction of HM Coroner.

Review / Investigation	Qtr1	Qtr2	Qtr3	Qtr4	Total
Expected Death CDOP Review only (Child)	2	1	4	4	**11**
Unexpected Death SUDIC (Child)	3	4	2	3	**12**

Good practice and learning gained from the Children's Mortality Reviews:

Learning from the CDOP and SUDIC processes are shared and discussed at the LCH Safeguarding Committee as well as the Children's Mortality Governance Group. Key learning from 2019/20 includes:

- Keep them safe keep them seen campaign – the importance of wearing high visibility clothing while cycling
- The importance of discussing smoking, alcohol and drug use when working with pregnant and new families in respect to co-sleeping. The work of Public Health Integrated Nursing Service (PHINS) practitioners has been recognised in providing this information as part of assessment in a timely and sensitive way.
- Advice about neck position in care seats, swing seats and other seating is given to parents to parents at an appropriate age, specifically for premature and under 4 weeks of age.

All the expected deaths in 2019/20 have been in a place of the families choosing with support from the Children's Community Nursing Services as identified in their care plan.

All child deaths have been reviewed at the LCH Child Death Review Group to share good practice and identify possible improvements.

Good practice:

- Praise noted for the Children's Community Nursing Service in respect of the care they provided for the children and families with expected deaths
- New format of the Leeds Child Death Review Panel (system-wide meeting) which commenced in October 2019

Areas for improvement:

- Communication to children's services of a child's death, especially if this occurs in hospital. There have continued to be a few of occasions when this has been delayed which cause the family and staff additional stress. Actions taken: Discussions with Children's Hospital to improve communication pathways facilitated by Team Leader, Children's Nursing. Staff have been encouraged to report similar incidents via Datix® and these will be followed up in order to improve communication, identify possible trends and share learning across the Leeds health economy.

The Children's Mortality Governance Group meet monthly chaired by a Consultant Child and Adolescent Psychiatrist. LCH CDOP representatives are part of the group and provide updates on investigation findings and possible outcomes alongside SUDIC team.

Reported incident deaths (adult and child)

During 2019/20, there were 81 reported deaths within LCH through the Datix incident reporting system. This comprises the following number of deaths which occurred in each quarter of that reporting period:

Qtr1	Qtr2	Qtr3	Qtr4	Total
28	26	14	13	**81**

Reporting against core indicators

All Trusts are required to report performance against a set of core indicators using data made available to them by the Health and Social Care Information Centre. Many of the core indicators are not relevant to community services. Those that are applicable to LCH are shown below.

Prescribed Information

21. The percentage of staff employed by, or under contract to the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.

The table below shows the percentage of staff employed by the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends*, as reported on the NHS National Staff Survey**. This includes comparison with previous years.

Year	Number of staff employed	% of those staff employed who recommend the trust to family or friends	National average (Community Trusts)	Highest/ lowest
2013/14	2970	60%	67%	76%-60%
2014/15	2960	64%	70%	83%-62%
2015/16	2672	69%	73%	82%-67%
2016/17	2790	65%	73%	86%-65%
2017/18	2781	70%	73%	83%-65%
2018/19	2833	75%	53%	83%-37%
2019/20	3155	77%	78%	86%-36%

*current definition: "if a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"

**definition has changed since Quality Account guidance was issued

LCH considers that this data is as described for the reasons: Gaining staff opinion on LCH as an organisation and how we work together is very important to LCH. Levels of engagement at LCH have increased. For the key engagement indication of 'staff recommendation of LCH as a place to work' the percentage of staff of staff who would recommend LCH as a place to receive care has steadily increased.

The Trust intends to take the following actions to improve this indicator: There is support in place to identify and work with those services which experienced particularly negative feedback or low levels of engagement with the National Staff Survey. All Business Units are required to report into Performance Panel on their engagement initiatives throughout the year.

We use a broad range of methods and platforms to listen, share information and engage throughout the organisation.

LCH has a workforce strategy which focuses on key initiatives to ensure our workforce is supported when needed and has a voice. There has been several new initiatives throughout 2019/20 which includes a confidential counselling service.

Prescribed Information

22. The Trust's 'Patient experience of community mental health services' indicator score with regards to a patient's experience of contact with a health or social care worker during the reporting period.

Satisfaction within the Improving Access to Psychological Services (IAPT) is collected and recorded as part of a national dataset.

Reporting year	Percentage satisfaction all of the time
2013/14	77.0%
2014/15	83.5%
2015/16	84.2%
2016/17	83.5%
2017/18	83.4%
2018/19	88.8%
2019/20	89.6%

LCH considers that this data is as described for the reasons: Patient experience data collection is a national requirement of all IAPT services with satisfaction measured post screening and at the end of treatment. Audits are carried out on a quarterly basis to review the outcomes to identify any learning or trends. In August this year we became aware of issues with our contractor for administering the feedback questionnaire, resulting in few returns in the latter part of the year, but we have now engaged a new sustainable provider to administer this service. The results above therefore are based on clients from the first quarter of 2019-20.

The Trust intends to take the following actions to improve this indicator: Work has continued this year to improve the service provision we offer. The service has been recommissioned and is now known as Leeds Mental Wellbeing Service. The service offer is broader including primary care mental health and enhanced perinatal offers. The new model addresses some of the gaps in provision across the city and aims to provide a smoother transition between different elements of the service now that they are all under one organisational umbrella. The service has also increased its digital offer enabling a greater number of clients to access treatment in new and different way and without waits. The service has also increased capacity to address historical waiting lists for Step 3 therapies, and work continues on this. We are working with our partners to involve service users in co-production of element of the service, in particular around barriers to accessing treatment in more deprived areas and we have employed health support workers and are developing a sustainable peer support programme to improve the experience of individual in using the service and transitioning in and out of the service. Through our improvement plans we have continued to improve access and increase capacity within the service but recognise that there is still some work to do.

However, we will ensure that services users are kept up to date of waiting times and provide those who are waiting with information on how to keep themselves safe and where they can obtain help and advice from other services or support groups.

Improving Access to Psychological Therapies (IAPT):

a) Proportion of people completing treatment who move to recovery – 49.4% (target 50%)

b) Waiting times to begin treatment:

1. 45.5% within 6 weeks of referral (target 75%)
2. 99.23% within 18 weeks of referral (target 95%)

Prescribed Information

25. The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Reporting year	Number of all patient safety incidents (PSIs)	Number (and %) of PSIs that occurred within LCH care	Number of PSIs that resulted in severe harm or death (caused directly by the PSI)	Number as a percentage of all PSIs
2015/16	4207	3215 (76.4%)	49 (47 severe harm + 2 deaths)	1.2% (LCH PSI incidents)
2016/17	4189	3156 (75.3%)	61 (60 severe harm + 1 death)	1.93% (LCH PSI incidents)
2017/18	4759	3250 (68.3%)	63 severe harm 9 (14%) avoidable 54 (83%) unavoidable *1 avoidable death to LCH	1.9% (LCH PSI incidents)
2018/19	4201	2921 (69.5%)	77 severe harm 7 (9%) avoidable 70 (91%) unavoidable *1 avoidable death to LCH	2.6% (LCH PSI incidents)
2019/20	5920	4112 (69.5%)	89 severe harm 7 (8%) avoidable 82 (92%) unavoidable	2.2% (89/4112) (LCH PSI incidents)

LCH considers that this data is as described for the reasons: LCH has continued to strengthen our reporting of incidents and supporting staff to log all incidents. We can see that this year there has been a significant increase in reporting of patient safety incidents following the introduction of additional categories which is indicative of a positive reporting culture. LCH continue to report all incidents that affect our patients including those that occur in other organisations such as care homes or hospitals. An example of this would be a pressure ulcer obtained in hospital with treatment being provided by our Neighbourhood Team after discharge.

The Trust intends to take the following actions to improve this indicator: In 2019/20 we have reviewed how we can work with other organisations on patients feeding and learning from incidents that occur in one health provider and affects the care provision in another.

Comparative data: Within the NRLS (National Reporting and Learning Systems) dataset LCH is within the top quartile of reporting, however with the difference in services that community organisations manage, direct data comparison is not feasible.

Part 3

An overview of quality care

This section of the Quality Account provides information of the quality of care based on performance in 2019/20 against quality and performance indicators agreed by the LCH Board and also performance against other relevant indicators set out by regulators.

Greater detail will be provided on:

- Work Relations Equality Standard
- Work Disability Equality Standard
- Workforce Strategy
- Complaints and concerns
- Friends and Family Test (FFT)
- Patient Engagement and Involvement
- Improving Health Outcomes
- Safeguarding
- Infection Prevention and Control

Work Relations Equality Standard (WRES)

If we are to realise the vision of delivering the best possible care to all communities, it is essential that our workforce is as diverse as the community we provide services to.

To this end, during the last year we have continued work to build knowledge, skills and behaviours within the healthcare community. In common with other public service organisations we have policies to guide us in achieving this aim; however, it is the way we implement our policies that makes a difference.

At LCH we continue to raise awareness of race equality and continue to resource and support the LCH Black, Asian Minority Ethnic (BAME) staff network in creating an inclusive environment for patients and staff.

LCH continues to make progress, delivering the WRES action plan, in particular the launching of two cohorts of the Reverse Mentoring programme between BAME staff and Trust Board members/senior managers. A third cohort is planned to be launched in January 2020, together with the #RaceForEquality event - a call to arms to tackle race inequality in LCH and the wider NHS.

To work towards reducing the numbers of staff experiencing inequality of experience and opportunity, we continue to provide opportunities for all staff to access face to face 'Unconscious Bias' awareness sessions and deliver the Compassionate and Inclusive leadership session as part of the Leading LCH management development programme.

The first phase of the WRES focused on supporting the system to understand the nature of the challenge of workforce race equality and for leaders to recognise that it was their responsibility to help make the necessary changes.

The next phase of the WRES will focus on enabling people to work comfortably with race equality. Through communications and engagement we will work to change the deep-rooted cultures of race inequality in the system, learn more about the importance of equity, to build capacity and capability to work with race.

Staff with their pledges at the Race for Equality event

LCH BAME Staff Network

#Raceforequality

Work Disability Equality Standard (WDES)

The WDES, launched in April 2019, is a set of measures that will enable LCH to compare the employment experiences of disabled and non-disabled staff.

We have published data for each of the metrics on our website and have used this information to develop a local action plan to improve the experience of disabled staff. We believe a well-motivated, inclusive and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved safety for the people we care for.

The Trust has achieved and retained the accreditation of Disability Confident Employer and is currently in progress to achieve the next level and become Disability Confident Leaders.

Inclusive Employees

The Inclusive Top 50 Employees is a definitive list of UK based organisations that promote inclusion across all protected characteristics, through each level of employment within their organisation.

LCH provided a strong Top 50 UK Inclusive Companies submission with the clear intent of improving on the 2018 position (49th) and was shortlisted in the Top 50 UK Inclusive Employer list.

Workforce

The Workforce Strategy for 2019-2021 was agreed in May 2019. It aims to ensure LCH's workforce is able to deliver the best possible care in all our communities both within Leeds and beyond in terms of the regional services that we provide, adapting and responding to current and anticipated requirements, challenges and opportunities.

The direction of travel is towards increased integration with health and care partners across primary care; across the city of Leeds and across our integrated care system, the West Yorkshire and Harrogate Health and Care Partnership. The pace of change is swift, and organisational agility is essential. With that in mind, this strategy covers just two years in the first instance.

We propose to achieve the aim of the Workforce Strategy by focusing on the following key priorities:

- Leadership and skills
- Resourcing
- Wellbeing
- Diversity and Inclusion
- Integration and Partnership
- Proactive analytics

Underpinning our priorities is a commitment to fostering a fair and just culture and one in which our staff are engaged, seeking at all times to embody the Leeds Community Healthcare **values and behaviours**. When we talk about culture at LCH, we mean, **'how we do things around here'**.

Priorities Progress:

Leadership and skills - LCH's redesigned Leadership and Management offer, **Leading by Example**, was launched in January 2019 to deliver training to 180 managers and aspiring managers.

Take up was encouraging across the three modules of the programme and external interest from the GP Confederation and Primary Care Networks.

A **Leadership Competency Framework (LCF)**, which is rooted in the LCH '7 Behaviours', has been developed and tested with the early cohorts of participants on Leading LCH. Feedback from this, and the preceding engagement period, has been very positive.

A **Shadow Board** development programme was commissioned and successfully completed in 2019/20.

A **Board Leadership** programme was developed and implemented during 2019/20.

Resourcing – LCH has experienced an increased rate of recruitment in 2019/20 with additional recruitment to new services. Well-received recruitment initiatives continue, including the now-annual LCH Bus Tour, which is part of the annual LCH campaign to attract newly qualified nurses to the organisation. It took place in May to take second and third year students around three of our neighbourhood teams.

Links continue with the Leeds citywide 'One Leeds Workforce' programme of work, which includes intent in due course to consistently brand and advertise health and care roles in Leeds via a single portal. In May 2019, as part of the same programme of work, a Health and Care Careers event was held, with LCH taking part alongside citywide partner organisations.

Work is currently underway on looking at how our administration staff support clinical services and the requirements of our patients and the public. A project team is actively engaging with colleagues from across the organisation to identify where improvements can be made and reduce waste and duplication.

Nursing Associate roles have been implemented across services to help support teams and there has been the introduction of Self Care Facilities within the Adult Business Unit to support patients in managing their own health in their own home.

The Adult Business Unit is also looking at implementing the new national District Nursing Apprenticeship. It is aimed at nurses who would like to develop a career in District Nursing.

Wellbeing

There has been significant progress on health and wellbeing since April 2019 which is beginning to demonstrate an impact.

- LCH is attracting media interest about some of our innovative approaches around retaining staff and supporting their resilience, health and wellbeing. The recent conversations about mental health were particularly singled out by the Guardian and most recently the Nursing Standard
- 16 staff trained as Mental Health First Aiders (MHFA) and first group supervision session taken place

MHFA England

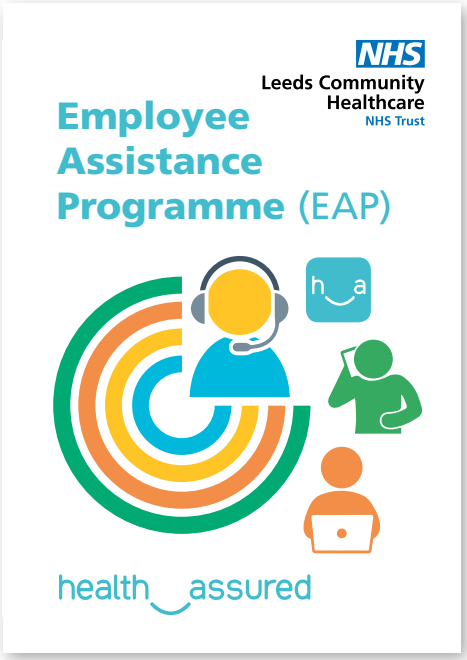
- A Workforce Disability Equality Standard (WDES) Action plan in place which was developed with input from a Board Development Workshop
- First meeting taken place with ten staff keen to be involved in establishing Disability network, for staff with disabilities, both visible and hidden
- 30 Managers have already attended the Reasonable Adjustment/Equality Act Training
- Bi-monthly training is provided for managers around attendance management. However due to low uptake, options being explored as to a more bespoke offer out in teams
- Momentum around the Health and Wellbeing (HWB) agenda is maintained through the HWB Engagement Group/HWB Steering Group, which reports on progress through the Committee structure to Trust Board.
- As part of the NHSi HWB Programme, progress updates are provided against an Action Plan
- A full range of HWB support continues to be offered for staff to access, under the Feel Good Pledge brand
- As the people before process culture of the organisation grows, where open conversations/ stories from staff about their HWB issues is 'the norm', leaders are equipped and upskilled to work in an inclusive and compassionate way and increasing their knowledge base around 'disability', are all contributory factors leading to improving staff health and wellbeing, and a reduction in sickness absence rates
- The power of staff stories continues, with staff feeling confident and supported to talk about and share their personal experience and the support they received from the organisation

At LCH we are committed to looking after our staff and have introduced a number of initiatives and support facilities to help staff when required.

Feel Good Pledge

We have a number of Feel Good Pledges to help support staff in times of need and to maintain a good work life balance. This includes flexible work hours, buying of additional annual leave, discounted gym membership, access to mental health services and musculoskeletal services as well as staff counselling and recognising staff achievement and good practices with our Thank You Events - #lchsaysthankyou.

We also have a new Employee Assistance Programme (EAP) which is a confidential employee benefit designed to help staff deal with personal and professional problems that could be affecting home life or work life, health and general wellbeing. The EAP service provides a complete support network that offers expert advice and compassionate guidance 24/7, covering a wide range of issues.



Complaints and concerns

In the financial year 2019/20, the Trust processed over 2200 pieces of patient feedback through compliments, enquiries, concerns and complaints.

	Recorded in 2019-20
Compliment (or positive comment)	1564 (69%)
Concern	431 (19%)
Complaint	174 (8%)
PALS: Enquiry signposted	55 (2%)
PALS: Enquiry for LCH	46 (2%)

Last year saw the number of compliments and complaints both increase on the previous year's activity. All concerns are monitored to ensure that any ongoing issues are managed appropriately and within the remit of the Trust processes.

	2017-18	2018-19	2019-20
Complaints	196	137	174
Concerns	248	355	431
Compliments	2260	1497	1564

Concerns

Of the 431 concerns recorded by the Trust in 2019-20, they were split among services as follows:

Concerns by BU	Concern
Adult Services	95
Children's Services	82
Specialist Services	221
Operational Support Services	7
Corporate and HQ functions	26
Total	**431**

A number of concerns logged by services the subject was not captured within the records. However of the data captured, the overall top five themes of concerns are:

1. Appointments
2. Clinical judgement/treatment
3. Attitude, conduct, cultural and dignity issues
4. Communication issues with the patient
5. Access and availability

Across the Business Units, it is not unexpected to see the Specialist Services record more than double the concerns of the other two groups of services. It has long been recognised that the nature of the services within the Specialist Services are more likely to receive complaints and concerns. The majority of concerns received by services within the Specialist Business Unit are often dealt with incredibly positively and effectively. The Leeds Sexual Health Service, Podiatry and Community Urology and Colorectal Service (CUCS) reported the most concerns across the year.

The CUCS has undergone changes to service specification relating to prescribing of products which has resulted in the service receiving a lot of feedback which the Patient Experience Team has supported.

Complaints

The Trust received 200 original complaints during the year. Of these 26 were withdrawn due to not related to LCH care and therefore passed on, withdrawn directly by the complainant or withdrawn by LCH as no consent was received from the appropriate individual to proceed. The remaining 174 were investigated as appropriate.

Across the complaints received, 358 subjects were recorded of which the top five subjects and their most selected sub-subjects were:

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

In terms of the how the complaints were split across the services, as with the concerns, we see the Adult and Children's Business Units receiving similar numbers while the Specialist services continue to see the highest number of complaints received.

	Total number of complaints	Fully upheld	Partially upheld	Not upheld	Ongoing at end of 19/20
Adult Services	52 (30%)	5	25	20	2
Children's Services	47 (27%)	14	21	12	0
Specialist Services	69 (39%)	6	22	41	0
Operational Support Services	1 (1%)	0	1	0	0
Corporate and HQ functions	5 (3%)	1	2	1	1
Total	**174**	**26 (15%)**	**71 (41%)**	**74 (42%)**	**3 (2%)**

Due to the current public health restrictions, we have seen a significant drop off in the number of contacts from the public being made to the Patient Experience Team at the end 2019/20 reporting period.

Actions and Improvements

Following any complaint investigation, all identified practical actions relating to patient care or documentation were completed by the relevant services.

Individual supervision, training, support and development has been provided to members of staff across the Trust services as they have been identified in complaints and where their practice has been identified as needing improvement.

In addition to individual learning and support to improve practice, the Trust has completed the following actions or noted the following examples of learning as a result of complaints received in the year:

- Services have made changes to enable patient choice and involvement in their care including changing the clinicians involved in care; amending appointment locations and offering alternative methods of communication wherever possible.
- Services working with third party organisations have given much consideration to how the complaints process work can work more effectively for the benefit of patients. The lessons about communication and effective sharing of information have been taken forward to improve patient experience.
- A collective area of learning for the year has shown many patients raising concerns that they were not notified when their referrals were received and they were left not knowing what was happening with their treatments. This is an area the PE Team is looking to support further in the coming year.
- Services have been communicating with their commissioners following complaints to consult on potential improvements to services. Examples include altering compulsory questionnaires for patients to enable them to opt out; this is particularly important for some who may have answered already. The system as it was could send the same questionnaire multiple times; it was noted to be confusing as patients may think they could not progress in the service without completing it every time. Another service worked with their commissioner to compose and send out letters to all stakeholders across the city to ensure the service was supported in the necessary action it was taking, despite multiple patient complaints.
- 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. Again this theme and the potential actions the Trust can take to reduce complaints about it is work the Patient Experience Team is looking to progress in the coming year.

Friends and Family Test (FFT)

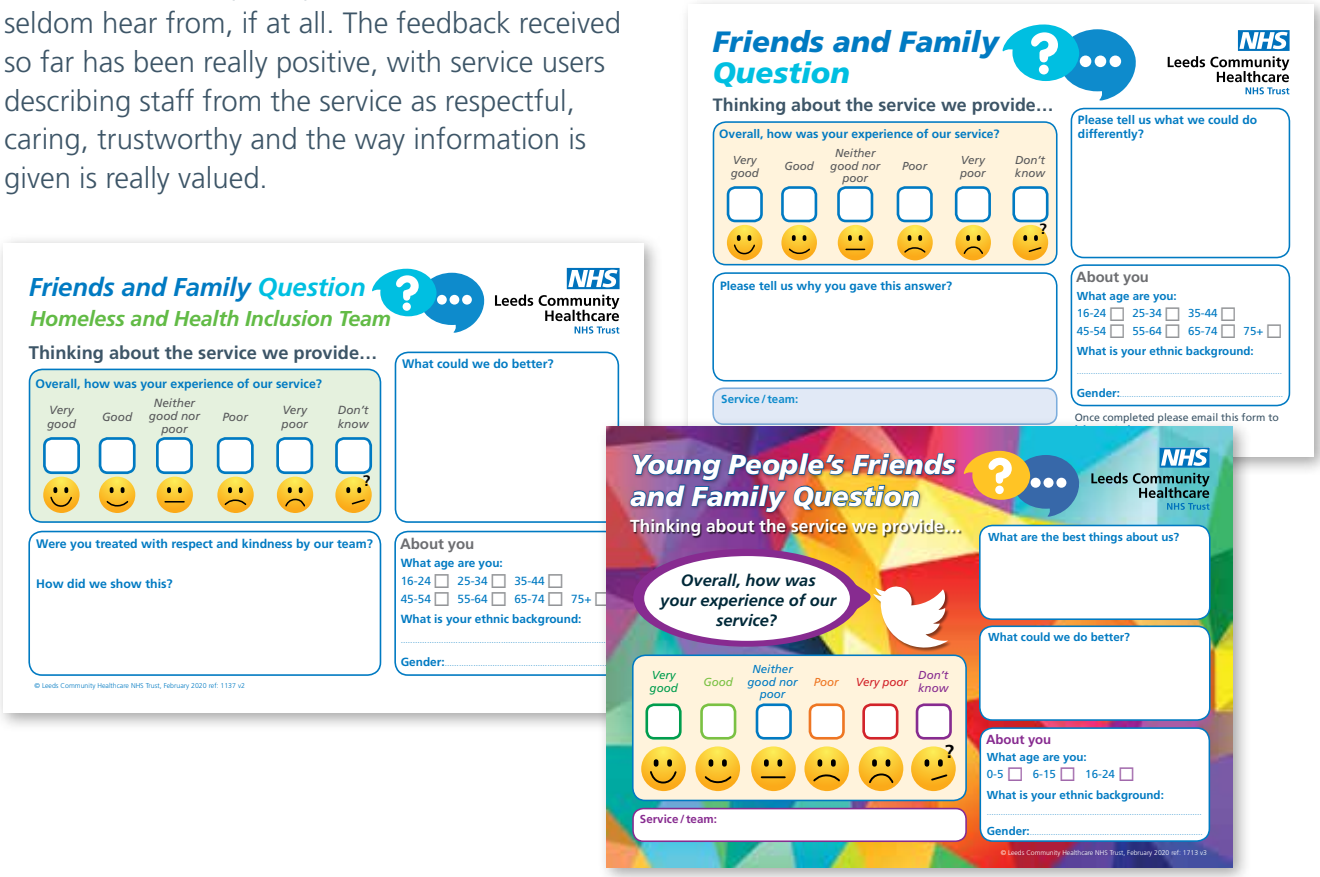
The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. At LCH we always aim to listen to the views of patients and staff to help us identify what is working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

The FFT process was reviewed nationally in 2019 and from April 2020, the question will be changed to invite feedback on the overall experience of using the service. As well as providing an insight into how our patients feel about a service, the additional comments are used, where possible, to make improvements.

In 2019 we used the feedback received from the FFT on a number of initiatives including:

- Nutrition and Dietetics – patients gave feedback that they would like more time during their consultations with clinicians. The team have now introduced electronic copies of their questionnaires that can be completed before a patient arrives for their appointment if appropriate, therefore freeing up more time during their consultations.
- In July the Health and Homeless Inclusion Team launched their FFT, inviting feedback from members of the Gypsy and Traveller and Homeless communities that perhaps we would otherwise seldom hear from, if at all. The feedback received so far has been really positive, with service users describing staff from the service as respectful, caring, trustworthy and the way information is given is really valued.
- Following service feedback, the CUCS team have introduced an Standard Operating Procedure around the service criteria and prescribing of continence products to help ensure information given to service users is validated and consistent. An increase in the FFT recommendation rate has been noted from Quarter 1–3 (Q1 – 93.1%, Q2 – 95.31%, Q3 – 100%), indicating patients are increasingly satisfied with the service they are receiving, this could in part be attributed to the improvements made by the service in the information given by patients.

Services and teams continue to use FFT data and comments to feedback to individuals and team members at meetings and during staff huddles so colleagues can consider what feedback is being reported and make changes big or small where they can. FFT data is also used to help support staff appraisals and revalidation.



Patient engagement and involvement

The Trust's Patient Engagement Strategy was agreed in October 2019. LCH is committed to ensuring we engage patients and the public in everything that we do and this strategy aims to outline to the organisation how we will achieve this.

This includes engagement from Board level to front line services, to ensure the patient voice is loud and clear in all we do. There has been a lot of great work over recent years from individual services to ensure we engage with patients whenever possible and we are keen to build on this to create an organisational culture that engages patients and the public in all that it does.

Our strategy sets out how the Trust will ensure patient engagement becomes embedded across the whole organisation to ensure that the patient voice is central to everything that we do. We propose to achieve the aim of the Engagement Strategy by focusing on the following key priorities including Culture of Engagement, Working with others, Leadership, Listening to everyone's voice, We are all experts and How we do what we do.

We will do this by:

- Building an awareness and understanding of Always Events within the Trust and develop an Always Events Oversight Group to support the identification of Always Events within all Business Units; this will involve patients, carers and staff.
- We will sign the Leeds Commitment to Carers initiative to demonstrate our commitment to carers who access our services, and to our staff who may have caring responsibilities. We will work closely with Carers Leeds to deliver Carer Awareness training, Training for Managers and Working Carer Clinics.
- We will define the aims and objectives of an LCH people's network; reviewing our approach to an LCH people's network and how we engage networks in the city and the people that use our services.
- Implement new Friends and Family Test guidance and question in line with national guidance and embed this across the organisation. A plan will be developed to guide how we identify service specific FFT questionnaires.
- The Trust Board will listen to patient stories at Board meetings, and we will establish an approach to ensure the people's voice forms part of LCH governance meetings.

Patient Engagement Initiatives in 2019

This year LCH launched our **Youth Forum** which is a group run by young people on things that matter to young people. The group has already had an impact on the way we run services and the way we provide information including providing input into the design and feel of the new in-patient CAMHS unit. The group meet monthly to discuss any aspect of care and well-being which is important to the group or for young people across Leeds.

As part of a wider Quality Improvement (QI) project within the **Children's Community Nursing Service (CCNS)** (supported by the NHS Improvement Academy), the Patient Experience Team facilitated interviews with eight families who access the CCNS services in the Trust, to hear their stories and experiences, to look at how the CCNS teams work together across the different functions; what is going really well and whether there are opportunities to make things better for the families who access these services. Using the Improvement Academy Patient Experience Toolkit, the feedback from the family/carer interviews was collated and overarching themes were identified. The feedback and themes were fed back to the staff from the Children's Community Nursing Services, along with Staff Culture Survey results, and Improvement actions were identified for the teams to take forward.

Friends of Hannah House - the Patient Experience Team have worked with the team at Hannah House to develop how local volunteers could support interactions with the children at busy times; for example, mealtimes. A person specification was developed and the opportunity was shared locally. There have been two 'Friends of Hannah House' identified who will attend the service to read to children, and support play times.

The Patient Experience Team supported the celebration of the' **#hellomynameis…** Campaign' at the LCH AGM in September, this was very well received and we were honoured to have Chris Pointon, co-founder of the campaign, to present on the day. We are now working to support how this is continued to be embedded across the Trust and are gathering suggestions from staff, patients and families about how to take this forward.

#hello my name is…

The **Patient Engagement Staff Champion's** meetings have developed over the last 12 months, we now have 55 identified staff champions from a range of services across the Trust. A Champion role description has been produced, along with terms of reference for the group; these will be reviewed as the group develops. The Patient Experience Staff Champions discuss, and share good practice and learning. An example of this is the Nutrition and Dietetics service which presented their Feedback Poster created using MES (Membership Engagement System) following training in July. The poster outlined the current Friends and Family Test response rate and recommendation rate as well as comments and a 'You Said, We Did' section highlighting improvements made within the service based on patient feedback. This has been shared amongst the Patient Experience Staff Champions as good practice to recreate in other services.

There was LCH representation at the **Big Leeds Chat** in Leeds City Market and at the local chats in Otley and Rutland Lodge. Feedback from, and on, the event is being collated by Healthwatch Leeds and the CCG to produce a report that will be shared.

Design for the new Child and Adolescent Mental Health Service (CAMHS) Unit

The Trust in collaboration with partners is building a regional CAMHS unit. Prior to planning permission being granted, the service was keen to gain the ideas and thoughts of patients, carers, families and other young people on what the designers needed to consider. There were three consultation groups held prior to the planning being approved.

The groups discussed floor and wall coverings, room furniture, colour schemes, outside space, art décor etc and dining room design.

They also suggested the following:

- Outside space (existing wooded area) to include an area where young people can spend time with their families and pet dogs. This idea came from a young person who had a lengthy stay at the current inpatient facility and explained that they really missed their dog.
- The dining area should have areas with some privacy for those who may find mealtimes extremely difficult.
- A family room should exist where families can spend time with their children, prepare a meal and watch TV etc.
- Parents suggested a room with drink facilities where they could leave coats etc, make a drink and meet other parents for peer support etc.

The next stage is to look at a name for the unit with young people and their families being consulted on their ideas around what it could be called.

Improving health outcomes

Integrated Health Visiting and School Nursing Service

One of our biggest launches in the year was the new integrated Health Visiting and School Nursing service – which works in very different ways to provide the best possible support to families and children. Care is delivered by the best placed person rather than multiple services and is centred around the family need. This was done in collaboration and team working with our commissioner (Leeds City Council), our staff and most importantly families and young people.

Inpatient Child and Adolescent Mental Health Service (CAMHS)

A new purpose built 22 bedded regional CAMHS unit has been granted building permission. Building works is scheduled to commence in 2020 with the aim of opening to patient admissions from September 2021.

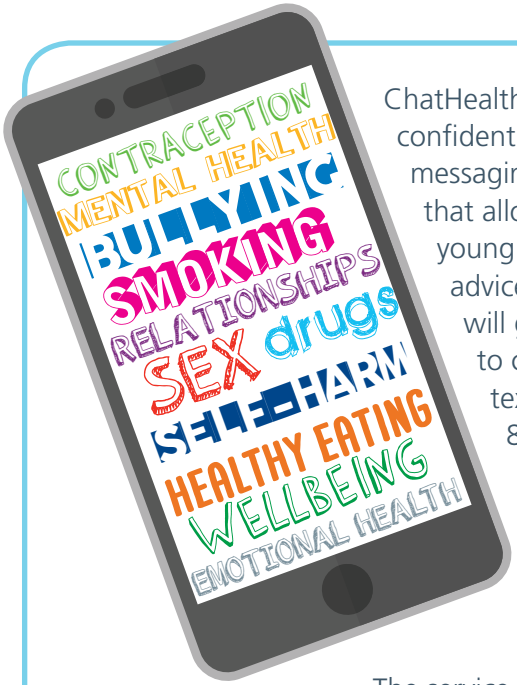
The building has been designed to increase the provision of inpatient CAMHS services and provide a safe, effective, responsive and local inpatient unit for West Yorkshire children and young people.

Community Dental Service – big improvements for 2020

In January 2020 the referral-only Community Dental Service began working from three full-time clinics, allowing it to offer more flexible appointments and improved services for the 9,500 patients it treats each year.

The current clinics are fully accessible and equipped with specialist equipment so that patients with specific additional needs can be treated. New services, such as sedative injections have been introduced, meaning fewer anxious patients need to go to hospital for dental treatment under general anaesthetic. A home/domiciliary care offer for patients who are unable to attend a clinic is also being developed.

Patients, key stakeholders and staff were asked about proposals to relocate some services and close some part-time clinics. 68.3% of respondents fully supported the changes allowing the service to reduce waiting times and deliver the best possible patient care. Patients who are affected by any changes to the location of the clinics are being supported.



ChatHealth is a confidential text messaging service that allows young people aged 11-19 to text a 0-19 Specialist Public health Nurse for advice. The team aim to reply within one working day and young people will get an immediate bounce back message to confirm we have received their text. Texts are not seen outside of 8.30am to 4.30pm but there is an aim to extend this. Information is provided out of hours on how to keep safe and who to contact in an emergency.

The service has been well received amongst young people to start a confidential conversation of what is important to them.

Virtual Frailty Ward (VFW)

Following the successful trial of a VFW, work has continued throughout Leeds to improve the care and outcomes for people with frailty. Nationally there is a growing elderly and frail population, many of whom have multiple co-morbidities leading to increased pressure on health and care systems. Attendances at Emergency Departments are increasing year on year for this cohort of people with increasing admissions. Hospitals have an increasing number of people still in hospital who no longer require acute based hospital care. These are in the main, frail and elderly people who have been in hospital for an extended length of time leading to deconditioning and poor outcomes

In Leeds there are already a significant number of joint initiatives including the Virtual Respiratory Ward, Frailty Unit, Stroke Pathway Work, delivering results in enabling people to be supported closer to home whilst accessing the required specialist expertise.

The ambition of the VFW, which is a collaborative service between Leeds Teaching Hospitals NHS Trust, Leeds Community Healthcare NHS Trust and partner organisations, is to provide coordinated rapid care seven days per week, 24/7 to people who are living with a moderate to severe frailty and can be safely supported in their home who become unwell and would previously have required hospital-based input.

The primary focus of the VFW is to keep people, who are assessed as living with frailty and experience an acute medical episode, at home if their needs can be met safely within the community without requiring hospital admission.

Safeguarding

LCH ensures there are systems and processes in place to promote the safeguarding and wellbeing of the people of Leeds.

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

The LCH Safeguarding Team exists to guide and support staff, managers and service leaders in fulfilment of their safeguarding duties; including, as part of our corporate function, working with our Contracting and Business Development Team to ensure LCH's commitment to safeguarding is reflected in our tendering and contracting processes such as delivery of Custody Suite and 0-19 years Healthy Child services.

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

- A review of the safeguarding training compliance status of staff across the Trust is nearing completion (for adult safeguarding) our Electronic Staff Record system is being reconfigured to accurately reflect the level of training required for each role.
- All departments and teams in the Trust have responded the challenge of ensuring we are equipped with relevant knowledge to safeguard the people of Leeds and each other in line with 'Safeguarding children and young people: roles and competences for health care staff' (Intercollegiate Document March 2019).
- Working closely with strategic partners in the Leeds Safeguarding Children Partnership to continue to embed the systems and process changes which arose from the publication of 'Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children' (July 2018); which seeks to strengthen local partnership working and the robustness of processes for child safeguarding practice reviews and child death reviews.
- Working closely with strategic partners in the Leeds Safeguarding Adults Board we revised and embedded the Citizen-Led Multi-Agency Safeguarding Adult Procedures (published April 19) which now incorporates the voice of the citizen 'Talk to me, hear my voice'. In developing the 'Leeds Approach' we are clearly and firmly placing service users at the heart of safeguarding practice.
- LCH safeguarding team worked in partnership with Safer Leeds and Leeds United Football Club to provide a multi-agency stalking and coercive control. This was to assist with developing a shared understanding of coercive control and safeguarding and raise the profile and understanding of best practice. The LCH safeguarding team were integral to the planning and delivery of a highly successful multi-agency self-neglect conference promoted under the 'Talk to me, hear my voice' banner in 2018 which was repeated in May 2019 with equal success.

A CQC review of health services for Children Looked After and Safeguarding in Leeds in 2018 identified practices across Health Visiting, School Nursing, CAMHS and the Children Looked After health service of which we can be proud whilst remaining committed to continuous improvement and development in 2019/20.

2020 will bring new opportunities to expand, build upon and strengthen our professional relationships with NHS Leeds CCG, Leeds Teaching Hospitals Trust, Leeds and York Partnership Foundation Trust, Leeds Safeguarding Children Partnership, Safer Leeds, The Leeds Safeguarding Adults Board and the Leeds GP Confederation in providing excellent safeguarding practice across Leeds.

Infection Prevention and Control (IPC) – shaping the future

Throughout the year the Infection Prevention and Control Team hs continued to address the challenges faced through the changing landscape of the NHS and the enhanced vulnerabilities of some of the people we care for. LCH continues to place infection prevention and basic hygiene at the heart of safe care and clinical practice, and we are committed to a 'zero tolerance' approach to preventable healthcare associated infection.

Throughout the past year the team has worked closely with care delivery staff within LCH and the wider health economy to promote a clear message emphasising the importance of safe infection prevention practice. There has been one case of MRSA bacteraemia assigned to LCH within 2019/20, where wider learning has been taken and shared with partners across the system.

Bespoke IPC training has been offered through partnership working to 157 care homes throughout Leeds and, as a result, we have seen a reduction in outbreaks as well as a significant reduction in the number of days that an establishment is closed for.

A Sepsis Citywide Working Group has been established to ensure as a system we are working collaboratively around improving knowledge and awareness on the deteriorating patient, embedding NEWS2 throughout the system and the use of RESTORE throughout the care home economy.

In February 2019 the IPC team achieved the 75% target vaccinating frontline staff for influenza and we were shortlisted alongside Leeds City Council for the NHS Employers Flu Awards for 'Best Flu Fighter Care Campaign'.

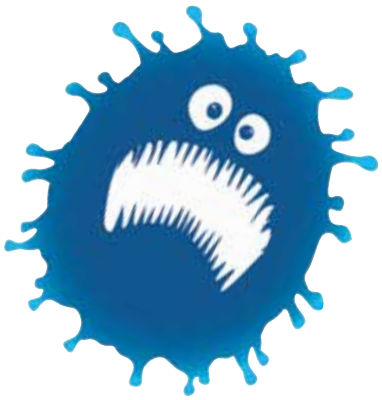
We welcomed 125 delegates and 16 exhibitors to our first I-spy E.coli Conference where a range of speakers shared evidence-based knowledge on E.coli. Central to this has been the work around the national reduction of the number of Gram-negative bloodstream infections (BSIs) with an initial focus on Escherichia coli (E.coli) through upstream approaches to public health and health promotion, were we saw a 3% decrease in figures throughout 2018/2019.

In September the team were delighted to be awarded 'Team of the Year' at the Infection Prevention Society Conference in Liverpool. Joanne Reynard was also awarded 'IPC Practitioner of the Year' for all of her hard work with IPS as Branch Co-ordinator and the seasonal staff influenza programme.

Throughout 2019 the Infection Prevention Team has coordinated various awareness campaigns at a variety of venues and engaged with LCH staff groups and the wider community.

- Hydration Awareness
- Sepsis Awareness and the use of Restore in Care Homes and conference in September
- Promote the I-Spy E.coli Campaign and Conference
- Address seasonally important issues such as influenza, Norovirus, hand hygiene
- Highlight sharps safety compliance, both organisationally and with the general public
- Reinforce that IPC is 'everyone's responsibility' across the healthcare economy

Going forward throughout the year LCH views the prevention of Healthcare Acquired Infection as a key priority. A priority will be around partnership working and system leadership to build relationships around IPC and the delivery of preventative measures, in line with the partnership agreement with LCC. We will continue to hold this at the forefront our commitment to deliver safe, clean care to the people within the Leeds Healthcare Economy and to continue working collaboratively with all key stakeholders, and keeping the patient at the centre of healthcare delivery.



Appendices

Appendix 1

Healthwatch Leeds

It is clear that much work has been going on to improve services. Following our work with the Trust during the previous year, when LCH leaders recognised that they had a clear ambition to put people at the centre of their services and wanted an external perspective as to how the current practice was happening. We undertook this external, independent review and have seen these ambitions starting to be put into practice.

They have invited us to sit on their Patient Safety, Experience and Governance Group and have been very active in the citywide Peoples Voices Group, the Big Leeds Chat, the 'how does it feel for me' project (which gives real time feedback about peoples experiences moving in and around health and care in Leeds) and the Inclusion for All hub where there has been a focus on ensuring the Accessible Information Standard is met.

They have also recently approached us to help with some engagement work on the reset of services following lockdown. It's clear to us that there is a real commitment from LCH to put people at the heart of what they do.

Access to mental health services is still a priority issue and LCH have a key role in this with CAMHS and Leeds wellbeing service. We also welcomed the 0-19 text service and look forward to seeing how that evaluates.

Some comments on the Quality Accounts themselves:

Some of the start of the report might be hard to understand because of some jargon… such as Priority 4 "delivering a left shift with partners" and discussions about "Always Events" with no explanation as to what they are. Examples like this make it challenging for the layperson to persevere with the report.

One of the measures for the 1st priority being to achieve Outstanding is as measured by the regulator. An inspection may not take place in 2020 /2021 and so there may not be a reliable measure. Also there is not necessarily congruence between a regulator's finding of excellence and the patients experience of excellence. There is also some jargon on Box 1 page 7. It might not be clear to people what ABU, CBU and SBU means.

Priority 3 Could there be a sharper focus on diversity and engaging all members of the community. It also emphasises carers …which is good… but doesn't emphasise enough how to engage users who might find it hard to become involved

Priority 4 More use of "left shift" without explanation and could be interpreted politically. There is a lot of use of jargon in this section.

The reporting on progress in 2019/2020 is very process orientated. There is much information on what has been done but very little on what has changed as a result of the activity.

A good example of that is on page 13 the mention of the need for a continuous focus on eradicating category 4 pressure ulcers but don't actually say what progress has been made. Likewise with the item on CAMHS.

This theme continues with the example on page 16 on learning from Incidents. a new system of triage was put in place which sounds like it was more efficient. But was it better for the patients? Where is the evidence of that?

In the medicines management example they introduced a new system… but did the number of insulin related incidents actually reduce?

The case examples from Page 20 onwards are better as they do describe outcomes for people, e.g. the PHINS example.

Another example of wanting to know impact s the Freedom to Speak up on Page 45. It sounds like a great initiative. but what impact has it made…what has changed?

The same question…what was the impact on patients and families can be asked over and over again, e.g. Adult Mortality Reviews. Lots about process but not much about what has changed as a result.

NHS Leeds Clinical Commissioning Group

Thank you for providing the opportunity to feed back on the Leeds Community Healthcare NHS Trust Quality Account for 2019/2020. In one of the most challenging years the NHS has ever experienced we can see, in the Quality Account, a continued commitment to the quality of care patients receive and renewed commitment to going further in the coming year.

The account builds on the easy to read and engaging format of last year with staff and patient images and stories; it also has a clear focus on what matters to patients. The open and honest reflections and shared next steps to build on the successes and areas for improvement identified in the latest Care Quality Commission inspection were welcomed. The ambition to become an outstanding trust is clear and how that will be achieved confidently described.

We can see increased clarity this year on workforce strategy and value the 'people before process' approach to the wellbeing of staff. This is supported through your use of staff stories and the Health and Wellbeing Board to really highlight what matters to staff. It can also be seen in staff recommending the trust to family and friends as a place to receive care. That it has increased year on year since 2014 and in the main above the national trend gives confidence that it will be followed by an increase in staff recommending the trust as a place to work.

The account describes how staff are encouraged to speak up to support improvement and there is a strong theme of working together for patients and with patients at the heart of everything staff do. The renewed commitment to keeping patients safe building on the work of the last year is seen and will be supported by governance through the Quality Assurance and Improvement Group.

The ambition for Leeds to improve the health of the poorest the fastest is a clear priority for Leeds Community Healthcare Trust too. The improvement priorities reflect this and a continued commitment to involving patients as services change and develop in the coming year.

It is great to see examples of good practice in the services provided for children and families described in the account. In particular, how children and families are involved developing the Integrated Service for Children with Additional Needs (ICAN), 0-19 Public Health Integrated Nursing Service (PHINS) and Children's Speech and Language Therapy Service (CSLT). In addition all of the hard work undertaken on the transition between the Children's Mental Health Service to the adult service is described. This is a key priority for children and young people and the account shows how committed Leeds Community Healthcare Trust are to that.

We also particularly note the positive examples of:

- Services provided for adults showing a focus on promoting independence through self-management and working with patients as partners. This demonstrates responsive and well led collaboration in the development of the Virtual Frailty Ward and the Post Covid-19 community rehabilitation pathway.
- The development of the Leeds mental well-being service which serves to respond to the needs of the local population in a much more integrated way and no doubt will prove invaluable in the coming months.
- 'Stock on shelves' and better medication management initiatives which improve quality of care within pathways and reduce unnecessary waste in the local system.

All of which represent welcome collaborations that aim to build services around people.

In summary we feel the account is a good reflection of the trusts position in 2019/20 and sets out the areas still to focus on openly and honestly in to 20/21 and we look forward to seeing the progress in the coming year.

Appendix 2

Statement of Directors' responsibilities in respect of the Quality Account

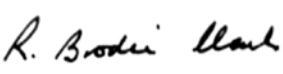
The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the Regulations and supporting guidance.
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2019 to May 2020
  - papers relating to quality reported to the Board over the period April 2019 to May 2020
  - feedback from Leeds Clinical Commissioning Group on 18 September 2020 and Healthwatch Leeds received on 11 September 2020
  - the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints (England) Regulations 2009
  - the national staff survey Autumn 2019
  - the Head of Internal Audit's annual opinion of the Trust's control environment dated June 2020
  - CQC inspection report dated 28/10/2019
  - the Quality Report presents a balanced picture of the Trust's performance over the period covered.
- The performance information reported in the Quality Report is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report

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

By order of the Board



Signed ..... Date 31 May 2020

Brodie Clark, Chair

Signed ..... Date 31 May 2020

Thea Stein, Chief Executive

Acknowledgements

We would like to sincerely thank everyone who made a contribution to the content and publication of our 2019/20 Quality Account. This includes, but is not limited to, patients, carers and representative groups, many of our staff, the Senior Management Team and the Board of Directors.

This Quality Account provides an insight into how we are working to realise our vision, values and strategic objectives, and our Quality Strategy. Quality is at the heart of everything we do; we hope we have demonstrated within this document how quality is created, embedded, developed and improved within LCH through sharing examples of initiatives underway to help us achieve these aims.

In line with other NHS organisations, we produce an Annual Report and Accounts to outline our financial and other key performance measures. These can be found on our website at **www.leedscommunityhealthcare.nhs.uk**

How to Comment on the Quality Account

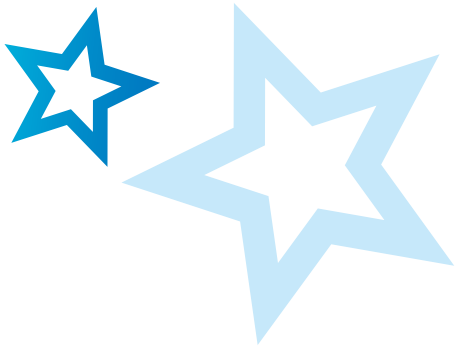
If you would like to comment on this document contact us:

- By email to **lch.pet@nhs.net**

  Please ensure you include **'Quality Account 2019/20 feedback'** as the subject of your email.

- In writing to:

  The Clinical Governance Manager
  Quality Account 2019/20 Feedback
  Clinical Governance Team
  Leeds Community Healthcare NHS Trust
  1st Floor, Stockdale House
  Headingley Office Park
  Victoria Road
  Headingley
  Leeds LS6 1PF



Services provided by Leeds Community Healthcare NHS Trust

For a full list of services, please visit the 'our services' section on our website:
www.leedscommunityhealthcare.nhs.uk

Glossary

Audit – a review or examination and verification of accounts and records (including clinical records).

Children and Adolescent Mental Health Services (CAHMS) – a service specifically designed to look at the needs of children with mental health problems.

Care Quality Commission (CQC) – Health and Social Care regulator for England.

Clinical Audit – a review or examination and verification of accounts and records (including clinical records).

Clinical coding – an electronic coded format that describes the condition and treatment given to a patient.

Commissioners – organisations that agree how money should be spent on health within a community. This could be for example Clinical Commissioning Groups (CCGs – Groups of GPs) or NHS England (the central government organisation).

Clostridium difficile (Cdiff) – an infection caused by bacteria that affects the digestive system. It most commonly affects people who have been treated with antibiotics.

CQUIN (Commissioning for Quality and Innovation) – a financial incentive encouraging Trusts to improve the quality of care provided.

Datix – an electronic risk management system (database) used to record incidents, complaints and risks for example.

Friends and Family Test (FFT) – a measure of satisfaction usually via a survey or text message, which asks if staff / patients would recommend the service they received to their friends or family.

Information governance – the rules and guidance that organisations follow to ensure accurate record keeping and secure information storage.

Innovation and Research Council – this is an independent body which brings together the seven Research Councils, Innovate UK and Research England.

Inquest – a judicial inquiry to ascertain the facts relating to an incident.

Leeds Safeguarding Children's Board (LSCB) – a statutory body (independently chaired) consisting of senior representatives of all the principal agencies and organisations working together to safeguard and promote the welfare of children and young people in the City.

LGBT – a collective term for a community of people who identify themselves as Lesbian, Gay, Bisexual or Transgender.

Medicines management – processes and guidelines which ensure that medicines are managed and used appropriately and safely.

Methodology – a system of methods used in a particular area of study or activity.

NHS England (NHSE) – the central organisation that leads the NHS in England and sets the priorities and direction of the NHS.

NHS Improvement (NHSI) – an NHS organisation that supports us to provide consistently safe, high quality, compassionate care.

NHS Digital – is the national information and technology partner to the health and social care system. Looking at how digital technology can transform the NHS and social care.

NCEPOD – reviews clinical practice and identifies potentially remediable factors.

National Institute for Health and Care Excellence (NICE) – an organisation that provides national guidance and advice to improve health and social care with the aim of improving outcomes for people using the NHS and other public health and social care services.

National NHS staff survey – a survey that gathers the views of staff working in the NHS to give an overall indication of their experience of working for the NHS.

National Reporting and Learning System (NRLS) – a central database of patient safety incident reports.

OFSTED – is the Office for Standards in Education, Children's Services and Skills, who inspect services providing education and skills for learners of all ages and also inspect and regulate services that care for children and young people.

Outcome Measures – a measure (using various tools) of the impact of the intervention from a clinician's perspective or a measure of progress related to a specific condition or issue.

Patient Experience Team – a service that provides a listening, enquiry and signposting service to ensure that patients, carers and public have their questions and concerns resolved as quickly as possible.

Patient experience – feedback from patients on 'what happened and how they felt' in the course of receiving their care or treatment.

Patient engagement – methods for patients to take part in service improvement and service reviews.

Patient satisfaction – a measurement of how satisfied a person felt about their care or treatment.

Payment by results – the system applied to some services whereby NHS providers are paid in accordance with the work they complete.

Pressure ulcer – damage caused to the skin and the tissue below when it is placed under enough pressure to stop the blood flowing.

Public Health England – an organisation that works to protect and improve national health and wellbeing, and reduce health inequalities.

Risk Assessment – a process to identify risks and analyse what could happen as a result of them.

Root Cause Analysis (RCA) – a method of investigating and analysing a problem that has occurred to establish the root cause.

Safety Huddle – a mechanism of route discussions held within teams and across multi-professionals to discuss current patients to help reduce harm and risk and improve patient safety.

Serious Incident (SI) – these are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.

Strategy – the overall plan an organisation has to achieve its goals over a period of time.

SUDIC – a review of progress of unexpected child death.

Trust Board – the team of executives and non-executives that are responsible for the day to day running of an organisation.

WRES – Work Relations Equality Standard.

WDES – Work Disability Equality Standard.

Quality account

2019 : 2020

www.leedscommunityhealthcare.nhs.uk

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (81)

Meeting Trust Board 2 October 2020	**Category of paper** *(please tick)*	
Report title Infection Prevention and Control (IPC) Annual Report 2019-2020	**For approval**	
Responsible director Executive Director of Nursing and Allied Health Professionals **Report author** Head of Infection Prevention and Control and Deputy DIPC	**For assurance**	
Previously considered by: Quality Committee 21 September 2020	**For information**	

Purpose of the report

To inform the Board of the achievements in 2019-20

To comply with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.

The report covers the period 1st April 2019 to March 31st 2020 and provides information on:

- IPC activities undertaken within the organisation and collaboratively with partners across the healthcare economy inclusive of the cooperation agreement and additional commissioned services.
- Description of the (IPC) arrangements.
- Health Care Associated Infections (HCAI) statistics and surveillance.
- Forthcoming IPC programme 2020/21.

Main issues for consideration

- The continuation of evolving health inequalities throughout the population we serve that impact on the health promotion in relation to IPC.
- The continuation of provision in relation to the global pandemic: Covid-19 and the enhanced delivery of IPC throughout the Leeds system.
- Increased burden of infection and outbreaks that occur throughout the system, for example; measles, MERs, Hepatitis A and TB.
- Expansion to the cooperation agreement between LCH and LCC for IPC provision.
- Continuation of the collaborative working that IPC have made with partners across the city and wider, inclusive of the Partnership Cooperation Agreement with Leeds City Council.
- The continuing difficulties that the team face in achieving the CQUIN target for the seasonal staff influenza programme.
  The burden of needle stick injuries throughout LCH and inappropriate use of needle safety equipment sometimes resulting in harm.
- Work completed around antimicrobial resistance and sepsis prevention.

Recommendations

The board is recommended to note the contents of this report and approve its publication.

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EXECUTIVE SUMMARY

This document forms the Infection Prevention and Control (IPC) annual report on Healthcare Associated Infections (HCAI) within Leeds Community Healthcare NHS Trust (LCH).

The aim of this report is to provide information and assurance to the Board that the Infection Prevention and Control Team (IPCT) and all staff within the Trust are committed to reducing HCAI and that LCH is compliant with current legislation, best practice and evidenced based care.

The report provides information on:

- IPC activities undertaken within the organisation and collaboratively with partners across the healthcare economy.
- Description of the (IPC) arrangements.
- HCAI statistics.
- Forthcoming IPC programme 2020-21.

KEY ACHIEVEMENTS

During the past year the Trust has maintained and achieved in the following areas:

- Continuing compliance with Care Quality Commission (CQC) regulations relating to Infection Prevention and Control following an organisational visit in June 2019;
- Collaborative working across the healthcare system and working towards a Partnership Cooperation Agreement with Leeds City Council;
- Development and delivery of the Gram Negative E.coli Service Specification, working towards a national reduction of 50% by 2024.
- Achieving the 2019/20 CQUIN by vaccinating 80.79% uptake from frontline staff in the Seasonal Staff Influenza Campaign.
- Increased activity of work in relation to the Covid-19 pandemic, supporting services citywide towards the end of the fiscal year;

KEY RISKS

- Major infection/outbreak/pandemic – this is a risk for any service. There were a number of outbreaks of infection this year throughout the healthcare economy including TB and towards the end of the financial year in February we saw IPC activity increase dramatically in response to the Covid-19 pandemic.
- Ensuring that the environment is maintained in good physical repair and condition is a constant challenge. The PLACE (Patient led assessments of the care environment) inspections, cleanliness validation visits and infection control audits support unit managers and Senior Nurse Managers to progress Estates and refurbishment work required. Maintenance of the environment remains a risk due to financial pressures in 2018/19. Recently a central fund has been agreed to support clinical teams who cannot replace condemned furniture on existing ward environment budgets.
- Ensuring that the correct systems and processes are in place to reduce where possible the risk of needle stick injuries to staff throughout LCH. To work with neighbourhoods and teams in identifying causation behind injuries, and where appropriate deliver training on needle safety devices and potentially evaluate equipment in use.

KEY PLANS FOR 2020/21

The infection control programme aims to continuously review and build on existing activity. This is driven by local needs, whilst incorporating and complying with the latest Department of Health (DH), Public Health England (PHE) and relevant strategy and/or regulation(s).

- From July 2020 expansion to the Partnership Cooperation Agreement with Leeds City Council as a result of the increased work in relation to Covid-19, including track and trace. This will result in moving to a seven day service, increased staff and restructuring of the service.

- Support the resetting of services and embracing new ways of working whilst maintaining compliance from an IPC perspective.

- Co-ordinating the seasonal staff influenza campaign to vaccinate 90% of frontline staff and ensuring that staff are fully briefed on the prevention, detection and management of Influenza. Due to the pandemic there will not be a Commissioning for Quality and Innovation (CQUIN) payment attached to this target, however as an organisation we will continue to strive for a high uptake amongst frontline staff.

- Collaborate with the Leeds Healthcare economy on the implementation of a work plan to reduce the number of Gram-negative E.coli bacteraemia and aim to reduce incidence by 10% in accordance with Department of Health and NHS Improvement programme. We continue to maintain a zero tolerance to preventable healthcare associated infections such as MRSA and Clostridium difficile.

- Continue to promote knowledge and compliance with hand hygiene practice and other standard infection control precautions through education and increased audit activity. Risk assessment and planned action in relation to environmental or cleanliness issues.

- Continue to offer support and guidance to Infection Prevention and Control champions across LCH, providing study days and support.

- Work collaboratively across the Leeds Healthcare Economy to support staff to identify correct detection, reporting and management of sepsis: with an emphasis on improving awareness of sepsis signs, symptoms and management.

- Continued education on the standards relating to antimicrobial stewardship guidance.

- Continued support and guidance provided to font line staff in the use of sharp safety devices and the prevention of needle related incidents. This requires continued engagement with all business units particularly adults and specialists.

1.0 SUMMARY

Leeds Community Healthcare NHS Trust recognises the obligation placed upon it by the Health Act 2006, (updated 2008, 2012, and 2015), to comply with the Code of Practice for health of the prevention and control of infections and related guidance. The prevention and control of infection continues to be a high priority for the Trust. There is a strong commitment throughout the organisation to prevent all avoidable healthcare associated infections (HCAIs).

- Reporting requirements for the annual report are pre-set by the Department of Health.
- The Trust has registered with the CQC as having appropriate arrangements in place for the prevention and control of healthcare associated infections.
- Significant input from the IPCT to support this year's influenza campaign with improved uptake of vaccine in staff groups.

The Trust supports the principle that infections should be prevented wherever possible or, where this is not possible, minimised to an irreducible level and that effective systematic arrangements for the surveillance, prevention and control of infection are provided within the Trust.

2.0 PERFORMANCE

2.1 Healthcare Associated Infections (HCAIs)

Surveillance of Alert Organisms

Although there are no specific government mandatory targets for individual community care organisations for the incidence of Meticillin Resistant Staphylococcus aureus (MRSA) and Clostridium difficile infection (CDI), LCH has worked within locally agreed targets for a number of years. These targets included no more than 2 cases of MRSA bacteraemia and 3 cases of CDI being directly attributed to LCH where a multiagency review identifies lapses in care that have directly contributed to the infection episode. In regards to the Gram Negative Blood Stream Infection (BSI) ambition, this will change year on year to reflect the yearly 10% reduction ambition. For 2019/20 the E. coli BSI target was 468 community cases, this was not quite achieved and further information can be found in section 1.4.

Meticillin Resistant Staphylococcus aureus (MRSA)
During the report period there has been one case of MRSA bacteraemia directly assigned to LCH. Prior to this the last case attributed to LCH was reported in 2014, therefore, the organisation has demonstrated effective MRSA bacteraemia prevention strategies and work to prevent further MRSA bacteraemia being directly assigned to LCH is underway.

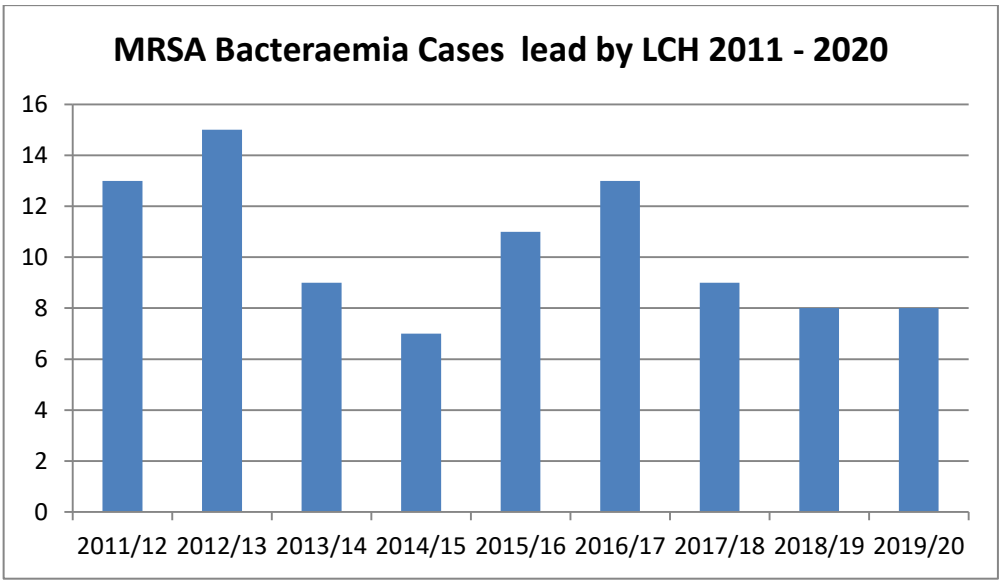


Figure 1 Annual MRSA Bacteraemia cases identified within 48 hours of admission to Secondary Care (2009 – 2012)

During the report period a total of eight cases of MRSA bacteraemia have been reviewed by the Leeds Community IPC Team (figure 1). Due to the new ambition surrounding Gram Negative BSI which was implemented last year (2018/19), the requirement to document assignment on the DCS has been removed.

Due to the Covid-19 pandemic, usual working practices were halted during Q4 2019/20, this included the MRSA bacteraemia post infection review (PIR) meeting process. Although there are plans for this to recommence in July 2020 using MS Teams virtual meetings, four of the eight identified LCH lead cases have not, to date undergone review. Using the previous assignment system, during the 2019/20 period, the four cases which have undergone multidisciplinary review would have been assigned as follows:

Assignment	Total
Community Onset, Wider Health	2
Community Onset, Third Party	1
Community Onset, LCH attributed	1

Learning from MRSA Post Infection Reviews

As previously stated, all reported cases of MRSA bacteraemia within the wider community health economy are subject to a full PIR, which aims to identify the root cause of the infection – where possible, and any healthcare contributing factors.

One case of MRSA bacteraemia have been assigned to LCH during the report period, this case was also subject to a serious incident review and specific learning has been identified.

Within the wider community health economy there have been a variety of predisposing risk factors identified in MRSA bacteraemia acquisition. These have primarily related to underlying medical conditions such as chronic wounds or a significant medical history.

Gram negative bacteraemia programme of work

2019/20 saw LCH continue to work to reduce Gram Negative BSI burden in Leeds by 10% yearly leading to a 25% decrease in Gram Negative BSI cases by 2021/22 and a 50% decrease by 2023/24 as set out by the Department of Health.

RCA's are conducted for each community acquired E. coli bacteraemia identified with LTHT and additional information is added to HCAI DCS. Community cases which have been identified in other local acute trusts such as Mid Yorkshire, Bradford, York etc. are no longer subject to the RCA process but are included in the recorded yearly total. Results from these RCA's are summarised into both the quarterly HCAI report, a monthly Gram Negative report which is shared with LCH performance team, CCG, and LCH Executive Director of Nursing and a quarterly and annual infographic.

For the 2019/20 financial year, the community target for E. coli BSI cases was set at 468, unfortunately this was not achieved and the total of community cases identified in 2019/20 was 520 (figure 2). Although there is no decrease when compared to 2018/19 figures, there is also no increase, meaning LCH has managed to stabilise the incidence of E. coli bacteraemia and, following the relaxation of measures in place to combat the Covid-19 pandemic, 2019/20 can focus more on reduction work such as patient engagement and behaviour change.

Other work conducted this year which focuses on reducing the incidence of E. coli BSI includes:

- Continuation of the E. coli Collaborative Working Group,
- Continued use of the "I Spy E. coli" branding which is used on all Gram Negative reduction work. This branding remains copyrighted to LCH and used only within the wider Leeds Healthcare economy. Shared branding aids the reduction project in its target of being collaborative and seamless.
- Taking part in the LCC Stay Well this Summer campaign in Leeds City Centre and a winter hydration campaign stall in Kirkgate Market which provided information leaflets and visual aids to members of the public.
- Benchmarking with other local trusts including Bradford and North Lincs and Goole.
- Commensal of the first and second cohort of the Care Home Hydration collaborative. Cohort one had seen significant changes in the hydration of their residents throughout the process, including reduced catheter call outs, increase lucidity in residents and better skin quality. Unfortunately cohort one has not had the opportunity to complete the final stage of the collaborative, which would have focused on sustainability, due to the Covid-19 pandemic. Similarly cohort two has had to be postponed indefinitely following the first session due to the Covid-19 pandemic.
- A second city wide conference was also planned for April 28th 2020, this conference was names "I Spy… a HCAI" and would focus on all aspects of HCAI work across the city. Presentation subjects included E. coli and gram negatives, C. diff, Flu and vaccination, national HCAI agenda, antimicrobial stewardship etc. Again due to the Covid-19 pandemic this conference has been cancelled until further notice and is hoped to be rebooked for 2020/21 financial year, no plans have been made as of yet. However, on the originally planned conference day an online presence was made via the I Spy E. coli twitter account; sharing information and key points from the planned presentations.
- Working with lunch clubs within the local area to reduce E. coli BSI in the older adult population which does not have any health or social care input and are therefore difficult to access from a public health perspective, again this work is on hold due to the social distancing restrictions in place due to Covid-19.
- Work with the Electronic Patient Record team to review and amend the nutrition and hydration section of the Neighbourhood Teams new patient assessment continued following delays the previous year. All changes are awaiting approval from panel which unfortunately does not have a planned date to meet for the foreseeable future.

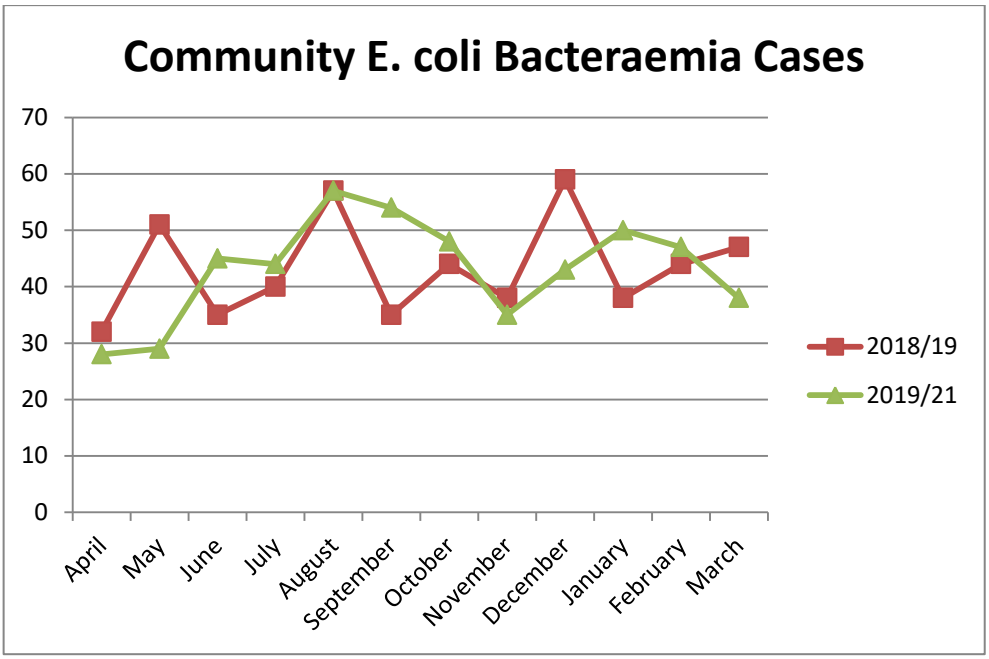


Figure 2 Community onset E. coli bloodstream infections per year

Clostridium difficile Infection (CDI)

Within the report period, 91 CDI cases were identified as community onset. This is an decrease of 58 cases when compared to 2018/19. However, this data in incomparable due to the algorithm changes implemented by NHS Improvement for the 2019/20 financial year which saw community onset cases who had an admission to the reporting trust within the 28 days prior to sampling now counted as an acute case not community. The 2019/20 financial year saw no cases of CDI assigned to LCH in-patient areas.

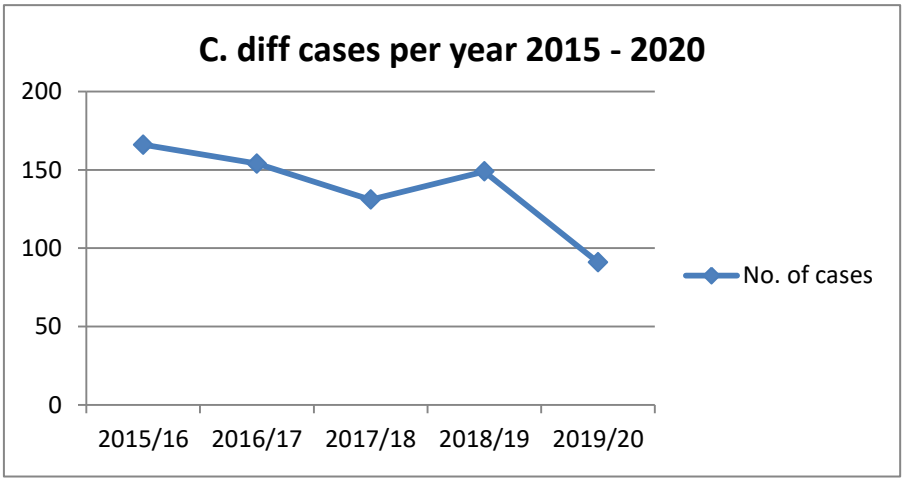


Figure 3 Community onset CDI cases identified each year 2015 - 19

Within the wider community healthcare economy the common themes and risk factors relating to CDI have not changed dramatically throughout the years, elderly patients with multiple pathologies, the use of Proton Pump Inhibitors and care home residency are noted in a number of cases. Multi agency work continues to address the incidence of CDI infection within the Leeds area and a city wide action plan is in place.

Changes in GDPR legislation and its subsequent issues relating to CCG pharmacy staff accessing the shared T drive CDI data are ongoing and have not been rectified as yet. Temporary measures are still in place and the HCAI group and commissioners are aware.

2.2 Leeds Health Care Record / PPM+

In November 2019 the reporting of laboratory specimen results migrated from the IC Net system to Leeds Care Record (LCR). All MRSA positive and Clostridium difficile (CDI) positive samples for patients in the LCH community setting are reported to the IPC team on a daily basis through this electronic platform.

Each result was processed by adding a high priority alert/reminder on SystemOne. An IPC information task was sent to any LCH services currently involved with the patient, identified by any services with an open referral. The result was flagged up to the patient's GP by either a task on SystemOne, or a telephone call to those using a different healthcare record system, requesting that the patient be reviewed in light of the result. If the patient was a resident in a care home or nursing home the facility was contacted to inform of the result and offered appropriate infection control advice. GPs were signposted to the MRSA decolonisation guidance, available at Leeds Health Pathways.

In addition to the task generated on LCR, LCH IPC received a weekly report from LTHT listing any patients who have had samples taken during hospital admissions, outpatient appointments and surgical assessments that have returned MRSA positive. These were similarly processed as for the LCR IPC nurse task list.

Particular focus was given to the MRSA positive cases identified with urinary catheters, wounds and/or invasive devices due to the high risk of developing a bloodstream infection. In such cases the GP may be prompted regarding antibiotic prophylaxis prior to catheter change/removal or to review the current antibiotic therapy.

All CDI cases whether 'toxin detected' or 'toxin NOT detected' were reported to us in the same way as for MRSA – either via the daily LCR IPC nurse task list or the Community CDI list sent weekly from LTHT IPC team. They were similarly processed with a reminder added on S1; other services informed as appropriate and GPs prompted to review the patient (PPIs, antibiotic therapy etc.).

If the patient resided in a care home, the home was contacted to inform of the result and to reiterate standard infection control precautions.

The above measures were taken as a proactive measure with the aim of reducing the spread of MRSA and CDI within the community and minimising the risk to the affected individuals.

An accurate figure for the number of results reported during the 2019-2020 period has been difficult to determine due the migration to the new LCR reporting system. Furthermore the numbers on the task list constantly refresh as new results are added on the system. A daily log of numbers suggests an average of 21 cases per day consisting of approximately 60% MRSA and 40% CDI. Out of area results received was 10. It was not possible to ascertain figures for cases reported on the daily IC Net PCT Active List prior to November 2019 as the standard reporting options available do not allow for this and the LTHT license for using this software has been terminated.

2.3 Incident reporting -Datix

Every incident (clinical/ non-clinical) or near miss at the Trust should be reported to the Risk Management Team via the online electronic reporting system Datix. IPC act as subject matter experts incident reports, their cause and any identified themes and trends for 2018/19 in respect to infection prevention and control including sharps injuries and other identified related incidents. Any identified learning is shared both locally and organisationally where appropriate.

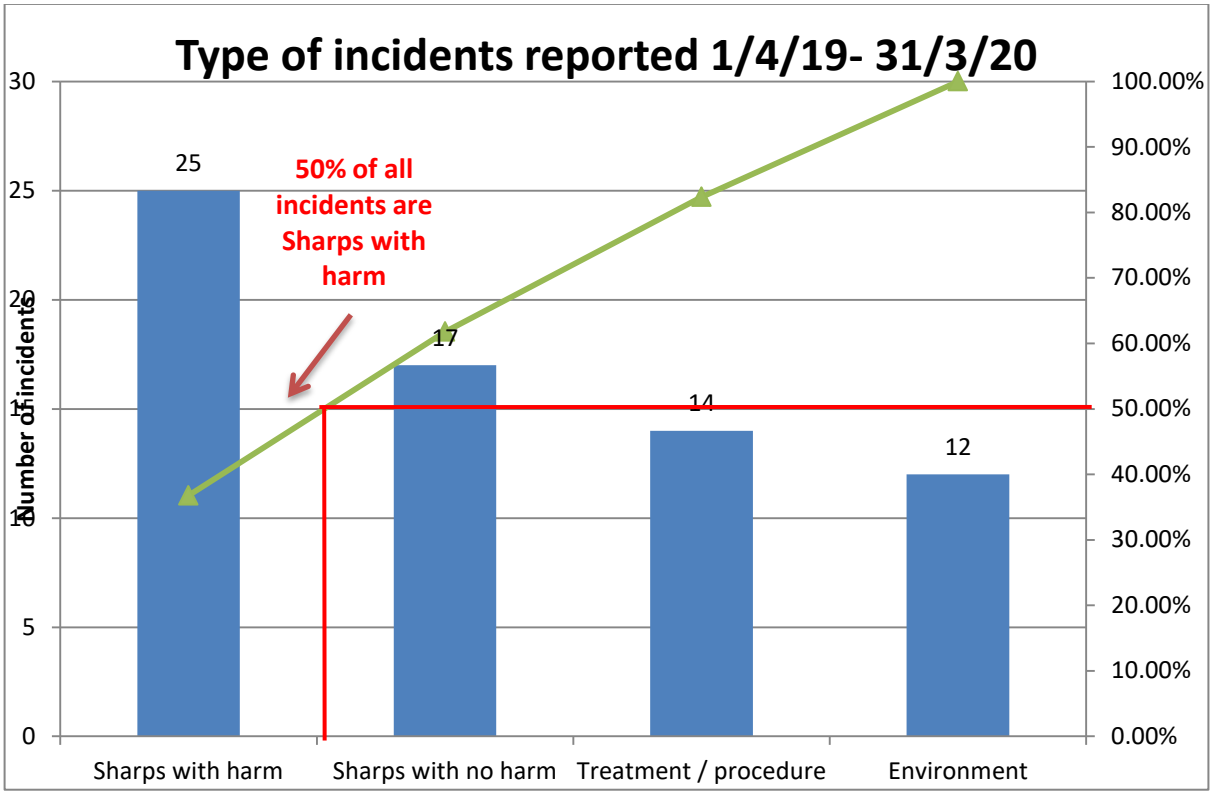
The information gathered for this report has been obtained from the LCH Datix® system and is further extrapolated from the wider categories. Any data from non LCH incidents has been excluded.

All incidents when reported are investigated by a team leader or line manager within the reporting area and documented in the Datix® system. The incident is further reviewed by a Datix® Specialist Reviewer from the IPCT.

Findings

In total, there have been 68 reported incidents. This is a reduction of last year's total datix incidents reported (81). As previous years, the area with the highest reported incidents continues to be sharps incidents. Please see below a breakdown of incidents by type:

- Sharps incidents Total: 42
  - Sharps with harm: 25
  - Sharps with no harm: 17
- Treatment/procedure: 14
- Environmental issues: 12

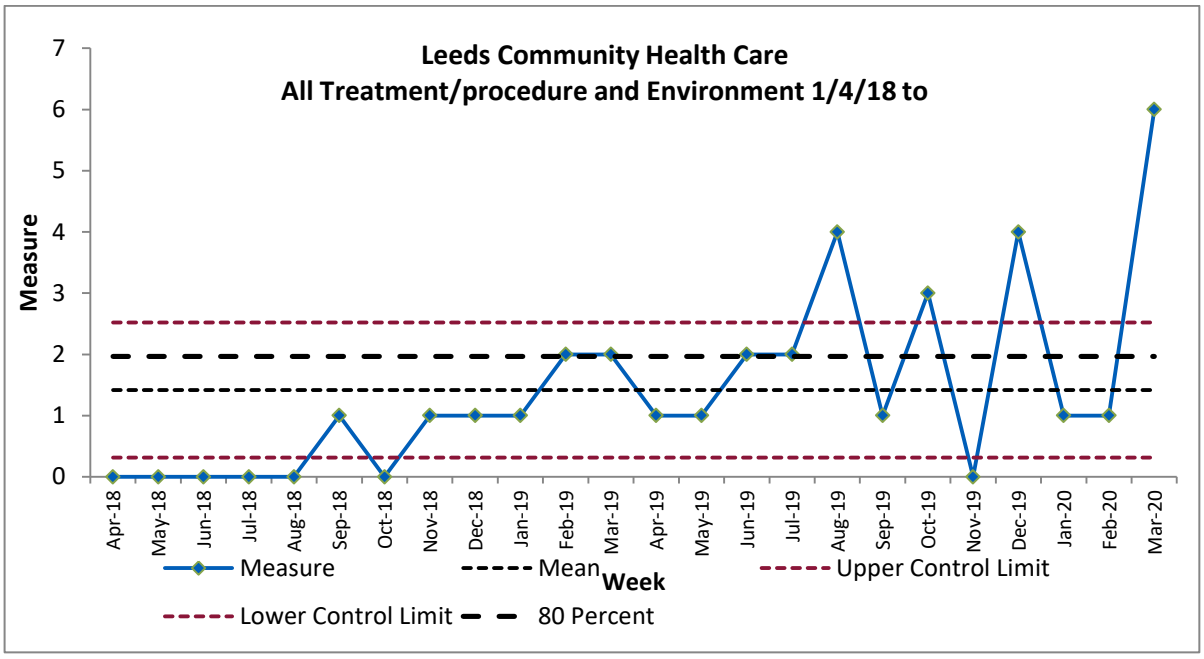


As highlighted in the above Pareto Chart, 50% of all incidents reported from 1st April 2019 until 31st March 2020 were sharps incidents which result in harm. This continues to be the biggest cause of infection control related harm reported by LCH staff, therefore is where we continue to investigate using various methods and develop actions as discussed in section 4.

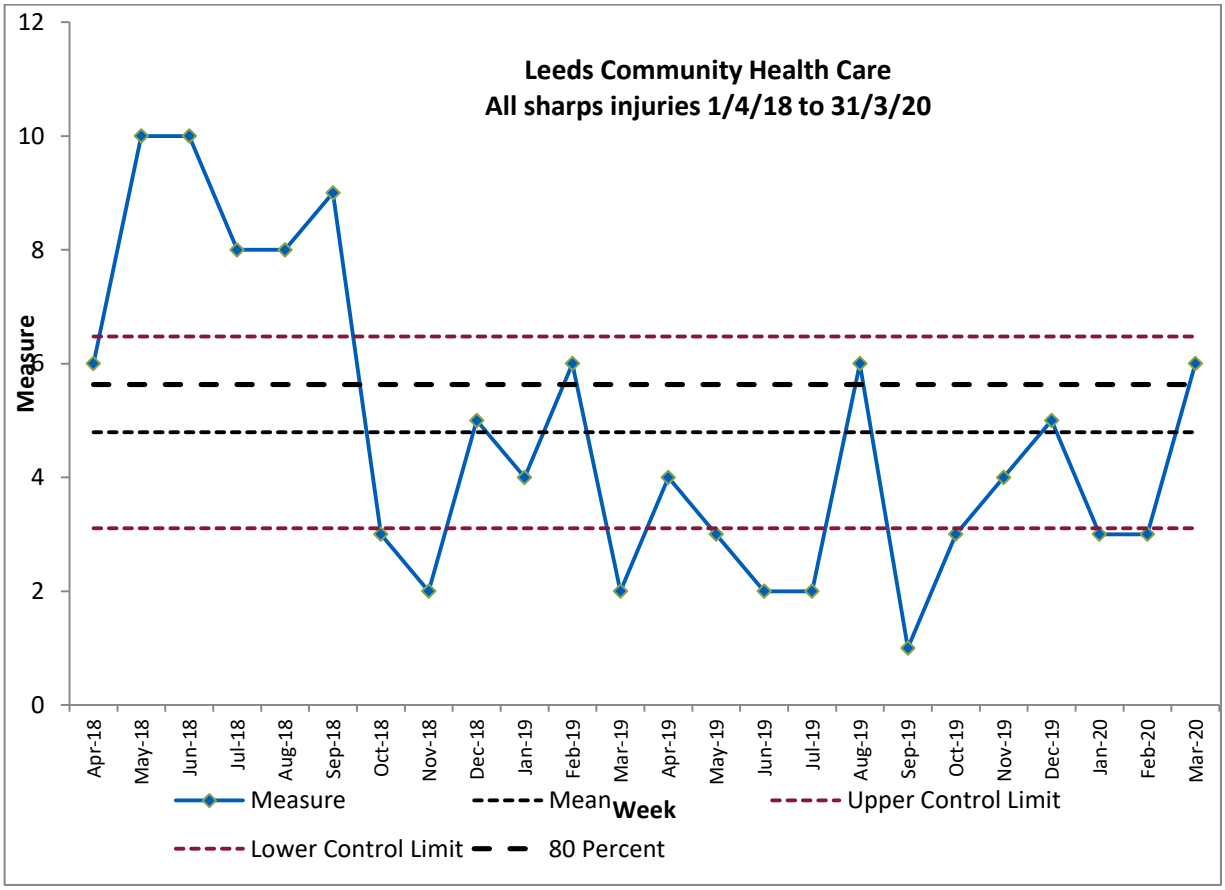
Compared to the previous period of time in the previous year (April 2018-March 2019), there has been a reduction in the number of sharps reported which resulted in harm. There was a total of 46 sharps related incidents; 36 of which resulted in harm. This amounted to 80% of all incidents reported in this time period. Please see Appendix 2.

Compared to last year, there has been an increase in the amount of Treatment/procedure related incidents and Environmental related incidents.

Compared to 18/19, the SPC chart below demonstrates this increase:



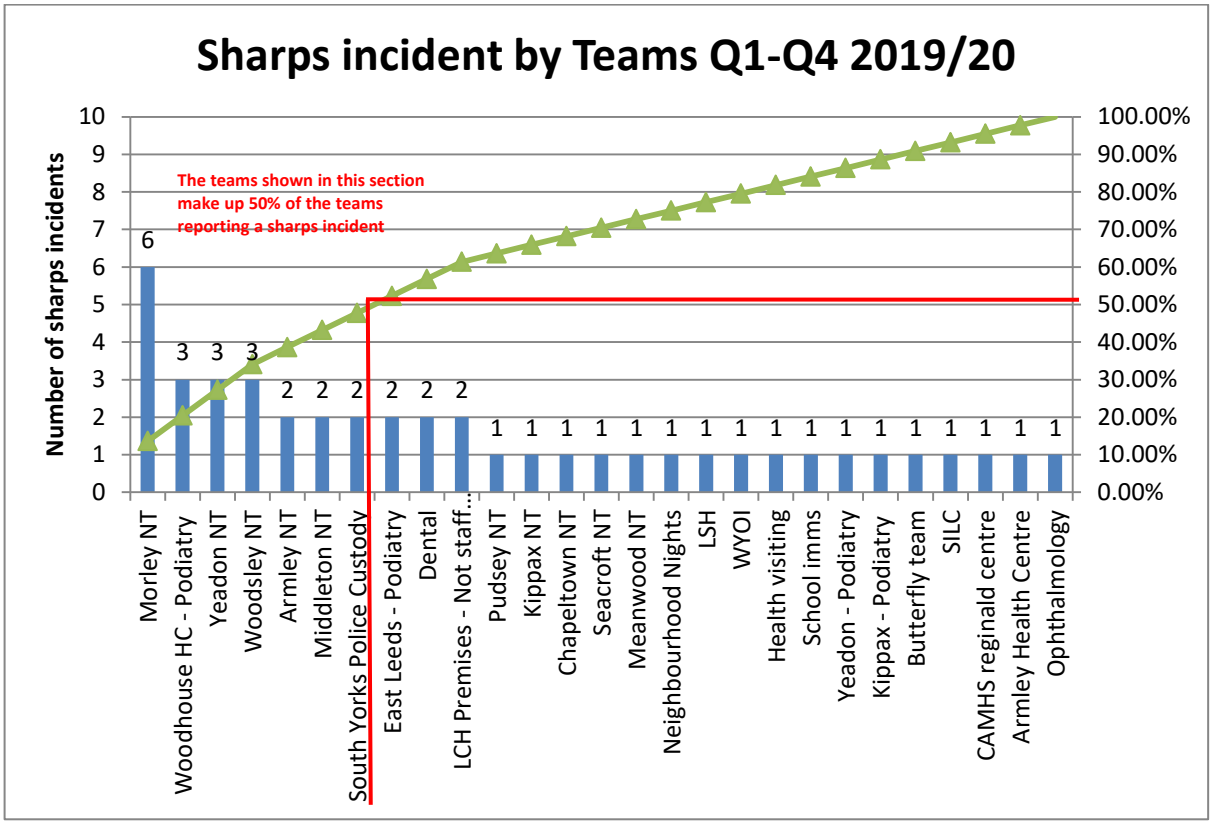
The SPC Chart below demonstrates the reduction in sharps injuries between 2018 – 2020



Sharps incidents

As discussed previously, the majority of incidents continue to be related to sharps. There have been 42 sharps related incidents reported via the Datix® reporting system during 2019/2020; 25 of these being sharps with harm, which equates to 50% of all incidents reported. Compared to the previous year's 80%, this shows a substantial decrease.

The following Pareto chart demonstrates all the reported sharps incidents and the number of incidents within that team.



As highlighted on the graph 50% of the teams reported sharps incidents are predominantly neighbourhood teams, however also includes podiatry and police custody teams. Compared to the previous year; the 50% section of the reporting teams was 100% Neighbourhood teams reporting. Please see Appendix 3, showing a decrease in the number of sharps incidents that the neighbourhood team are reporting.

Discussion and Actions

The incidents reported under each subcategory have been investigated and actioned accordingly as advised by the Datix® team;

- Sharps safety remains a prominent topic within the mandatory IPC training sessions
- In Nov 2019 a questionnaire was produced with support from the NHS Improvement Academy using the 'Achieving Behaviour Change' template and sent out to Neighbourhood Teams. A substantial amount of completed questionnaires were returned and interpretation of the results was undertaken by a staff member from the NHS Improvement Academy. The results from this identified that staff perceived Education around sharps safety to be good and

awareness of the Sharps Safety policy, however indicated that knowledge of the LCH policy on sharps injuries would be beneficial. A Focus group is to be set up to explore this area in detail and will invite not only Neighbourhood teams, but the other teams highlighted as high incident reporters indicated in the Pareto chart (Podiatry and Custody Suites). Please see appendix 5 for questionnaire feedback on perceived barriers.

- All community staff are advised to carry a 'sharps safety kit' with them when visiting patients in case the stock is not available in the patient home, including a sharps bin.
- A 'Sharp safety leaflet for staff' was produced and sent out to all Neighbourhood Teams.
- The IPCT follow up on all sharps incidents reported and a 6 month follow up is carried out to ensure staff who have sustained an injury have no outstanding issues. The staff member is also re sent the Sharps safety leaflet.

3.0 OUTBREAKS AND OTHER COMMUNICABLE DISEASE CONTROL (CDC)

3.1 Significant outbreaks with IPC response

- **TB Outbreak**

IPC support was provided in response to a TB outbreak amongst a local vulnerable population. This required a multifaceted approach between partners throughout the system including PHE, Leeds City Council and Leeds Community Healthcare NHS Trust. The IPC team supported and provided reactive advice with testing, contact tracing and provided subject matter expert information at incident management meetings. This outbreak showed an effective multi agency response highlighting the effectiveness of partnership working throughout Leeds.

- **Covid-19 Pandemic**

In December 2019 an emerging virus was identified in Wuhan, China resulting in a global pandemic which remains ongoing.

This is the first pandemic that LCH has had to manage (since the Swine Flu Pandemic in 2009) and preparedness for the evolving virus commenced in February 2020. Initially, this was lead via Infection Control and Emergency Planning but by March 2020 the international situation dictated a Trust wide response.

The Trust response was led by the Incident Management Team. Patient and staff safety was at the forefront of the pandemic.

We have adapted to suit the needs for this new virus and the complexities that it creates. Personal Protective Equipment (PPE) supplies remained good over the past six months however this has been closely monitored by a dedicated PPE Group chaired by the Executive Finance Director. Staff support remains ongoing and at the time of writing the annual report routine patient services are re-starting.

Challenges that we have encountered have been around;

- Capacity within the IPC team in response to the number of care homes that encountered an outbreak.
- Fit testing requirements.
- The frequent changes experienced in national guidance

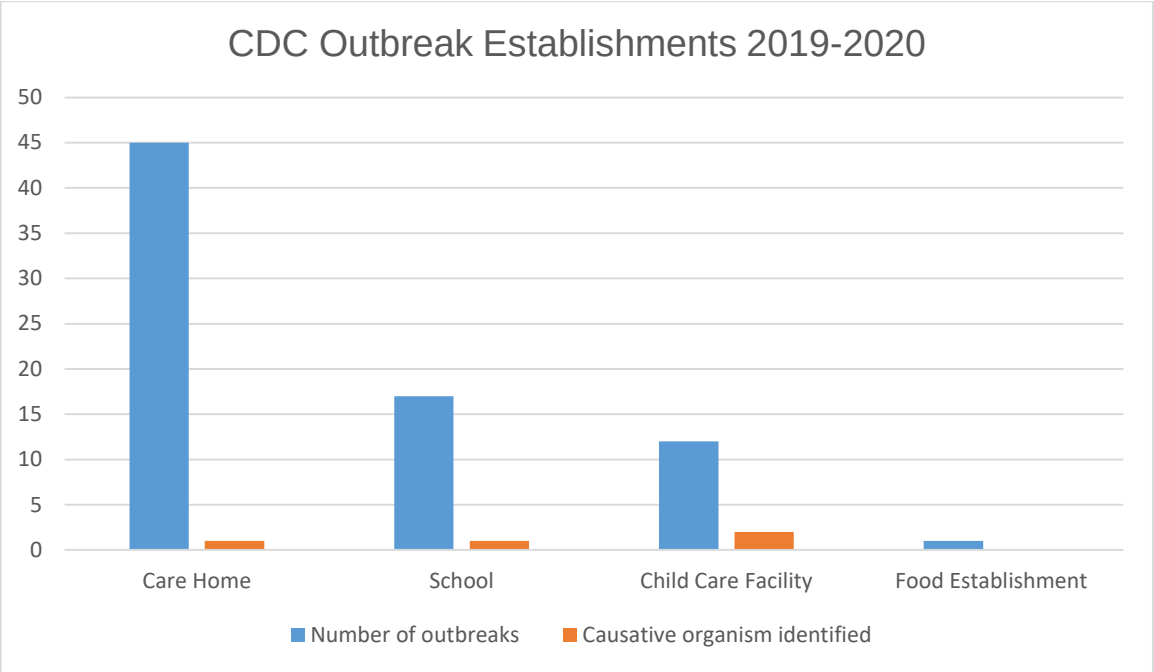
- Being unable to complete normal service delivery leaving potential gaps in assurance.
- Swabbing requirements to support wider Leeds healthcare economy.
- Increase in reactive advice required citywide.

3.2 Communicable Disease Control

The CDC team consists of 1.2 WTE and is based with Leeds City Council (LCC) Environmental Health, Food and Health Team. The purpose of the team is to investigate, act and report on all individual cases and larger outbreaks of notifiable gastric disease within the population of Leeds. The team investigate reports of confirmed and suspected food poisonings and also manage outbreaks of gastroenteritis within any establishment including Care Homes, Schools, Child Care settings, hospices and food establishments.

The team work closely with partner agencies including Leeds City Council and Public Health England (PHE) and have continued to work with PHE and West Yorkshire Local Authorities to review and standardise key principles of managing gastrointestinal illness across West Yorkshire.

Outbreak management details (Wider Leeds Health Economy)
Total outbreaks = 75



The chart provides an overview of the types of facilities that have reported outbreaks of gastrointestinal illness during the reporting period. Each of the outbreaks have been visited, advised and managed by the CDC team. The graph shows that a variety of settings have reported incidents and the majority of causative organisms have been identified as viral, predominantly Norovirus.

As illustrated in the outbreak chart, there has been a significant reduction in outbreaks in Care Homes, from 84 in 2018/19 to 45 in in 19/20. The duration of the outbreaks remains relatively consistent with the average days the premises were closed in 2019/20 being 7.4 days compared to 8.1 days in 2018/19.

Norovirus was the causative organism identified in 11 Care Home outbreaks and no causative organism identified in 16. However there were 18 premises who did not submit any samples.

There was an escalation of outbreaks in schools 2019/20 with 17 reporting outbreaks (10 in November), compared to 12 in 2018/19 and 0 in November. Although symptoms were consistent with Norovirus, only 1 was confirmed as being the causative organism, 6 had no organism identified and 10 schools had no samples submitted. All the premises were visited at the time of the initial report of illness, advice provided regarding management of the outbreak and daily contact maintained until the outbreaks concluded.

Suspected Food Poisoning

There were 375 reports of suspected food poisoning which were reported electronically either via the FSA or LCC self-service, service requests. In line with working procedures that were introduced last year, all reports were reviewed by CDC nurses to detect any potential food poisoning outbreaks. From these reviews 1 potential food poisoning outbreak was detected. All cases were contacted by the CDC nurse and samples arranged on the day their illness was reported and EHO's inspected the premises and obtained/submitted food samples to the laboratory the same day. No organism was detected in the food and no faecal samples were submitted from the cases.

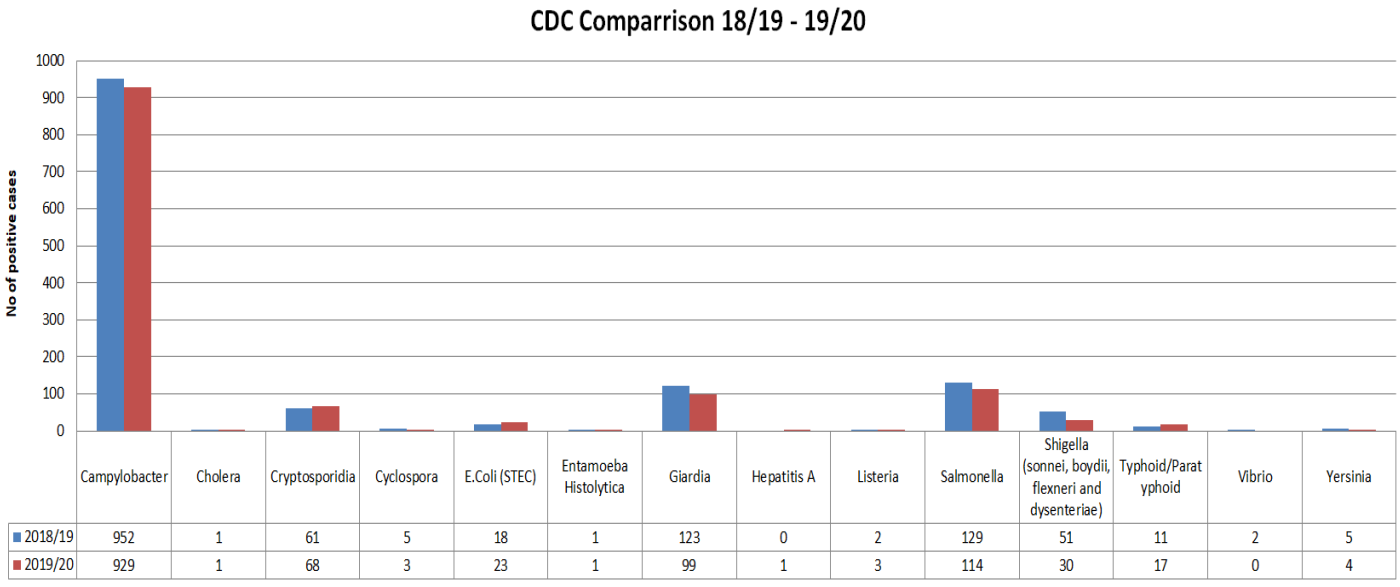
Business support replied initially via email to all 375 complainants and 40 cases responded which required follow up by the CDC nurses.

Organisms identified through notification of infectious disease reporting

The table below incorporates the confirmed isolates identified via faecal testing at LGI microbiology/Colindale Central Surveillance centre.

There has been a slight reduction in the total number of confirmed isolates, 1293 in 2019/20 compared to 1361 in 2018/19. However, there was an increase of E.Coli (STEC), 23 cases compared to 18 last year.

Organism	Number of cases
E.Coli (STEC)	23
Hepatitis A	1
Cholera	1
Typhoid/Paratyphoid	17
Cryptosporidia	68
Entamoeba Histolytica	1
Shigella (sonnei, boydii, flexneri and dysenteriae)	30
Salmonella	114
Campylobacter	929
Listeria	3
Giardia	99
Yersinia	4
Cyclospora	3
TOTAL POSITIVES	**1293**



There has been a new Senior Environmental Health Officer (EHO) assigned to work closely with the CDC team who takes responsibility for amendments to LCC procedures when developing service improvements. This is working well and there is currently a dedicated business support officer who is responsible for data inputting any work relating to Infectious Diseases. The change has resulted in an improved streamlined service with enhanced

continuity. Communication has also benefitted from this as there is now “ownership” of the system at a personal level in business support.

The team continue to work towards a paper light service and this is to include outbreaks as opposed to using paper files. This will be facilitated by the Senior EHO appointed to work on development of infectious diseases who is keen to progress this imminently. Further discussion around GDPR to be considered during planning phase.

Ongoing development of EHO’s in the management of infectious diseases continues to ensure business continuity where necessary, particularly as this has been a short notice requirement during the Covid pandemic.

3.3 Head Start Service

The IPCT continues to provide a specialist service for the management of head lice (Headstart) infestations within the community. The service offers advice and support in cases of persistent head lice infestation. The main sources of referrals come through school staff, with additional referrals via school nurses, health visitors, social workers and pharmacists.

During the 2019/2020 period the service has seen a significant reduction in referrals with a total of 15 cases referred this year. This does not include additional family/household members who have also been seen and, where necessary, treated during the appointments. All cases were assessed and appropriately managed by the service. Inappropriate referrals have occasionally still been received but these are now less frequent.

In addition to this many concerns continue to be dealt with through telephone discussion where advice is given on possible reasons for treatment failure, followed up with provision of our head lice resource suite (head lice flowchart, check list, referral form, advice leaflet for health professionals, booklet, posters and flyers) sent via e-mail. Feedback from some clients suggests this has proven effective in aiding schools, health professionals and social workers to support parents in managing their child/children’s head lice.

Access to free Hedrin via the Pharmacy First Minor Ailments Scheme continues to be highly significant in reducing the number of referrals by removing the financial barrier to obtaining treatment, while also directing parents for first-line advice to their local pharmacist rather than attending their GP Practice. Feedback from parents reporting that they have been declined provision of free Hedrin, due to some pharmacies saying they do not participate in the scheme, appear lately to have ceased.

The service continues to encounter some complex and challenging cases where children have presented with severe head lice infestation in addition to other issues, which have occasionally led to safeguarding concerns. These families are often hard to engage and repeatedly fail to check their children’s hair and/or apply a pharmacy-approved head lice product in accordance with the instructions. These cases can be hard to resolve. It can be very difficult to get all family members together and frequently adult members of the family are reluctant to have their hair checked.

Examples of the cases we have dealt with include 2 young girls previously known to the service who were again referred for head lice infestation. An initial visit and treatment for head lice safeguarding concerns regarding their home environment and alleged physical abuse were flagged up and discussed with the safeguarding team. Following this a joint visit was undertaken by a member of the Headstart service and the school’s safeguarding lead. It was concluded that there were insufficient grounds to refer the children to social

services at this time, however the school continue the monitor the situation regarding the children's attendance and overall wellbeing.

In another example a child and her siblings were referred, again with a history of repeated head lice infestation and previous referrals to the service. The parent had failed to access Hedrin treatment from the pharmacy despite being aware of this and the severity of the presenting home circumstances and high level of safeguarding concerns had prompted the referral. The children had a social worker and the family intervention service involved to educate and support their mother in modelling positive physical hygiene to her children. The children's head lice were assessed and treated by the Headstart service and advice was reiterated to the mother regarding the ongoing effective management of head lice as part of this supportive and integrated approach.

Difficulties with head lice management often arise due to family breakdown, parental illness or disability. Support and advice is been provided in these circumstances to help the parent acquire the necessary knowledge and skills to take on the responsibility of managing their child/children's head lice.

Headstart visits continue to take place predominantly in the school environment wherever possible. This facilitates better engagement with parents/guardians and closer collaborative working with the school staff, particularly the learning mentors/child protection leads, who are the main source of referrals into the service. Moreover, seeing referred cases in the school environment has eliminated the problem of unattended appointments and minimised the potential risks associated with lone working. Visits are conducted in the home only in special cases when we are specifically requested to do so (as in the example of the migrant family given above), or when this is the only remaining option available.

The latter stages of the financial year saw the closure of schools on 18/3/2020 due to the spread of the COVID-19 global pandemic. Vulnerable children who have a social worker and those with Education, Health and Care Plans continued to attend school, however the Headstart service did not receive any referrals during these final 2 weeks of the financial year.

4.0 ENVIRONMENT

4.1 Environmental Audits

The IPC team perform annual audits of its areas and premises used by LCH clinical staff for clinical purposes. Audit is a requirement of the Health and Social Care Act 2008, Code of practice for registered providers on the prevention and control of health care associated infections and related guidance.

The code states that registered providers must audit compliance to key policies and procedures for infection prevention. Data from the LCH auditing activity is used to applaud good practice, identify concerns and themes which is used to improve LCH environments, services and staff performance.

These improvements will reduce the risk of transmission of healthcare associated infections to patients, staff and visitors. This report outlines the auditing activity for the year 2019-20

The aim of 2019/20 was to audit 67 LCH premises. This comprises of 26 health/centres clinics and 33 other clinical premises. However due to the COVID19 lockdown and due to the activities of the pandemic the auditing activity was interrupted during the last financial quarter of the year and not all of the aim was achieved. However the IPC team plan to catch

up with the missed audits during the earlier quarters of 2020/21. The auditing activity which was achieved for 19/20 is listed below:

57 premises audits was completed:

- 25 health centres/clinics
- 3 recovery hubs
- Leeds Equipment service
- Hannah House
- Little Woodhouse Hall
- Leeds Merrion Centre Sexual Health
- Adel Beck Prison
- 3 special inclusive learning centres (SILC schools)
- 16 custody suites 4 other locations with LCH clinical rooms (St Georges centre, Thornton Medical Centre, Reginald Centre and Chapel Allerton Hospital)
- Wetherby young offenders prison

The 28 premises audits which were delayed as a result of Covid-19 is:

- 3 health centres/clinics
- 2 custody suites
- 2 special inclusive learning centres
- 2 premises with LCH clinical rooms (Wharfedale Hospital and Sunfield Medical Centre)
- Community neurological rehabilitation unit

Audits findings:

Compliant areas

- Hand hygiene facilities such as paper towels, liquid soap and alcohol gel widely available in clinical areas via replenished wall dispensers
- Sinks available for hand hygiene in clinical areas
- Wide spread use of trust recommended combined trust detergent and disinfectant wipes
- Availability of gloves and aprons
- Waste bins are foot operated and lidded
- Staff have access to the Infection Prevention and Control policies via the trust internet
- Clean patient toilets
- Clean and tidy reception desks

Non-compliant areas

- Some health centres (as discussed above) are delivered from tired and worn environments with issues of chipped paint work, lifting wall paper, damaged plaster and damaged radiators
- Throughout varying premises many hand hygiene sinks are not Department of Health Building Note compliant**.** The IPC team has recommended that these sinks are upgraded to compliant sinks when the sinks are next upgraded
- Staff wearing stoned rings
- Sharps bins not labelled on assembly and sharps not disposed of after 3 months
- Dust to high surfaces and behind desk top PC's and printers.
- Cluttered and untidy clinical areas
- Cleaners cupboards untidy and dirty
- Out of date sterile equipment and consumables

- Chairs used by patients not wipable and stained

Follow ups and future developments
The IPC team share audit action plans with the relevant service and department leads who are responsible for improving non-compliant areas (i.e. building managers, the cleaning lead and service clinical leads). The clinical leads should return completed action plans to the IPC team after 3 months. However often there is poor compliance in clinical leads returning completed audits which is difficult to maintain assurances. Nevertheless for 20/21 the IPC will commence a new outsourced electronic auditing system MEG.

Once the electronic auditing tool is established and familiar in the IPC team, access to the tool will be shared wider in the trust including clinical leads. This will enable clinical leads to input improvements made on the action plan on the shared platform. From this the IPC team will have immediate access to monitor progress and assurances. Adding to this the tool will help the IPC team speed up the auditing procedure which will free up their time in their other activities supporting LCH staff.

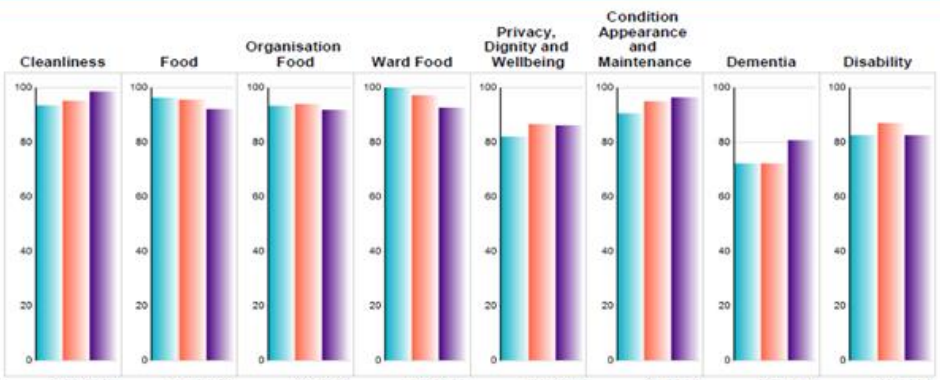
4.2 Patient Led Assessment of Care Environment 2019

The LCH Infection Prevention Team continues to coordinate the PLACE inspection programme within LCH in-patient areas. The PLACE programme is undertaken annually within LCH and follows the assessment framework published by the Department of Health. During October 2019 a group of patient members and other stakeholders visited three LCH locations: Little Woodhouse Hall, Hannah House and The Community Neurological Rehabilitation Unit (St Mary's Hospital).The primary focus of the assessment activity is to review the condition and cleanliness of the care environment as well as elements relating to privacy dignity and wellbeing as well as food quality, disability and dementia care.

Results for 2019
The following graphs provide an overview of the results achieved in each of the three areas appraised and also give a comparison with the national average figures for each of the standards. For the 2019 inspection process, significant modifications had been made to both the structure and content of the data collection process. These changes prevented the direct comparison of results from previous years for the areas appraised.

PLACE Results 2019 CNRU St. Marys Hospital

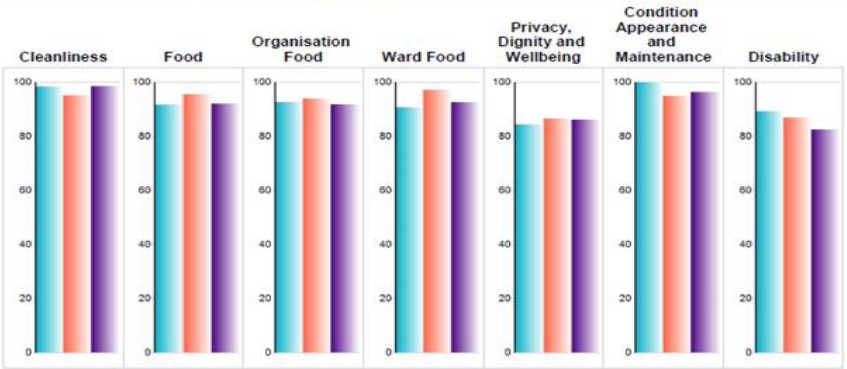
ST MARY'S HOSPITAL CRU- Collection: 2019



	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	142.0000	160.0000	84.0000	76.0000	64.0000	67.0000	65.0000	66.0000
Available Score (Actual)	152.0000	166.0000	90.0000	76.0000	78.0000	74.0000	90.0000	80.0000
Site Score	93.42%	96.39%	93.33%	100.00%	82.05%	90.54%	72.22%	82.50%
Organisation Average	95.24%	95.60%	94.04%	97.24%	86.62%	95.00%	72.22%	86.92%
National Average	98.60%	92.19%	91.92%	92.62%	86.09%	96.44%	80.70%	82.52%

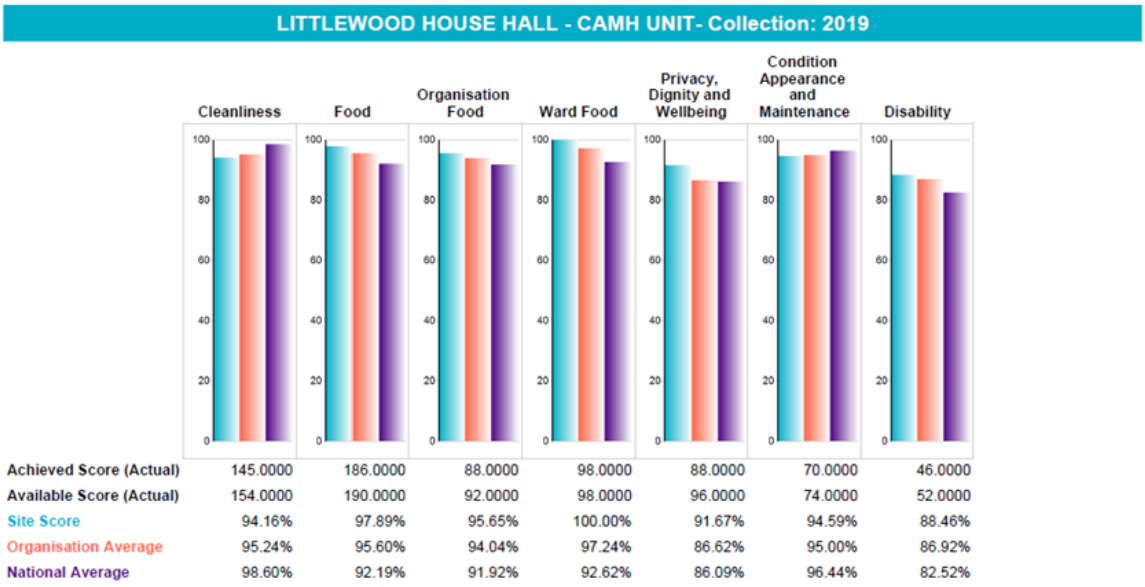
PLACE Results 2019 Hannah House

HANNAH HOUSE RESPITE CENTRE- Collection: 2019



	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Disability
Achieved Score (Actual)	132.0000	152.3333	83.3333	69.0000	76.0000	68.0000	50.0000
Available Score (Actual)	134.0000	166.0000	90.0000	76.0000	90.0000	68.0000	56.0000
Site Score	98.51%	91.77%	92.59%	90.79%	84.44%	100.00%	89.29%
Organisation Average	95.24%	95.60%	94.04%	97.24%	86.62%	95.00%	86.92%
National Average	98.60%	92.19%	91.92%	92.62%	86.09%	96.44%	82.52%

PLACE Results 2019 Little Woodhouse Hall



	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Disability
Achieved Score (Actual)	145.0000	186.0000	88.0000	98.0000	88.0000	70.0000	46.0000
Available Score (Actual)	154.0000	190.0000	92.0000	98.0000	96.0000	74.0000	52.0000
Site Score	94.16%	97.89%	95.65%	100.00%	91.67%	94.59%	88.46%
Organisation Average	95.24%	95.60%	94.04%	97.24%	86.62%	95.00%	86.92%
National Average	98.60%	92.19%	91.92%	92.62%	86.09%	96.44%	82.52%

Conclusions from PLACE inspections

The results for the “Privacy, Dignity and Wellbeing” assessment criterion demonstrated an average organisational compliance which was marginally above the national average. This criterion is central to the PLACE process as it appraises the general standards of the environment that directly relates to patients physical and psychological care and also infection prevention and control. Little Woodhouse Hall achieved the highest rating for this criteria with a result that was around 5% higher than the national average.

The standard of cleanliness in all areas was noted to be marginally below the national average scores. The area with lowest compliance levels at the time of the review was CNRU, where some isolated dust was noted. Action plans have been developed for areas to address the issues identified. The highest compliance rating was achieved by Hannah House with a score of 98.5%.
Since the primary deficits in the cleaning standards were noted within premises owned and managed by external agencies, work is ongoing with providers to resolve the issues.

The assessment of the condition, appearance and maintenance of the care environment identified issues at CNRU. The results for Hannah House were well above the national average with an exceptional score of 100%. The deficits identified at CNRU have been integrated into the organisational action plans that have been submitted to the respective Land Lords.

The Organisational Food standards for all areas were above national average scores. This was a vast improvement on previous years and reflects work done on nutritional assessment protocols.

Each of the areas involved in the project have received comprehensive action plans and work has continued to monitor progress against the identified deficits.

5.0 IPC TEAM STRUCTURE AND CELEBRATIONS

The structure of the IPC team throughout 2019-20 was generally unchanged, apart from introducing three new members of staff into the team. Two on secondments; Grace Sobola from TB and Rachael Ainley from Children's Services and a permanent new administrator in post Allison Riley.

In September 2019 the IPC team were awarded team of the year at the annual Infection Prevention and Society conference in Liverpool and Joanne Reynard was awarded IPC Practitioner of the year for her work in relation to the IPS Yorkshire Branch.

6.0 LCH BUSINESS UNIT OVERVIEW

6.1 Children's Service Annual Report

The Infection Prevention and Control Team have continued to foster positive working relationships with the teams working within the Children's Service. Some of the key achievements include:

- Working with the School Inclusion Nursing Service to monitor and improve standards within Specialist Inclusion Learning Centres. The IPC Team have worked with partners to achieve significant upgrades to the care environment at Penny Fields and Broomfield schools.
- Establishment of an Infection Prevention Champions Group within the 0-19 Service.
- Contributed to the planning and development activities related to the proposed new CAMHs unit to replace Little Woodhouse Hall.
- Collaborative work has been undertaken to ensure the ongoing maintenance of high standards of IPC practice at Hannah House. Significant improvements have also been noted within this area over the past year.

- Undertaken Patient Led Assessments of Care Environments (PLACE) inspections of the two Children's in-patient areas, with positive comments being provided by the inspectors.
- Work has been done to increase the awareness of SEPSIS amongst both staff and parents/carers. Information has been distributed to families to both inform and raise awareness of this distressing condition.

The IPCT have worked with the Outpatients Service Team to ensure a smooth transition to their relocation to new facilities at the Reginald Centre.

6.2 Specialist Business Unit Report

The Infection Prevention team continue to work closely with the teams within the specialist business unit, particularly during the Covid pandemic to support them with maintaining services and in the process of re-setting services. The IPC team has been involved with the following:

- Yearly audits of all Police Custody suites to ensure compliance with IPC standards and to offer support and guidance on environmental issues. The LCH staff work within a police custody suite building and alongside non healthcare staff which can be a barrier to good IPC practice, however the environmental audits show that this is managed effectively.
- A number of IPC training sessions have been facilitated to the Police Custody staff in their place of work to ensure IPC training compliance and to support staff with any specific issues they have in their area of work which can be challenging.
- IPC have worked closely with WYOI and Adel Beck to promote and ensure good environmental compliance. Again, the LCH healthcare staff work within a custodial building and alongside a number of different staff from different agencies which can be difficult to ensure all staff are following good IPC practice. During visits and working alongside staff, LCH staff have shown a good understanding of IPC issues in their area and are good role models to their colleagues.
- Working alongside WYOI facilities staff, a hand hygiene sink was installed in the main healthcare room (Benbow), as previously there was no hand hygiene sink in this room.
- An assurance visit was made to Steris decontamination unit to see the process of how the instruments used by Podiatry and Dental are sterilised.
- Bi-yearly dental water tests have been carried out as previously and the Dental team have moved over to using the 'Steril straw' system which is a cartridge which is installed in each of the dental carts instead of using Milton to flush out the lines regularly, which was found to be corroding the equipment. Two areas have installed this so far: Middleton and WYOI and are planning on rolling out to all carts in use at LCH sites.

6.3 Adult Business Unit

IPC continue to work closely with the teams within the adult business unit, particularly during the Covid pandemic to support them with maintaining services within the neighbourhood teams. The IPC team has been involved with the following:

- The adult business unit had fantastic representation at the annual Sepsis conference in September 2019, this continued to highlight the importance of the Sepsis and identification of the deteriorating patient.

- Introduction and relationship building visits from new staff within the IPC team, has proven a great opportunity to get to know the teams and do shadow shifts for a great

insight into the work that the 13 neighbourhood teams undertake. This has highlighted good areas of practice and enhanced relationship between IPC and neighbourhood teams.

- Attending 'Friday Handover' meetings within the neighbourhood teams to be more visible and accessible to support staff. This has built up greater trust and collaborative working.

- The IPC team encouraged all staff in the adult business unit to have their seasonal flu vaccine. This was supported by the CLASS and IPC nurses visiting each base to ensure the jab was accessible.

- The work around sharps and reducing injuries from sharps has continued throughout 2019/20. IPC worked alongside colleagues at NHS Improvement to send staff a questionnaire within the neighbourhood teams to look at barriers to reducing sharps injuries. The learning from the questionnaire will underpin the work in 2020.

- Encouraging new IPC champion engagement and arranging champion events each quarter. The first of these meetings was face to face, it focused on what staff wanted from the sessions so that each lead for the business units could plan future sessions.

- Supporting the HCAI work when colleagues have undertaken a PIR which involved care provided from a neighbourhood team. This has meant improved communication with the neighbourhood team, highlighting good practice and shared learning.

6.4 Policies and guidelines

The IPC team continued to review and revise the Trust's IPC policies / clinical guidelines during 2019-20 in line with their review dates. This also takes into account any changes to national publications. The policies are aligned to the Leeds Healthcare Pathways which is accessible through LCH and Primary Care.

6.5 Education and Training

The IPC Team have continued to provide education and training sessions in line with the Yorkshire and Humber Core Skills Framework. All staff members throughout LCH have been aligned to either level 1 or level 2 training on ESR. At the end of the fiscal year all IPC education and training was moved to a virtual offer, which saw an increase in compliance from 72% to 94%.

7.0 CAMPAIGNS AND FURTHER ACHIEVEMENTS

7.1 Seasonal Staff Influenza Campaign 2019/2020

The Code of Practice (2012) for the prevention and control of healthcare associated infections (HCAI) emphasises the need for NHS organisations to ensure that its frontline health care workers are free of and protected from communicable infections (so far as is reasonably practical). Influenza is a highly contagious illness which can be serious, particularly for older people or those with other health conditions. Health and social care

workers care for some of the most vulnerable people in our communities and 50% of staff may carry flu and may unknowingly pass flu onto others.

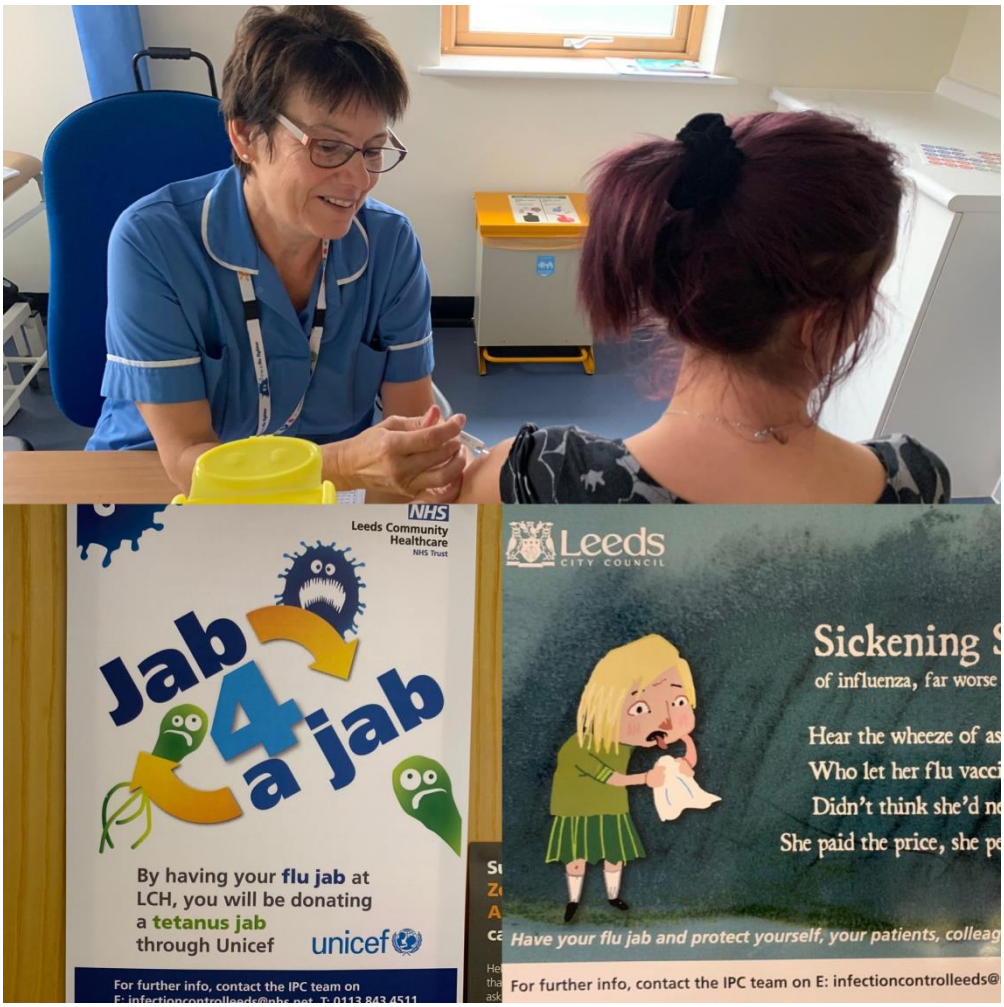
Health care staff are also at increased risk of transmission of infections. Therefore it is important that staff help protect themselves (and their families) and the patients that they care for by receiving annual flu vaccinations. Staff vaccination also results in lower rates of influenza-like illness and mortality in healthcare settings and helps to ensure vital business continuity in the health and social care sector (by reducing staff flu related illness).

Results 2019/20

At the end of February 2020, LCH had vaccinated ***80.3% of clinical staff*** and closed the Immform data reporting tool, we still vaccinated any staff that contacted the team to request a vaccination and finished with a total of 80.79% of clinical vaccinated in the trust. By the end of March 2020, a total of 3670 vaccines had been administered by LCH for: LCH staff, LCC staff, and local care home and hospice staff. Numbers of vaccinated staff for each of these three areas is broken down further below:

LCH Staff 2138 staff were vaccinated out of 3374 staff 1547 clinical staff vaccinated 342 staff received the vaccine elsewhere of this 278 staff are clinical staff
LCC STAFF 1014 Leeds city council staff were vaccinated during the campaign
CARE HOME & HOSPICE STAFF 477 staff from local care homes, hospice staff and working age adults were vaccinated during the 19/20 season.

In addition to this LCH held a ‘Have a jab, give a jab’ campaign which enabled us to donate via Unicef the delivery of vaccinations to children without direct healthcare access in deprived countries throughout the world. We received positive feedback from staff members regarding this campaign, and it is something we would consider for future vaccination programs.



Challenges

Although we successfully achieved the CQUIN target of vaccinating over 80% of LCH front line staff, this did not come without challenges. The bulk of the immunizations were delivered via our ClaSS staff but additional commitment from IPC was needed at the end of the campaign to support extra clinics and walk around sessions to myth bust and encourage staff to receive the vaccination whilst still attending to other IPC work streams and responsibilities. The IPC team also attended some statutory and mandatory training sessions and team meetings to vaccinate.

The IPC team still had difficulties with accurate data gathering to report the numbers of staff vaccinated, numbers of staff who declined the vaccine and numbers of staff who were vaccinated elsewhere as the workforce list was always a month out of date and issue occurred where we would have staff unmapped against the workforce list due to errors with spelling mistakes of staff names.

Future plans

The delivery of future flu campaigns may be very different in light of the Covid-19 pandemic. IPC will continue to work closely with stakeholders to ensure the sustainability and success of future campaigns. We will continue to work in conjunction with business intelligence and workforce to ensure we have accurate data. Due to social distancing guidelines we are also implementing a booking only system for staff to ensure we can comply with current government guidelines to deliver the campaign during 2020/21.

LCH will be running the ‘get a jab give a jab’ campaign again this year donating vaccines to Unicef. There will be a consideration for an enhanced peer to peer program to support the campaign with myth busing and spreading the positive messages about getting why it is important to be vaccinated. We will also be working with service managers to ensure they are actively encouraging and supporting staff to receive the vaccination.

The future of the campaign is lie more centrally to the business unit and whilst initial coordination will be led by IPC, there is to be a stronger emphasis on teams being held to account for overall uptake. This will triangulate with the work completed by business intelligence and workforce with an enhanced way of working across the organization and duty of care held by all.

7.2 Conferences

I Spy E.coli Conference – in May 2019 we welcomed delegates from across the health care economy and wider to the Bridge Street Church to hear a number of key note speakers share their evidence based knowledge around healthcare associated infections. Speakers included elements around health promotion and the upstream approach to infection prevention agenda. In addition we shared the unique work on the gram negative reduction program titled ‘I-Spy E.coli’. The event proved highly successful and evaluated well. Unfortunately due to Covid-19 the 2020 HCAI conference has been postponed to 2021.

Sepsis Under the Microscope Conference – on the 26th September 2019 we welcomed 150 delegates to a community and primary care sepsis conference. We heard a range of speakers share personal stories as well as experts from a range of backgrounds including; microbiology, Yorkshire Ambulance Service, Public Health England, maternal sepsis, paediatric management, life after sepsis and much more. We heard a very thought

provoking account from Tom Ray and his wife Nicola on their personal journey over the last 20 years since Tom has had a life changing experience as a result of sepsis. The conference evaluated well and the plan going forward would be to have a wider system approach to a Sepsis Conference that would incorporate the acute setting as well as community and primary care.

8.0 COMMISSIONED SERVICES

8.1 Care Homes Commissioned Services:

In April 2019 the IPC team increased their auditing programme to audit all 151 care homes in Leeds over a 2 year rolling programme as part of the newly devised cooperation agreement with Leeds City Council. The aim was to achieve 40 face to face audits (with follow up visits) and receive and reviews 40 care home self-assessment audits.

The audit action plans are routinely shared with LA Contracting Team, Care Quality Team and Advanced Health Improvement Specialist, and also with the Leeds CCG Quality Managers.

The purpose of the audits is to appraise and gain an insight into the environment and IPC practices which are measured against national standards. This enables the audit programme to:

- Highlights areas of good practice and provides care homes with a structured action plan listing recommendations for improvements
- Provides or sign posts to IPC resources
- Help care homes keep care up to date with practice developments
- Links care homes to other teams and services in the wider health and social care economy
- Enables collaborative working with other teams such as the local authority and CCG contracts managers.

Number of audits and care home visit completed for 2019/20

- 36 care homes received a face to face audit
- 25 care homes received a follow up audit visit
- 32 care homes completed and had returned a self-assessment audit
- 2 un-schedules support visits to care homes was done

Global COVID19 pandemic

Unfortunately due to the national pandemic lockdown, during quarter 4, the auditing programme was paused and not all of the auditing activity was achieved for 2019/20. However a good number of auditing had already been done as documented below.

Nevertheless due to the pandemic, the IPC team have been commissioned to employ more staff to provide increased IPC support to care homes. From this the auditing programme will improve where all 151 care homes will receive a face to face audit each year.

Findings

Several residential care homes have had large numbers of non-compliant areas and this may be related to no previous IPC auditing for this cohort. Compliance varied across the care homes.

Examples of more common non-compliant findings include:

- Residential care homes not having sluice machines and some did not have sluice rooms
- Poor knowledge in when alcohol gel can and cannot be used for hand hygiene
- Hand hygiene audits not being regularly performed
- Cluttered and untidy environments
- Dust to high surfaces
- Pressure cushions dirty to inside and outside
- PPE being disposed of into domestic waste stream

Examples of non-Compliance also varied across the care home and common findings included:

- Using washer/disinfectors to clean cutlery and crockery
- IPC staff training being up-to-date
- Using red dissolvable bags for infected/soiled linen
- Wall dispensers of paper hand towels and liquid soap available in operational rooms and residents rooms
- Staff waring clean tabards/aprons when serving/assisted with meals
- CASH data sheets available
- Viral Gastro enteritis local guidelines available

Follow up visits
All the care homes had made varying levels of improvements on follow up. However improvements often become accumulated after care homes have been through more than 1 auditing process.

Additional IPC support provided to care homes:

- **Biannual care homes IPC newsletter**

The IPC autumn/winter newsletter focused on Legionella in care homes and diarrhoea and vomiting outbreaks. The topic of Legionella was chosen due to one care home in Leeds having dangerous levels of Legionella in its water system.

- **Care home IPC champion's updates**

The winter resilience champions update was delivered in September. However only 5 staff attended (and 5 staff who booked on did not attend). Low attendance numbers may be due to many care homes already attending the free IPC care home onsite training. The champions event in March 2020 was cancelled due to the pandemic

- **IPC team City Wide Sepsis Conference**

Care homes were invited to and attend the free IPC team Sepsis conference which was held in October 2019. At the conference a dedicated care home IPC resources stand of was also provided. The conference had positive feedback from attendees. Feedback included:

"One of the most informative and inspirational days of my career, thank you all for putting this together and sharing with the Social Care community. Well done all."

- **City Wide Sepsis Group**

The IPC nurse continued to attend the Sepsis groups as a link for care homes. From this the IPC nurse has been raising awareness of the Restore2 physical deterioration and escalation tool for care homes. This has involved including Restore2 documents and posters on the dedicated care home stand at the IPC team Sepsis conference in 2019.

- **Care home managers forum**

The IPC nurse delivered a presentation on Sepsis and promoted the local Care Home Sepsis Screening and Action Tool the forum in July 2019. In the October 2019 forum the IPC nurse delivered a presentation on Restore2 (and also did a presentation on the updated Leeds Urinary Catheter Passport)

- **East Recovery Hub Sepsis training**

The IPS nurse was requested to provided sepsis training at the hub April which was attended by 16 care staff and 1 assistant manager. Staff feedback from the event was positive

- **IPC team Gram Negative Conference**

The IPC also team delivered a city wide IPC conference focusing on Gram negative blood stream infections. Local care homes attended the conference after being included in free invitation.

- **Hydration project**

The Gram Negative reduction IPC nurse has continued with the care home hydration project. In cohort 1, 2 residential care homes attended the first (of four) sessions (in September) but only 1 care home returned for follow up sessions. However this home has already seen improvements in hydration and subsequent improved health in their residents

and will have their 3rd project session in February. The IPC nurse commenced Cohort 2 of the hydration project which was paused due to the current pandemic situation.

- **Local Authority funded free IPC care home training**

Training continued to be delivered by the dedicated IPC care home training nurse. By the end of December 2019 the nurse has trained 1,300 care home staff and by the end of quarter 4 the nurse had trained 1,530 care home staff. This role has ended and care home IPC education will be picked up again as discussed below.

Future developments and recommendations for care homes

As discussed earlier the IPC team will be expanding and will enable increased auditing activity. Expansion will also include a new IPC training lead who will promote, support and encourage all the care homes to commence using Restore2. Support will include education sessions including observations training for non-nursing care homes.

To support the 151 registered care homes in Leeds the IPC team will continue:

- the rolling two year programme of face to face audits and will increase to an annual programme of face to face audits only.
- attending and contributing to the Care Home Focus Group meetings and to be a link for care homes to other meetings such as the Infection Prevention Society National Special Interest Care Home Group, bi monthly city wide sepsis group and monthly Gram negative collaborative working group.
- providing a bi-annual IPC newsletter, IPC resources web page, bi-annual IPC champions training and inviting care homes to other IPC education events such as the twice yearly IPC team conferences.
  develop and/or share relevant IPC updates and include care homes in relevant shared learning cascades .
- Promoting, encouraging and supporting care homes to commence using Restore2.

8.2 GP Audit Programme

Throughout 2019/20 the IPC team completed 35 GP audits, unfortunately due to Covid 19 audits in Q4 some were postponed until 2020/21. The aim of the audit process is to establish the level of compliance of commissioned GP practices in Leeds against national infection prevention and control standards; providing a baseline position for improvement.

Areas of non-compliance and concern seen during 2019/20 were:

- No Annual statement available
- IPC Policy not operationalised
- IPC not in appraisals or Job descriptions for all staff
- Sinks in clinical rooms being inappropriately used for disposal of water or cleaning of instruments.
- Not all practices are using sharp safety devices
- General clutter
- Damaged walls and plaster
- Out of date consumables
- Cleaner's cupboards dirty, untidy and cluttered.
- Sharps bins not labelled, assembled correctly, used inappropriately.

During 2019 – 2020 here was four Practices not completed as planned, Leeds Student was delayed due to building work, the light, Allwoodley and Newton were cancelled due to Covid.

Overall there continues to be a significant improvement around the compliance of the seven elements appraised, and generally many of the practices visited have an overall compliance with infection prevention.

In order to continue maintaining a safe standard of care it is important that annual audits are completed by the Infection Control Lead at each practice. Audit tools and resources can be found on the LCH website and sent by the primary care newsletter, these are shared with all of the practices.

During 2019/20 the IPC team Continued to provide a quarterly IPC Lead Forum Group, which is a session opened up to all practices throughout the Leeds Health Care Economy and is available free to all practices. The forum brings together a small number of nurses to discuss key topics. Throughout the year four sessions were planned but changes had to be made, in different locations such as Kippax and Yeadon. Some of the topics covered were: Being CQC ready, sepsis and E.coli. Attendees were welcomed to bring wants and offers to support everyone.

9.0 CHALLENGES AND FORWARD PLAN 2020/2021

9.1 IPC approach to Covid-19

Towards the end of the 2019-20 fiscal year the IPC team worked in response to the national Covid-19 pandemic. It was based on reasonable assumption that the transmission characteristics of Covid-19 are similar to those of SARS-CoV another novel respiratory virus. The transmission of Covid-19 is thought to occur mainly through respiratory droplets generated by coughing and sneezing, and through contact with contaminated surfaces.

Health and social care organisations in England are being advised by Public Health England (PHE) and the Trust has been applying the principles of their guidance locally. The infection prevention actions to reduce the risk of transmission to patients and staff are multifaceted. Limiting transmission of Covid-19 in the healthcare setting requires a range of IPC measures including;

- Early recognition and triaging of cases
- Effective communication strategies
- The IPC team will continue to provide support, guidance and training to reduce the risk of healthcare transmission of Covid-1919 in line with government guidance and the board assurance framework.

Due to the amount of preparation and on-going management required for Covid-19, the IPC team enacted the business continuity plans, actions included;

- Postponing the IPC audit programme
- Stopping formal post infection reviews (all patients with alert organisms still received the necessary IPC input)
- Suspending the planned transition work as part of the cooperation partnership agreement.

9.2 Forward Plan 2020 - 2021

IPC will continue to be a high priority for the Trust and the team have set out an ambitious but flexible programme of work over 2020-21.

There will be a continued focus on the resetting of services during the Covid-19 pandemic and IPC will start to deliver increased work priorities of the cooperation partnership agreement as we recruit an increased skill mix to deliver the objectives. IPC will start to audit, to monitor compliance with IPC guidelines and policy, and on targeted education programmes to ensure staff knowledge.

Challenges for 2020-21 will include:

- Delivering the undulating response to Covid-19 with specific emphasis on track and trace in workplace settings and care homes throughout the Leeds healthcare economy.
- Increased preventative measures in response to Covid-19 in nurseries, schools and universities.
- Implementation of an electronic auditing platform for increased IPC assurance.
- Achievement of the HCAI objectives.
- New build plans with the CAMHs at St Mary's and general changes in service in response to the Covid-19 pandemic.

The cooperation agreement and annual IPC plan will be monitored through quarterly cooperation review meetings with a governance structure in place, as well as the Infection Prevention and Control Committee (IPCC) and the Quality Assurance and Improvement Group (QAIG).

10.0 CONCLUSION

2019-2020 has proven to be a very successful year for the Infection Prevention and Control team. We have delivered successfully on the first fiscal year of the cooperation partnership agreement with Leeds City Council as well as fulfilled the annual IPC plan.

This report demonstrates the continued commitment of the Trust and evidences successes and service improvement through the leadership of a dedicated and proactive IPC team. It is also testimony to the commitment of all LCH staff dedicated in keeping IPC high on everyone's agenda.

The last quarter of the year was dominated by Covid-19 and the IPC Team workload increased dramatically as a result. Keeping the Trust staff and patients safe was priority during this time, as well as the system wide working through the city of Leeds. It is fair to say that the working day of an IPC Nurse and others in the team was unpredictable and often very stressful.

Throughout this time the IPC team has dedicated their time to the management of the pandemic and should be acknowledged for their unwavering hard work. I personally would like to thank my team for their dedication, tenacity and continuation of their positive spirit during a very challenging period of time.

Report compiled by Liz Grogan Deputy DIPC and Head of IPC – September 2020.

Contributions made by the IPC Team: Dave Hall, Joanne Reynard, Louise Popple, Jeanette Wood, Danielle Dobson, Rachael Ainley, Kirsty Taylor, Dawn Scholes, Grace Sobola, Janice Collier and Allison Riley.

NHS
Leeds Community Healthcare
NHS Trust

AGENDA ITEM 2020-21 (82)

Meeting Board – 2 October 2020	**Category of paper** *(please tick)*	
Report title Health Education England '2020 Education & Training Self-Assessment Report (SAR)	**For approval**	✓
Responsible director – Dr Ruth Burnett **Report author** – Leanne Wilson	**For assurance**	
Previously considered by N/A	**For information**	

Purpose of the report

In line with their National Quality Framework Health Education England (HEE) require the Trust to complete an annual 'Education & Training Self-Assessment Report' (SAR) as the placement provider for trainees in all professional groups.

Main issues for consideration

The 'Education & Training Self-Assessment Report' covers the period of 1 April 2019 to 31 March 2020 and includes information and activity relating to 'Multi-professional', 'Postgraduate Medical' and 'Undergraduate Medical' trainees.

This paper provides assurance to the Board of the current position regarding provision for trainees associated with the Trust. Please note the successes of good practice highlighted in each area; and that the challenges shown are known and are being dealt with locally.

Recommendations
The Board is recommended to:

- Accept the 2019/20 'Education & Training Self-Assessment Report' as the current LCH position.
- Approve the report for release to Health Education England.

Introduction

In line with the Health Education England (HEE) national quality framework, HEE require all placement providers to complete an annual Self-Assessment Return (SAR). The Quality Framework identifies the standards that organisations are expected to have in place to provide a quality learning environment for the learners they have responsibility for. Every organisation is expected to have assessed which standards are fully or partially in place via the use of a SAR. There is an expectation, via the Learning and Development Agreement (LDA), that organisations will refresh their SAR annually as good practice.

Background

The SAR is made up of 7 documents with checkbox responses covering 4 domains broken down into profession. These domains have been summarised below, a full copy of the SAR is available on request.

Although HEE has been tasked with addressing the educational needs of all clinical disciplines, they remain focused on Medical Education as a priority.

Domain 1 Learning Environment and Culture

The Trust has clear policies in place that safeguard both trainees and patients. Training is developed in line with relevant regulator standards, and educational audits are completed every two years. All trainees are closely supervised by named HEE accredited trainers and those trainers have time protected within their job plan.

The Trust has a named Associate Director of Student Support and Training to provide oversight and leadership around educational governance across the range of placements and learning opportunities for students provided.

The Trust is in the process of creating a centralized Medical Education Team to provide central support for both undergraduate and postgraduate medical placements.

Domain 2 Educational governance and leadership

All trainees have access to dedicated pastoral support when exposed to traumatic incidents of any sort in the work place. With regard to Medical trainees, the Trust Lead for Medical Education and the lead trainers liaise closely with the Trust Guardian of Safe Working Hours in respect of all trainee concerns about their training with exception reporting.

The Guardian of Safe Working Hours and the Associate Director of Medical Education meet quarterly with HR, trainer and trainee representatives to discuss and minute specific issues arising from the trainee's working environment including breaches of safe working hours. The Associate Director of Medical Education receives copies of all exception reports authored by the Guardian who reports directly to the Trust board.

Domain 3 Supporting and empowering learners

LCH learners work in environments that deliver safe, effective, compassionate care that provides a positive experience for service users. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours. There are opportunities for learners to be involved in activities that facilitate quality improvement, improving evidence-based practice and research and innovation. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to the LCH library resources.

Domain 4 Supporting and empowering educators

The Trust focus is on education placement design that embeds students in multi-disciplinary teams that allow multi-professional feedback. Practice areas are audited to ensure high quality placements. A placement introduction booklet is provided for students containing information regarding all the potential clinics and learning environments they might attend together with the related learning outcomes. Students reported they found these helpful in a variety of placements.

Trainers are supported to fully appreciate and understand the curricula in which the trainee needs to achieve competency and implement those curricula with the use of relevant work based assessments. Learners gain exposure to multi-disciplinary teams providing insight into innovative health care delivery in a community setting as an alternative to a hospital setting; whilst receiving quality educational and pastoral support.

Successes and Good Practice

- LCH offers high quality integrated multidisciplinary team placement opportunities in Community locations often as an alternative to in-patient hospital care.

- LCH are implementing a novel induction document and process for supporting Medical placements, highlighting the BAME and Disability Networks for student inclusion.

- Centralising the Medical Education Team in response to trainee difficulties outlined in previous National Education Training Survey feedback.

- Feedback from trainees on LCH placements was uniformly positive and routinely exceeded levels of satisfaction expressed by trainees in neighbouring Trusts as shown at Appendix A.

- The utilisation of HEE Fatigue and Facilities for Junior Doctors funding for the purchase of IT equipment to address access to IT issues, and Mindfulness courses to assist with emotional wellbeing of Postgraduate Medical Placements.

Challenges

- PEAR Survey results identifying issues with clinical trainees not having access to IT equipment.

Action Plan for 20/21

- Explore options with HEE funding regarding access to IT for clinical training placements

- Looking to further increase provision of student placements

Recommendations

The Board is recommended to:

- Accept the 2019/20 ‘Education & Training Self-Assessment Report’ as the current LCH position.
- Approve the report for release to Health Education England.

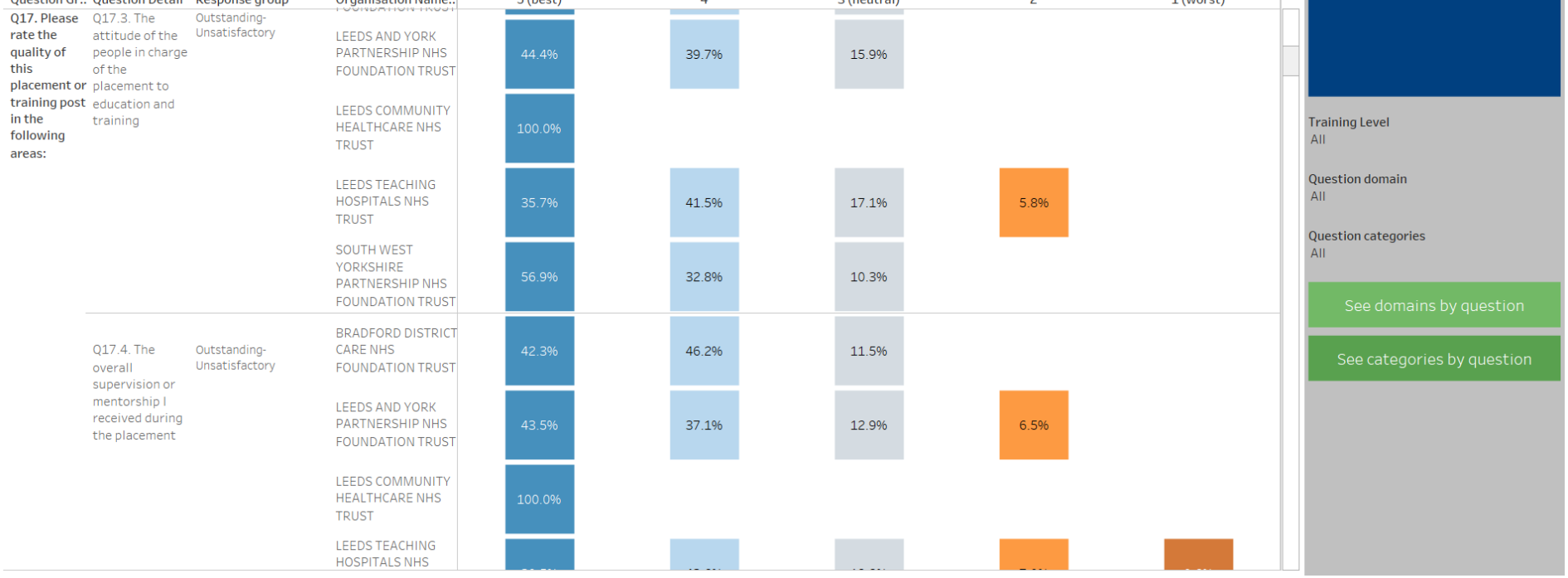
Appendix A - Leeds Community Healthcare NHS Trust NETS Results benchmarked to neighbouring Trusts

Question breakdown view by organisations

Users can view a breakdown of responses by individual NETS question with an organisation comparison. Users can group questions by HEE Quality Domain or Question Category in the filters on the right-hand side.
Dropdowns across the top of the page allow for additional location-based filtering, and dropdowns on the right-hand side of the report allow for learner group and question filters to be applied. To remove all filters select 'Revert' button above the tabs.

TIP: To change the type of organisation this report focuses on (e.g. Trusts instead of CCGs), please use the 'Select Organisation Type' tab

NHS Region: All | STP: All | HEE Local Office: All | Organisation Name: Multiple values | Site Organisation Name: All



Question Gr..	Question Detail	Response group	Organisation Name..	5 (best)	4	3 (neutral)	2	1 (worst)
Q17. Please rate the quality of this placement or training post in the following areas:	Q17.3. The attitude of the people in charge of the placement to education and training	Outstanding-Unsatisfactory	LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	44.4%	39.7%	15.9%		
			LEEDS COMMUNITY HEALTHCARE NHS TRUST	100.0%				
			LEEDS TEACHING HOSPITALS NHS TRUST	35.7%	41.5%	17.1%	5.8%	
			SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	56.9%	32.8%	10.3%		
	Q17.4. The overall supervision or mentorship I received during the placement	Outstanding-Unsatisfactory	BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	42.3%	46.2%	11.5%		
			LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	43.5%	37.1%	12.9%	6.5%	
			LEEDS COMMUNITY HEALTHCARE NHS TRUST	100.0%				
			LEEDS TEACHING HOSPITALS NHS					

Organisation type selected: Trusts

Training Level: All

Question domain: All

Question categories: All

See domains by question

See categories by question

NHS
Leeds Community Healthcare
NHS Trust

AGENDA ITEM 2020-21 (83)

Meeting Board – 2nd October 2020	**Category of paper** *(please tick)*	
Report title NHS England Annual Organisational Audit	**For approval**	✓
Responsible director – Dr Ruth Burnett **Report author** – Leanne Wilson	**For assurance**	
Previously considered by N/A	**For information**	

Purpose of the report

The Annual Organisational Audit (AOA) is a standardised template for all responsible officers to complete and return to their higher level responsible officer via the Revalidation Management System.

The AOA has been designed to assist responsible officers in providing assurance to their organisation's board that the doctors working in their organisations remain up to date and fit to practise.

Main issues for consideration

This report provides assurance to Board that all Medical Appraisals have been completed in line with NHSE guidelines. The report covers the appraisal of all doctors with Leeds Community Healthcare as their Designated Body for the period 1st April 2019 to 31st March 2020.

Recommendations
The Board/Committee is recommended to:

- Accept the 2019/20 'NHS England Annual Organisational Audit' as the current LCH position.
- Approve the report for release to Health Education England.

Annual Organisational Audit (AOA)

End of year questionnaire 2019-20

2.1	Only doctors with whom the designated body has a prescribed connection at 31 March 2019 should be included. Where the answer is 'nil' please enter '0'.	Number of Prescribed Connections	Completed Appraisal (1)	(Optional) Completed Appraisal (1a)	Approved incomplete or missed appraisal (2)	Unapproved incomplete or missed appraisal (3)	Column Total
2.1.1	Consultants (permanent employed consultant medical staff including honorary contract holders, NHS, hospices, and government /other public body staff. Academics with honorary clinical contracts will usually have their responsible officer in the NHS trust where they perform their clinical work).	31	31	0		0	31
2.1.2	Staff grade, associate specialist, specialty doctor (permanent employed staff including hospital practitioners, clinical assistants who do not have	5	5	0	0	0	5

	a prescribed connection elsewhere, NHS, hospices, and government/other public body staff).						
2.1.3	Doctors on Performers Lists (for NHS England and the Armed Forces only; doctors on a medical or ophthalmic performers list. This includes all general practitioners (GPs) including principals, salaried and locum GPs).	0	0	0	0	0	0
2.1.4	Doctors with practising privileges (this is usually for independent healthcare providers, however practising privileges may also rarely be awarded by NHS organisations. All doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade).	0	0	0	0	0	0
2.1.5	Temporary or short-term contract holders (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc).	2	2	0	0	0	2

2.1.6	Other doctors with a prescribed connection to this designated body (depending on the type of designated body, this category may include responsible officers, locum doctors, and members of the faculties/professional bodies. It may also include some non-clinical management/leadership roles, research, civil service, doctors in wholly independent practice, other employed or contracted doctors not falling into the above categories, etc).	3	3	0	0	0	3
2.1.7	TOTAL (this cell will sum automatically 2.1.1 – 2.1.6).	41	41	0	0	0	41

2.1	**Column - Number of Prescribed Connections:** **Number of doctors with whom the designated body has a prescribed connection as at 31 March 2019** The responsible officer should keep an accurate record of all doctors with whom the designated body has a prescribed connection and must be satisfied that the doctors have correctly identified their prescribed connection. Detailed advice on prescribed connections is contained in the responsible officer regulations and guidance and further advice can be obtained from the GMC and the higher level responsible officer. The categories of doctor relate to current roles and job titles rather than qualifications or previous roles. The number of individual doctors in each category should be entered in this column. Where a doctor has more than one role in the same designated body a decision should be made about which category they belong to, based on the amount of work they do in each role. Each doctor should be included in only one category. For a doctor who has recently completed training, if they have attained CCT, then they should be counted as a prescribed connection. If CCT has not yet been awarded, they should be counted as a prescribed connection within the LETB AOA return. **Column - Measure 1 Completed medical appraisal:** A *completed annual medical appraisal* is one where either: a) All of the following three standards are met: i. the appraisal meeting has taken place in the three months preceding the agreed appraisal due date*, ii. the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor within 28 days of the appraisal meeting, iii. the entire process occurred between 1 April and 31 March. Or b) the appraisal meeting took place in the appraisal year between 1 April and 31 March, and the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor, but one or more of the three standards in a) has been missed. However, the judgement of the responsible officer is that the appraisal has been satisfactorily completed to the standard required to support an effective revalidation recommendation. For doctors who have recently completed training, it should be noted that their final ACRP equates to an appraisal in this context.	41 41 0

	Column - Measure 1a (Optional) Completed medical appraisal: For designated bodies who wish to and can report this figure, this is the number of completed medical appraisals that meet all **three** standards defined in Measure 1 a) above. This figure is not reported nationally and is intended to inform the internal quality processes of the designated body.	0
	Column - Measure 2: Approved incomplete or missed appraisal: An a*pproved incomplete or missed annual medical appraisal* is one where the appraisal has not been completed according to the parameters of a *Category 1 completed annual medical appraisal*, but the responsible officer has given approval to the postponement or cancellation of the appraisal. The designated body must be able to produce documentation in support of the decision to approve the postponement or cancellation of the appraisal for it to be counted as an *Approved incomplete or missed annual medical appraisal*.	0
	Column - Measure 3: Unapproved incomplete or missed appraisal: An *Unapproved incomplete or missed annual medical appraisal* is one where the appraisal has not been completed according to the parameters of a *Category 1 completed annual medical appraisal*, and the responsible officer has not given approval to the postponement or cancellation of the appraisal. Where the organisational information systems of the designated body do not retain documentation in support of a decision to approve the postponement or cancellation of an appraisal, the appraisal should be counted as an *Unapproved incomplete or missed annual medical appraisal*.	41
	Column Total: Total of columns 1+2+3. The total should be equal to that in the first column (Number of Prescribed Connections), the number of doctors with a prescribed connection to the designated body at 31 March 2019. * Appraisal due date: A doctor should have a set date by which their appraisal should normally take place every year (the	

	‘appraisal due date’). The appraisal due date should remain the same each year unless changed by agreement with the doctor’s responsible officer. Where a doctor does not have a clearly established appraisal due date, the next appraisal should take place by the last day of the twelfth month after the preceding appraisal. This should then by default become their appraisal due date from that point on. For a designated body which uses an ‘appraisal month’ for appraisal scheduling, a doctor’s appraisal due date is the last day of their appraisal month. For more detail on setting a doctor’s appraisal due date see the Medical Appraisal Logistics Handbook: (NHS England 2015).	
2.2	**Every doctor with a prescribed connection to the designated body with a missed or incomplete medical** **appraisal has an explanation recorded** If all appraisals are in Categories 1, please answer N/A. To answer Yes: • The responsible officer ensures accurate records are kept of all relevant actions and decisions relating to the responsible officer role. • The designated body’s annual report contains an audit of all missed or incomplete appraisals (approved and unapproved) for the appraisal year 2018/19 including the explanations and agreed postponements. • Recommendations and improvements from the audit are enacted. **Additional guidance:** A missed or incomplete appraisal, whether approved or unapproved, is an important occurrence which could indicate a problem with the designated body’s appraisal system or non-engagement with appraisal by an individual doctor which will need to be followed up. **Measure 2: Approved incomplete or missed appraisal:** An a*pproved incomplete or missed annual medical appraisal* is one where the appraisal has not been completed according to the parameters of a *Category 1 completed annual medical appraisal*, but the responsible officer has given approval to the postponement or cancellation of the appraisal. The designated body must be able to produce documentation in support of the decision to approve the postponement or cancellation of the appraisal for it to be counted as an *Approved incomplete or missed annual medical appraisal*.	Yes

	Measure 3: Unapproved incomplete or missed appraisal: An *Unapproved incomplete or missed annual medical appraisal* is one where the appraisal has not been completed according to the parameters of a *Category 1 completed annual medical appraisal*, and the responsible officer has not given approval to the postponement or cancellation of the appraisal. Where the organisational information systems of the designated body do not retain documentation in support of a decision to approve the postponement or cancellation of an appraisal, the appraisal should be counted as an *Unapproved incomplete or missed annual medical appraisal*.	
Comments		
	Of the 41 doctors with a prescribed connection to Leeds Community Healthcare NHS Trust, all 39 completed their appraisal within the 3 months preceding their appraisal due date, with the appraisal summary completed within 28 days following the meeting date. 2 doctors postponed their appraisal due to the Covid-19 outbreak, and held them as soon as they were able within the new appraisal cycle.	

Leeds Community Healthcare NHS Trust

Quality Committee Meeting
Monday 27 July 2020
Microsoft Teams
09:30 – 12:30

AGENDA ITEM 2020-21 (84a)

Present	Helen Thomson	Non-Executive Director (Chair)
	Brodie Clark	Interim Trust Chair (Items 27a – 29c)
	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	Thea Stein	Chief Executive
	Dr Stuart Murdoch	Deputy Medical Director
	Sheila Sorby	Assistant Director of Nursing and Clinical Governance
	Caroline McNamara	Clinical Lead, Adult Business Unit (Item 28a)
	Maureen Drake	Assistant Director of AHP
	Karen Otway	Quality Lead, Adult Business Unit (Item 28a)
	Diane Allison	Head of Corporate Governance
Observing	Lynne Chambers	Head of Service Children and Adult Safeguarding
Minutes	Lisa Rollitt	PA to Executive Medical Director
Apologies	Professor Ian Lewis	Committee Chair

Item no	Discussion item	Actions
Welcome and introductions		
2020-21 (27a)	**Welcome and Apologies** The Committee Chair opened the meeting and welcomed attendees. Apologies were received from the Committee Chair (IL); a Non-Executive Director (HT) would chair the meeting.	
2020-21 (27b)	**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 (27c)	**Minutes of meeting held on 22 June 2020** The minutes were reviewed for accuracy and agreed as a true record of the meeting.	
2020-21 (27d)	**Matters arising and review of action log** It was agreed that the actions with a timescale for July 2020 were included on the agenda and were therefore complete.	
KEY ISSUES		
2020-21 (28a)	**i. Covid-19 update** The Executive Director of Nursing and Allied Health Professionals (AHP) presented an update on the current position and highlighted that care home work was ongoing. It was also noted that staff were beginning to be identified	

	from the Bring Back Staff national scheme, who may be able to provide support to care homes with additional training being reviewed and put in place. It was reported that Flu vaccine planning was underway for the staff campaign and to ensure the Trust is able to support primary care colleagues to vaccinate the population as required. It was noted that the eligibility for the vaccine had widened and there would be a staggered approach to delivery. 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 the Trust throughout Covid-19. A further Infection Prevention and Control (IPC) focussed call was due to take place later in the week. The Interim Trust Chair commented on the positive summary record following an initial support call with Wetherby YOI. The Committee Chair asked about the expectations of how CQC would work in the future. The Executive Director of Nursing and AHPs reported that there was a sense that the focus would 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 were addressed in a timely manner. The Committee members concurred. **ii. Reset and Recovery** The Executive Director of Operations gave 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 had commenced their re-start programme and support was being provided at service level. Re-deployed staff members have been returning to substantive services over the past few weeks to support this. It was noted that a lot of the estates would be returned to the Trust following use by Primary Care during Covid-19 and it will be helpful to have use of clinical rooms. 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 would be raised at the Primary Care Gold Command meetings. The Chief Executive also acknowledged that increasing waiting lists in addition to the potential spike as a direct result of the Covid-19 pandemic does mean that despite best efforts by all services; this would not fully mitigate clinical risk as some risk will remain unknown to us if not highlighted through checking or by patients coming forward. The Trust is working through lists on the basis of clinical risk whilst balancing the need to ensure all services are Covid-19 secure and the speed and pressure under which staff can reasonably be expected to work. The Executive Medical Director informed the Committee of a forthcoming workshop with LCH, Primary Care, LTHT and indemnity organisations to discuss the	

	shared clinical risk across patient pathways. In response to an offer of how the Committee could assist, The Executive Director of Operations requested that Quality Committee understand the complexity of the current situation and support conversations outside of the Trust as required.	
2020-21 (28b)	**Spotlight: Rehabilitation pathways** The Assistant Director of Allied Health Professionals introduced the presentation on Rehabilitation pathways which showed the emerging evidence base for the rehabilitation needs of Covid-19 patients and the emerging evidence of the impact that the national response to Covid-19 has had on the population's health and wellbeing. It was noted that there was a lot of guidance available from NHS England around Covid-19 patient rehabilitation, but the guidance for the other identified groups was limited. The Assistant Director of Allied Health Professionals spoke about the city wide rehabilitation steering group, which included representation from Healthwatch Leeds and Forum Central. The Clinical Lead, ABU provided a comprehensive summary of the two work streams which was well received by the Committee. The Committee Chair referred to workstream 1 and asked about the disproportionate effect on neighbourhood teams. It was noted that whilst age and long terms conditions were outcome related factors, there was no identified disproportionate impact on individual Neighbourhood Teams at present. 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 Assistant Director of Allied Health Professionals stated that she would investigate how the additional figures could be captured and added. The Clinical Lead, ABU commented that the biggest increase in referral needs was from Covid-19 rehabilitation patients and shielded and older patients who have been unable to exercise. She felt that to manage this, a core offer for all patients was required on a digital platform, offering consistent advice. In regard to Mental Health, it was felt that Primary Care would need to use the resources that were available in the city. **Action: Assistant Director of Allied Health Professionals to consider how the additional non therapy unmet needs could be captured and added to the wider scope of rehabilitation.** The Interim Trust Chair referred to the huge complexity of issues that were addressed and asked about the potential for synergy with the Mental Health trust. It was noted that the Trust was working with Mental Health colleagues, who were engaged with the steering group. The Chief Executive raised the need to think creatively, in partnership with private and third sector colleagues, in order to meet subsequent longer term health needs.	**Assistant Director of AHPs**

	The Executive Director of Nursing and AHPs commented that some nurses also have a rehabilitation background and this should be considered when looking at capacity in the workforce to address the growing needs of rehabilitation in the community. It was agreed that the Quality Committee would be provided with updates around rehabilitation alongside Reset and Recovery updates.	
2020-21 (28c)	**CAMHS** <u>i) Little Woodhouse Hall incident update</u> The updated paper was presented by the Executive Director of Nursing & AHPs, following the request for more robust assurance including thorough risk reduction strategies by the Committee in June 2020. It was acknowledged that the paper provided evidence of how the Trust was supporting staff to deal with the issues in a better way; however it was also acknowledged that there could have been more focus around support for the individuals. The Committee 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 six young people. The Interim Trust Chair expressed his concern that the actions delivered were predominantly around staff and less around the young people. It was agreed that there was a need for improved alignment between identified actions and improvements for the young people to provide greater assurance. The Executive Director of Nursing acknowledged the concerns, stating that an imminent unannounced mock CQC inspection with an external Mental Health expert and Non-Executive Director for additional scrutiny would be taking place. Furthermore, it was noted that the supporting Clinical Lead was working with three 'outstanding' in-patient units to review existing models of care. The Committee Chair was surprised that the times of self-harm incidents had not been documented previously and also expressed concern around the statement that the method of self-harm in 75% of the incidents had been identified in the individual's risk assessment, and of these, 95% had a risk management plan relating to the method of self-harm. The Committee Chair felt that a lot was missing in terms of approach. It was agreed that the Quality Committee would receive an update on actions at the meeting in September 2020, prior to a further in-depth review to Quality Committee in October 2020. **Action: Quality Committee to receive an update on actions at the meeting in September 2020** <u>ii) CAMHS CQC improvement update/ transformation update</u> The Executive Director of Nursing & AHPs reported that the majority of the actions were complete; however one outstanding action remained 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 had been agreed for the first week of August 2020. It was noted that new CQC guidance in relation to the requirements of a call alarm system in in-patient units was also being considered against the existing plans. *CAMHS transformation update*	**Executive Director of Nursing & AHPs**

	The Executive Director of Operations provided an update; acknowledging progress was not as advanced as planned as a result of Covid-19. Whilst some elements were behind trajectory, for example, improvements in response to the staff survey results, service development work had maintained traction throughout the Covid-19 pandemic. The Executive Director of Operations spoke about the challenges with trying to get the service engaged with the Trust's visions and values and asked for any suggestions to assist with this work. The Committee heard about the considerable work that had taken place to address the issue of waiting lists and were pleased to hear of the approaches to explore waiting list management across the service. The Chief Executive stated that the clinical work and care was good, but the issue with the mix of personalities and leadership was not helpful. It was noted that the Committee wished to keep a focus on the issues discussed.	
FOR DISCUSSION		
Quality governance and safety		
2020-21 (29a)	**Performance brief and domain reports** The Executive Director of Nursing & AHPs presented the paper as read and asked the Committee for questions. The Committee Chair commented that she was interested in the turnover of staff and staff sickness levels, querying whether the figures were all related to Covid-19. It was noted that the figures related to all sickness. The Committee Chair also asked about the staff leaving within 12 months which was higher than expected. It was noted that this was mainly attributable to Band 2 Administrative and Band 5 Nursing roles and that work was underway to look at retention initiatives for these staff groups including a review of the preceptorship programme.	
2020-21 (29b)	**Clinical Governance report inclusive of SI / PU update and Clinical Leads' reports** The Executive Director of Nursing & AHPs presented the paper as read, highlighting that the pause in the Ombudsman work had been lifted and were accepting new health complaints and progressing existing ones from 1 July 2020. It was noted that two of three cases had been updated; one was not being taken any further and one had a request for more information. *Adult Business Unit* The Executive Director of Nursing & AHPs updated the Committee on the progress with the Virtual Ward. The Executive Director of Operations stated that a presentation would be made to the Business Committee this month around the Virtual Ward and it was agreed that the presentation would be circulated to Committee members. **Action: Executive Director of Operations to circulate presentation on Virtual Ward** The Executive Director of Nursing and AHPs spoke about a grateful patient of the Meanwood Neighbourhood Team who gave a group of twelve staff who	**Executive Director of Operations**

	looked after him silver NHS medals. The presentation was shown on the local TV news. This has been followed up by the Prime Minister's call to the team, bringing a welcome boost to morale. The Committee Chair's feedback regarding the format of the Clinical Lead reports, requesting consistency to provide clear escalation and congruence with known risks was noted. *Specialist Business Unit* The Executive Director of Nursing and AHPs highlighted an increased trend of incidents within the Podiatry service and reported that this was being worked through for further updates at the next Committee. The Chief Executive commented on the work to address the MSK/Podiatry waiting lists, stating that it would be useful for the SBU to be sure they reflected the work they were doing. The Executive Director of Nursing and AHPs stated that she would feed this back to the services for future reports. *Children's Business Unit* The Executive Director of Nursing and AHPs highlighted the Category 3 Pressure Ulcer incidence which had been reported at the June 2020 Committee. It was agreed that there was not enough detail in the report and that this had been addressed with the author. The Committee Chair commented that the layout was correct, but needed to include the right detail without it becoming an essay.	
2020-21 (29c)	**Neighbourhood Teams triangulation report** The Executive Director of Nursing & AHPs presented the Quarter 4 paper as read, acknowledging this had already been presented to Business Committee. The Committee acknowledged the time lag and received the paper as reasonable assurance.	
2020-21 (29d)	**Quality account** The Executive Director of Nursing and AHPs presented the report as read. It was noted that the document would usually have been published in June 2020, however due to Covid-19, this had been deferred nationally. The Committee agreed to provide comments by email to the Executive Director of Nursing and AHPs by the close of business on 31 August 2020, prior to the final Quality account returning to the Committee in October 2020, ahead of publication in December 2020. **Action: Committee members to provide their comments on the Quality account to the Executive Director of Nursing and AHPs by close of business on 31 August 2020.**	**All to note**
2020-21 (29e)	**Quality improvement plan (CQC)** It was agreed that the item had been addressed under Item (28c) (iii).	
2020-21 (29f)	**Mortality report (Quarter 1)** The Executive Medical Director presented the report as read and it was well received by the Committee. The Chief Executive asked whether there was an analysis of Black, Asian and minority ethnic (BAME) groups and people with Learning Disabilities. It was noted that it was challenging to produce this data due to coding on patient	

	records; however developments were being discussed with partner organisations. The Executive Medical Director also stated that vast majority of patients were in an age group where Learning Disabilities were not diagnosed in the way they are now and this may be part of the reason they appear to be under-represented. The Chief Executive commented that it was important to acknowledge the impact of recent months on community services and the level of deaths in the community. The Executive Medical Director agreed and stated the data would be helpful going into winter. A Non-Executive Director (HT) asked how the workload and resource implications were going to be managed long term. The Executive Medical Director noted that the current system remained reliant on some key individuals, and that work was being conducted to increase confidence in a more disseminated team being involved in Level 2 reviews, including quality assurance and shared learning.	
Patient experience		
2020-21 (30a)	**Patient experience and engagement: incidents, complaints, concerns and feedback – 6 monthly report for 19/20** The Executive Director of Nursing and AHPs presented the report which had been deferred from the May Board meeting and commented that there was a need to ensure future reports were ready within the timescales. The Committee Chair commented that the report was very readable.	
FOR APPROVAL		
Quality governance and safety		
2020-21 (31a)	**Safeguarding strategy** The Executive Director of Nursing and AHPs presented the strategy and annual report. The Committee agreed to the amendments made and accepted the strategy ahead of its presentation to Board. The Committee agreed to provide comments by email to the Executive Director of Nursing and AHPs presented before presentation to Board. **Action: Committee members to provide their comments on the Safeguarding Strategy and Safeguarding Annual Report to the Executive Director of Nursing and AHPs before presentation to Board in July 2020.**	**All to note**
Clinical effectiveness		
2020-21 (32a)	**Patient group directions (PGDs)** The report was received and noted by the Committee. The PGDs were ratified. The Executive Medical Director commented that it was interesting to note that one of the PGDs was an update following new ways of working due to Covid-19 and that this would be a permanent arrangement.	
2020-21 (32b)	**Research and development strategy 6 monthly update** The update was presented by the Executive Medical Director who stated that the current departmental focus was upon responding to calls for involvement in Covid-19 related studies and work to un-pause studies according to service	

	capacity/study urgency was progressing as reset and recovery continued. The Executive Medical Director informed the Committee that the GP Confederation had been accepted as the sub investigator to LTHT for the Citywide Covid-19 vaccine work and this would be provided through the Trust. The update was well received by the Committee.	
2020-21 (32c)	**Clinical audit (retrospective review)** The Executive Director of Nursing & AHPs presented the paper which provided an overview of Clinical audit activity within the Trust during the period 1 April 2019 – 31 March 2020. It was highlighted that, for Clinical Audit Awareness Week, a conference had been hosted which included a national speaker. This was well received and promoted clinical audit within the organisation. In response to a question from the Committee Chair about future plans for continuing training, the Executive Director of Nursing and AHPs stated that training was still being promoted and feedback from the Quality, Assurance and Improvement Group (QAIG) reflected the inclusion of how clinical audit was improving care and outcomes for patients through embedding new learning and clinical practice as a result of the audits undertaken. The Executive Medical Director stated that the report from QAIG included a series of evidence of learning from audits, how this had been actioned and the evidence of impact, which was felt to be very beneficial. Evidence of learning will be included in future reports to Quality Committee as appropriate in addition to the annual report.	
FOR NOTING AND ANY QUESTIONS		
Quality governance and safety		
2020-21 (33a)	**Risk register** The Head of Corporate Governance presented the report and highlighted the three new risks: • Concern with ongoing patients safety incidents within the Seacroft Neighbourhood Team, • Absence of face to face consultation in the Community Gynaecology Service • Vulnerable and BAME staff at higher risk from contracting Covid 19 The Committee Chair queried how CAMHS was reflected on the risk register. It was agreed this would be reviewed to ensure CAMHS risks were appropriately reflected. **Action: CAMHS risks to be reviewed, and appropriately reflected in the risk register.** In regards to the risk relating to the Seacroft NT, the Chief Executive spoke about the considerable work which had not been included in the report and the additional control measure in relation to the actions following the latest presentation to the Senior Management Team. It was also noted that a date had been established for a Quality Walk to Seacroft NT in August 2020. The Executive Director of Operations asked the Committee to note that the risk	**Executive Director of Nursing and AHPs**

	had since been reduced to 8 and that this would need to be updated before presentation to Board. **Action: Risk register to be amended to reduce the risk relating to the Community Gynaecology Service to 8 before presentation to Board.**	**Head of Corporate Governance**
2020-21 (33b)	**Medical Director's report** The paper was presented by the Executive Medical Director who asked the Committee to note the change of format from previous reports. It was noted that the report reflected the four national requirements ahead of its submission to Board The report was well received by the Committee.	
Sub group minutes for noting		
2020-21 (34a)	**Quality Assurance and Improvement Group: 18 June 2020** The Committee received and noted the minutes.	
2020-21 (34b)	**Safeguarding Children's and Adult's Group: 11 June 2020** The Committee received and noted the minutes.	
2020-21 (34c)	**Mental Health Act Governance Group: 26 June 2020** The Committee received and noted the minutes.	
2020-21 (34d)	**CCG Clinical Quality Review Group: 19 December 2019** The Committee received and noted the minutes. The Executive Director of Nursing and AHPs stated that it had been proposed that the CCG would attend Quality Committee going forwards to gain assurance rather than holding an additional meeting. It was agreed that it was important to formalise this as part of governance arrangements.	
Quality Committee work plan		
2020-21 (35a)	**Work plan** The Committee received and noted the work plan.	
2020-21 (35b)	**Work plan items not on agenda** **i) Board member service visits –** none undertaken. **ii) Quality Account –** deferred in line with national timescale. **iii) Internal audit reports –** no reports to review.	
2020-21 (36)	**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 including the ICS ethical framework and Wetherby YOI CQC call – reasonable assurance • Re-set and recovery – reasonable assurance • Spotlight: Covid-19 Rehabilitation – substantial assurance • CAMHS – limited assurance, with acknowledgement of progress being made on the culture. • CQC improvement report – reasonable assurance, acknowledging that a lot of the transactional actions were complete. • Mortality – reasonable assurance around processes in place. • Safeguarding Strategy and annual report – reasonable assurance. • Medical directors report – reasonable assurance.	

	• Rest & Recovery – reasonable assurance.	
2020-21 (37)	**Reflections on Committee meeting** The Committee Chair stated that any comments could be emailed to her. It was agreed that the meeting had flowed well, with a good balance between issues to be discussed and items that were paper heavy but did not need discussion. It was also agreed that challenge had been appropriate and in the right places. The Committee Chair commented on how the Committee could work smarter, looking at the environmental impact of the amount of paper used and asked the Committee to consider this going forward.	
2020-21 (38)	**Any other business** There was no further business.	
	Dates and times of future meetings 21 September 2020 26 October 2020 23 November 2020	

Leeds Community Healthcare NHS Trust

Agenda Item 2020-21 (84b)

Business Committee Meeting
Microsoft Teams / Boardroom, Stockdale House
Wednesday 29 July 2020 (9.00 am to 12.00 noon)

Present:	Brodie Clark (Chair)	Non-Executive Director (BC)
	Thea Stein	Chief Executive
	Bryan Machin	Executive Director of Finance & Resources
	Sam Prince	Executive Director of Operations
	Richard Gladman	Non-Executive Director (RG)
	Helen Thomson	Non-Executive Director (HT)
Attendance:	Laura Smith	Director of Workforce
	Diane Allison	Company Secretary
	Caroline Schonrock	Business Planning Manager
	Dan Barnett	Programme Lead Reset and Recovery
	Kate Smith	VFW Project Manager
	Rachel Cooper	Chief Executive-Forum Central
	Richard Slough	Assistant Director of Business Intelligence, Clinical Systems and IT
Apologies:	None recorded	
Note Taker:	Ranjit Lall	PA to the Executive Director of Finance & Resources

Item	Discussion Points	Action
2020/21 **(24)**	**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 private and public minutes of the meeting dated 24 June 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 updates as follows: *Item 2019/20 (36c) – Virtual Frailty Ward (VFW) Business Case* The Committee Chair welcomed the Project Manager of Leeds Virtual Ward (frailty) to the meeting. The presentation provided the Committee with an update on the Leeds Virtual Ward, including progress with the mobilisation plan.	

	The Executive Director of Operations said that the target was to conduct the assessment within two hours of referral by the community urgent respond assessment team. The multi-agency virtual ward provided 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. This was an impressive advancement of the neighbourhood teams offer, a 24/7 service whilst the referrals were received between 8.00 am and 4.00 pm. The service continued to monitor whether there was a demand to extend the referral time and change that age. The Project Manager said that the most common reasons for referral were falls, confusion, chest infections and urinary tract infections. 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). The regular review of resources and re-costing of the service was financially sustainable for the city. The involvement of the Third Sector and bringing in the non-clinical support staff at point of discharge benefitted patients from intervention at home rather than hospital admission. The Committee Chair thanked the Project Manager for the presentation and opened up the discussion for comments and questions. The Committee Chair began by asking about the communication and engagement development process. The Project Manager said that any project needs mapping out in different ways and having different challenges. She said prior to Covid-19 pandemic she attended various meetings and had that dialogue with people, in primary care, Yorkshire Ambulance Service and care homes. More recently work was underway with care homes to look at all the different referrals into the VFW. The positive feedback received from family members will be captured in the evaluation report released in January 2021. In response to a question from the Committee Chair regarding projected numbers of referrals and capacity, the Project Manager said that the numbers originally modelled had not necessarily benefited, but when this became citywide there would be more activity and it should give a true picture. The Chief Executive was concerned about the flow of referral time (8.00 am – 4.00 pm). She said that the peak for people being admitted to hospital was in the evening. The Project Manager said that colleagues in hospital continued to review and monitor admission data to extend the referral times if necessary. The Committee was advised that this will become business as usual with the ideal pathway tested as a regular service, part of the reset in terms of incorporating the VFW into the neighbourhood teams. The Committee Chair thanked the Project Manager for the update and said that he was looking forward to receiving an update on the next phase. *<u>Item 2020/21 (17c) – Utilisation rate of staff</u>* The Executive Director of Operations reported that this piece of work had not	

	progressed at the pace she would have had liked. An update was to be provided at a future meeting.	
2020/21 **(25)**	**Strategy** **a) Third Sector Strategy** The Executive Director of Operations shared the first Third Sector Strategy for the organisation. It had been co-produced with Forum Central, the umbrella organisation for the Third Sector in Leeds and had been informed by engagement and consultation with staff and the wider third sector. The Executive Director of Operations welcomed and introduced the Chief Executive of Forum Central, the Programme Lead for reset and recovery and the Business Planning Manager to present the strategy to the Committee. The strategy aimed to deliver outstanding care to communities by developing productive and effective partnerships with the Third Sector that maximised and valued their expertise for creating a sustainable model for health and care provision. The Programme Lead said that the strategy had been work in progress for some time and the views of the Third Sector were very much reflected in the strategy. He said working through the Covid-19 pandemic delayed progress but on reflection it brought out some helpful insights for communities. It helped reframe the strategy in terms of the Trust's role in supporting existing services and Third Sector resilience. The Business Planning Manager said that there was also strong support from the West Yorkshire & Harrogate Health and Care Partnership and the Clinical Commissioning Group for reducing health equality and a stronger Leeds commitment. It was noted that there were some barriers to the involvement of the Third Sector in health systems and infrastructures. This was being addressed through a system approach rather than bilateral approach. Extending access to the Leeds Care Record was welcomed and further work with Leeds Mental Wellbeing Service and the Liaison and Diversion Service was the focus within the city around extending access to the Third Sector to create a shared infrastructure. After further discussion the following comments were noted: The Committee Chair noted a much firmer connection and a commitment with the Third Sector to constructively develop Trust services and support the work of the Third Sector. The Executive Director of Operations said that she was pleased with the relationships that had been developed over the last couple of years with the Third Sector. There were mutual benefits of the expertise to build on and have access to client groups to become more sustainable To engage with public understanding, the Executive Director of Operations said that the launch would be part of the communications plan and engagement events. The benefits of working in partnership with the Third Sector will provide different kinds of skills within the NHS and adding value connecting with communities. The Chief Executive said that this was a strategy very much routed in equal value for equal work. However, the strategy should clearly state that the Trust would work with organisations that shared NHS values and behaviours.	

A Non-Executive Director (RG) was content with the strategy and the aims and the effectiveness of how the health equalities were being addressed to achieve better outcomes in a more targeted way, particularly with hard to reach groups.

The Executive Director of Operations said that the high level priorities and a roadmap directed by a Steering Group jointly with the Trust and Third Sector representation was being developed. There was a requirement for the Business Committee to sign off year one implementation plan when complete. The Committee will receive quarterly progress reports on implementation.

Outcome
The Committee reviewed the draft Third Sector Strategy and agreed to recommend to the Board that this was approved at the Trust Board meeting on 7 August 2020. The Committee fully recognised the impressive level and quality of input and the very positive collaboration with external partners.

b) Digital Strategy update
The Chair welcomed the Assistant Director of Business Intelligence, Clinical Systems and IT to the meeting.

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-19 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.

The Assistant Director of Business Intelligence, Clinical Systems and IT said that since the last strategy update to the Business Committee and the Trust Board, changes to note were responses to Covid-19. This included implementation of more hardware and increased capacity for remote access system to allow more people to work from home. Tools such as Microsoft Teams, video conferencing consultation and software allowed clinicians and patients to continue to receive care.

The next priority of work was the reset and recovery of informatics and IT teams and to consider how the digital schemes developed by services could potentially impact the strategy and 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 effect of Covid-19. This would have the effect of accelerating some pieces of work whilst delaying or superseding others.

A Non-Executive Director (RG) asked about the future model and how that would be supported by digital working. The Assistant Director of Business Intelligence, Clinical Systems and IT said that this was being worked through with reset and recovery programme team at the moment, and there was an opportunity to bring things together at the newly formed Digital Strategy Implementation Group (DSIG). The reset and recovery team was making sure that every service could be creative and use whatever technology was available to transform the basic infrastructure and foundations that would support all services.

The Executive Director of Finance and Resources said that the reset and recovery provides an opportunity to prioritise, improve and transform services which should help with informatics prioritisation.

	The Committee Chair recognised the difficulties and the complexity as there were so many demands on the business and the understanding of the importance of building on a digital cultural and the importance of display screen equipment and information governance that had been put into place. It was noted that based on the outcome of the scheme prioritisation, the DSIG was developing a plan on a page to support more detailed implementation plans and the work of the reset and recovery programme. The Committee Chair asked for the Committee members to see a copy of the plan on a page when it was availability on 31 August 2020. **Action:** Assistant Director of Business Intelligence, Clinical Systems and IT to share a copy of the plan on a page with Committee members when available. **Outcome:** The Committee recognised that valuable work was being completed at sufficient pace to support the organisation to respond to the Covid-19 pandemic.	**BM**
2020/21 **(26)**	**Business Cases: Proposal to increase capacity within Infection Prevention and Control (IPC) team** The Committee was advised that Leeds City Council wished to invest in an increase in the capacity of the existing Leeds Infection Control and Prevention service at a cost of £0.5m annually for a fixed period of three years. In accordance with the Trust's Investment Policy any new investment of £500k or over needed Board approval. The Executive Director of Finance and Resources said that he was looking to Business Committee to approve the growth in business in IPC of £0.5m a year for a three year period. He said since the paper was written he could confirm that the staffing proposal could be affordable within the funding the Council was making available. The Executive Director of Nursing had confirmed that the specification that was required could be delivered by the IPC team. **Outcome:** The Committee reviewed the business case for increased capacity within the Infection Prevention and Control Team and agreed to recommend to the Board that this was approved at the Board meeting on 7 August 2020.	
2020/21 **(27)**	**Programme Management** **a) Workforce report: Looking after our staff** This paper replaced the quarterly workforce report that the Business Committee would normally see during this month. The report described the steps taken during the past four months of the Covid-19 pandemic, and steps taken to look after the LCH workforce in accordance with Trust's Values & Behaviours. It covered individual circumstances of staff and the needs of the business and at the same time delivering best care to the communities during the unprecedented time. The programmes of work and interventions included risk assessments for vulnerable and at risk staff groups including Black, Asian and Minority Ethnic (BAME) colleagues. .	

	The number of risk assessments reported as completed for BAME staff exceeded the current known denominator (336) at the Trust. One reason for this was noted 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 was working through the reported figures and would seek to ensure that organisational records can be updated where necessary, in order that these truly reflect the composition of the LCH workforce. The Committee noted that during week of 13 July 2020 two large additional categorisation at risk staff were added into the groups that needed to be risk assessed; all male and all white Europeans over the age of 60 years of age. The Director of Workforce (LS) said that the sickness absence figures had remained stable, in fact lower than normal which indicated a measure of success in the efforts to support staff. Further work was being carried out to understand those figures and how to improve staff sickness absence in the future. In response to a Non-Executive Director's (HT) question about the support of shielding staff and particularly in their return to work, the Director of Workforce (LS) said that that shielded staff could continue to work from home where they had already been fully carrying out their role from home. The staff who were likely to return to workplace would have a revised risk assessment. The shielding staff had also been introduced to a shielding support group helping with general feelings of people who were shielding at the moment. The Committee noted that there were facilities for staff to get tested quickly and easily for Covid-19 and antibody testing. **Outcome:** The Committee was pleased to note that risk assessments for vulnerable and at risk staff, including 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 mitigations were in place. **b) 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 Executive Director of Operations began by saying that all services were resetting as expected and should see an increase in activity as many of the clinics will start at the capacity that they can from next week. She said she wanted to clarify the situation following some adverse comments received about the delay in re-start. During the last couple of months all high risk patients with complex health issues had been seen that needed to be seen. The services had not reverted back to as before because it was important to learn from the experience and transformation during the Covid-19 pandemic. The Executive Director of Operations said that over 800 staff in the organisation had been engaged in the resetting agenda. Services now had a more accurate picture of their waiting lists and could begin to prioritise their patients by risk status. There were some estate constraints; some of the consultancy spaces had been offered to primary care for them to provide safe "hot and cold" spaces for their patients. With the social distancing in the waiting areas and the need	

	for sanitising, a 30-50% physical capacity was being achieved at the moment. The majority of staff who were deployed to critical services had now returned to their substantive roles and were in a period of being re-introduced into their own services. The Executive Director of Operations said that the challenges were to understand the waiting lists: the number of patients that had been deferred since Covid-19 and first appointments required reviewing for follow up appointments as a priority in the next three months. There were also concerns around conducting face to face appointments in the specialist business unit, particularly in MSK, podiatry and dental services. The Executive Director of Operations said that the immediate piece of work was to understand the people who were waiting to be seen either face to face or digitally. She said that in the next two to four weeks' time she should have a better position statement for each service. Negotiations with Commissioners will be taking place about business as usual and prioritisation. She said another consideration was that during winter, there may be a requirement to move staff around either for Covid-19 reasons or other reasons. At the beginning of Covid-19 clinicians reviewed all the caseloads and a high volume of patients were discharged. The criteria used to discharge patients at that time probably will be the ongoing criteria. A lot of those patients were signposted to the Third Sector or supported with self-management. The Committee Chair said he would like to see the position statement for each service when that information was available to better understand the model and the overall benefits. The Executive Director of Operations was happy to provide examples of the first few services. The Committee Chair thanked the Executive Director of Operations for the update describing the changes and developments making a difference to the organisation. **Action:** The Executive Director of Operations to provide examples of reset position statements for three to four services to the Committee **Outcome:** The Committee noted the contents of the paper and recognised the importance of not simply restarting services, but to also learn and transform services. **c) Procurement updates** The Committee received the procurement strategy annual report, which gave an oversight of the Trust's procurement activity and performance during 2019/20. The Executive Director of Finance and Resources said that the progress of implementing the Trust's procurement strategy did not develop as expected. He said this was not a priority area of focus due to the reactive nature of the current climate whilst in the Covid-19 pandemic. The Committee Chair said that he understood that this was a small piece of business, but his principal concern was that when a commitment is made and	**SP**

	not achieved then lessons should be learnt going forward. It was noted that work was continuing on the reduction of product mix within the newly implemented catalogue system. It was envisaged that this would generate significant savings and would provide a consistent product mix across the organisation and support services as they reset and looked at new ways of working. The Executive Director of Finance and Resources said that the Procurement Manager had been focussing on establishing a personal protective equipment (PPE) logistics function in response to Covid-19 over the last four months. The next stage was to work out how to transition this function into business as usual. The Committee recognised that the Trust was not a large procurer, noting that PPE was procured nationally. Progress was also expected on developing the procurement function for the Trust in the second half of the year. **Outcome:** The Committee noted the progress made in 2019/20 in terms of good procurement practice and the work that will be undertaken in 2020/21 to continue the implementation of the Procurement Strategy. **d) Child and Adolescent Mental Health (CAMHS) Tier 4 update** The Committee received a verbal update on progress with the new CAMHS unit; the building work was on plan, the service transition project had suffered some capacity delays during the last three months but now had the capacity planned. The Executive Director of Finance and Resources said that from a project perspective, he would be providing more information about the risk to capacity at the September 2020 Committee meeting when it was anticipated a business case for the planned transition to a Provider Collaborative would be on the agenda too, prior to being received at the October 2020 Board meeting. He said resource was now in place and work was on target to get the various work streams up to speed. The governance was also in place and the project plan translated into a professional interdependent project plan over the next few weeks. The Committee discussed the wider CAMHS New Care Models pilot and was advised that inpatient units currently had high levels of admissions. **Action:** A detailed paper to be provided to the Committee in September 2020 together with a business case. **Outcome:** The Committee noted the update.	**BM**
2020/21 **(28)**	**Performance management** **a) Performance brief and domain reports & waiting list update** The Committee received the Performance Brief and domain reports for the month of June 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.	

Safe and caring
The main focus at the Quality Committee on Monday 27 July 2020 was regarding CAMHS incidents. There was some ongoing patient safety work within the service led by the CAMHS medical and clinical lead.

Responsive
An update on the responsive domain was part of reset and recovery discussion that took place earlier in the meeting. The Executive Director of Operations said that work was underway to understand the impact on patients of increased waiting during the Covid-19 period.

The main reason for the 18 week non-compliance was around children's services, because some of the children had been shielding. The Executive Director of Operations said that she did not anticipate a long term issue with children's services. Her main concern was with people waiting for subsequent appointments after first appointment which were not easy to identify. People who could be signposted elsewhere would be. Work was underway to review the capacity and prioritisation of high risk patients.

A Non-Executive Director (RG) asked about the Leeds response to the waiting times in the acute sector. The Executive Director of Operations responded that a piece of work was underway looking at post Covid-19 flow into the community and in addition to this, referrals going back to GPs for other inventions.

Well-led
The Quality Committee discussed the retention rate for band 5 nurses and band 2 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 Director of Workforce (LS) said that there was a specific piece of work underway looking at preceptorship. She said in each year there was a concentrated effort on bringing in as many new qualified staff as possible into a band 5 and preceptorship roles. A mutual action plan was being devised to help support staff who wanted to stay and managing people's expectations. This work was also being linked to admin staff retention.

FINANCE
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-19. 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-19 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. The Executive Director of Finance and Resources said that the new financial regime when published was likely to be calculated nationally for money being allocated to the Integrated Care Systems.

The Executive Director of Finance and Resources said that at the moment capital was not a constraint on the Trust's finances. Capital sum had been divided across medical equipment, estates and IT. It was noted that a further £61k had been allocated by the government for critical infrastructure.

A Non-Executive Director (HT) asked about the contract position with the Leeds City Council having a reduction in contract income for the commissioned 0-19 service. The Executive Director of Finance and Resources said that a penalty had arisen due to the redeployment of staff for the Trust's Covid-19 response. As the services reset, a planned transition of staff going back into the 0-19 service should be able to work within the contract terms and conditions as prior to Covid-19.

Further comments on finance were noted in the private section of the minutes.

Outcome:
The Committee Chair noted that although the Trust was in a good place financially there were major uncertainties going forward. There were still different types of processes being put in place for the next phase of the finance provision. He would receive an update on the sexual health contract in due course.

b) Board Assurance Framework (BAF) review
The BAF report was presented to the Committee to review the sources of assurance provided to the Committee.

The Committee was charged with providing assurance on twelve strategic risks. The paper also sought support to amend the current Committee Chair's Assurance Report template.

The Committee was asked to review the risks and determine whether there were any gaps in the sources of assurance against the twelve strategic risks the Committee was responsible for. The Company Secretary said that she had potentially identified some weaknesses which had been highlighted in the paper. The three areas identified were digital strategy, governance agreements for working in partnership and the business continuity.

The Committee reviewed the BAF report and the following comments were noted:

A Non-Executive Director (RG) said that it was helpful paper and useful to note the gaps. .

A Non-Executive Director (HT) asked whether this could be mapped across to the Quality Committee meeting. The Company Secretary said that the Quality Committee had four different strategic risks. She said it was agreed between the Committee Chairs to pilot this through Business Committee first then a similar process would be adapted for the Quality Committee's four strategic risks.

The Committee Chair said that the aim of the change was to provide a more consistent and focused view through to the Board on the BAF. The Committee accepted the twelve risks with the proposed additions.

The Executive Director of Finance and Resources suggested that the executives have an opportunity to try and address the gaps outside of the meeting. The executives agreed to review the BAF to identify what evidence was missing and then to report back within a month.

The Committee Chair said that in the meantime he would meet up with the

	Company Secretary to look at appendix 1 and see how that might be populated. The Executive Director of Finance and Resources said that one of the proposals to mitigate the lack of assurance on digital strategy was the digital strategy group to formally become a sub-group reporting into the Business Committee. The Committee Chair said he would like to discuss this further outside the meeting with the Executive Director of Finance and Resources. The Committee Chair summarised the discussion to say that the Committee would wait for the executive notes on the populated areas. He said in the meantime he would continue to utilise the current chair's assurance report format. **Action:** • The executives to review the BAF to identify additional sources of assurance. • Committee Chair and Executive Director of Finance and Resources to discuss possibility of digital strategy subgroup reporting to Business Committee. **Outcome:** The Committee reviewed the sources of assurance that it currently receives against the strategic risks and agreed to review outside the meeting whether any additional sources were required **c) Operational and non-clinical risks register** The Committee reviewed the changes to non-clinical risks on the risk register as follows: • One new risk had been added to the risk register from the COVID risk log. • Vulnerable staff including BAME staff disproportionately affected by Covid 19. • Two risks had been closed. Risks previously captured on the Trust's COVID risk log and scrutinised by the Board during the height of the pandemic had now had been transposed onto the risk register, as part of risk management reset and recovery. The Chief Executive queried the risk level for the vulnerable staff risk. This would be confirmed before the report was submitted to the Trust Board meeting. A Non-Executive Director (RG) asked about whether the waiting list risk would be recorded and monitored. The Chief Executive said that work was on-going to frame it in the right way onto the risk register. **Outcome:** The Committee noted the recent revisions made to the risk register.	**BM** **BM**
2020/21 **(29)**	**Health and Safety** **a) 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.	

	The Executive Director of Finance and Resources said that the amended dates and rationale had been discussed and agreed. The delays were entirely reasonable and for most part there had been good progress as expected during Covid-19 period. The Executive Director of Finance and Resources said that he was confident that the response to be provided to the HSE will meet their requirements. **Outcome:** The Committee was content with the updated action plan provided and was assured that the work was progressing well. **b) Health and Safety Group minutes date 21 May 2020** The Committee received the minutes for noting. The highlight of the meeting was mostly about Covid-19 responses. Most of that was covered in the update on 'looking after our staff' by the Director of Workforce (LS) earlier in the meeting in terms of work support, people's circumstances, workplace risk assessments, etc. The Committee Chair asked about the lone working comments in the minutes. The Executive Director of Finance and Resources said that a pilot scheme had identified the software solution and this needed to be procured properly. He said that it will now be rolled out across the Trust as a preferred solution for lone working. **Outcome:** The Committee note the content of the minutes of the Health and Safety Group.	
2020/21 **(30)**	**Business Committee work plan** **Future work plan** The work plan was reviewed by the Committee members and agreed.	
2020/21 (**31)**	**Matters for the Board and Committees** • Virtual frailty ward • Utilisation rate of staff • Digital strategy update • Infection Protection and Control business case • Workforce report: looking after our staff • Reset and recovery • Procurement update • CAMHS T4 • Performance Brief • Finance • HSE action plan	
2020/21 **(32)**	**Any other business** The Executive Director of Finance and Resources said that he was raising a cautionary note about the performance brief workshop in October 2020. He said that he was concerned with the Business Intelligence Teams' work load at the moment. The Committee Chair and the Executive Director of Finance and Resources agreed to meet to discuss the requirements of the workshop. The pressures on the team would be discussed further in the senior management team	

	meeting. The Chief Executive said that the workshop framing was potentially there, not much pre-work was required. The discussions would be based on the creation of the work load between the experts around the room. The Committee Chair said that the workshop was essentially to establish an understanding of the Trust's needs. He said in terms of pre-work it would be good to find out other models around the country. The date of the workshop was currently arranged for 22 October 2020.	

Minutes of the

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

held Tuesday 23rd July 2020, 11.00 – 13.00pm via
Microsoft Teams

Present:

Angela Monaghan (AM) – Chair, South West Yorkshire Partnership NHS Foundation Trust
Brodie Clark (BC) -Acting Chair, Leeds Community Health NHS Trust
Cathy Elliott (Chair) (CE) – Chair, Bradford District Care NHS Foundation Trust
Patrick Scott (PS) – Interim Chief Executive Officer, Bradford District Care NHS Foundation Trust
Sara Munro (SM) – Chief Executive Officer, Leeds & York Partnership NHS Foundation Trust
Sue Proctor (SP) - Chair, Leeds & York Partnership NHS Foundation Trust
Tim Breedon (TB) – Director of Nursing and Quality, Deputy Chief Executive, South West Yorkshire Partnership NHS Foundation Trust
Thea Stein (TS) – Chief Executive Officer, Leeds Community Healthcare NHS Trust

In attendance:

Alix Jeavons (AJ) – Proramme Manager, Mental Health, Learning Disability & Autism
Blessing Mandizvidza (BM) – Programme Management & Improvement Lead, Mental Health, Learning Disability & Autism
Keir Shillaker (KS) – Programme Director, Mental Health, Learning Disability & Autism
Lucy Rushworth (minutes) (LR) – Project Support Officer, Mental Health, Learning Disability & Autism

Apologies:

Rob Webster (RW) – Chief Executive Officer, South West Yorkshire Partnership NHS Foundation Trust

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

Item	Discussion / Actions	By whom
1	**Welcome, introductions and apologies:** C Elliott (CE) welcomed the group and noted apologies as above. She highlighted with the group her new role as CinC Chair from this month, thanking former CinC Chair, Angela Monaghan (AM), and Keir Shillaker (KS) for their support with the handover.	
2	**Declaration of Interests Matrix / Conflict of Interest:** The declaration of interests was reviewed and agreed to be correct.	
3a	**Review of Previous Minutes:** The minutes from the 23/04/2020 were reviewed by the meeting group and were accepted as an accurate record.	
3b	**Actions log and matters arising:** **Action 1/04,** PS has taken over as lead for this action and will feedback on progress. **Action 3/04,** CAMHs build update included in the programme update and on the agenda for today's meeting. **Action 4/04,** The impact assessment is reviewed as part of the programme update, the committee agreed to	

Item	Discussion / Actions	By whom
	capture any detrimental impacts on risk registers.	
	Core Business (existing workstreams pre COVID)	
4	**Programme Update** KS presented to the meeting the programme update which highlights workstreams that are new, restarted, paused, or continued (due to Covid19). Some of the component parts in workstreams are slower than before as a result. The meeting was advised that the SRO's (Senior Responsible Officer's) for each workstream have been asked to think about where their relative priorities lay and if they need the same level of focus. One of the new areas that the programme is exploring is Psychological Support which is divided into three subgroups: o Psychological support to staff. o Psychological support to BAME (Black, Asian and Minority Ethnic) communities. o Psychological support to people recovering from Covid19. These meetings include the heads of Psychology from IAPT services (Improving Access to Psychological Therapies), MHLDA (Mental Health) and Acute Trusts. SM emphasized the role of the Collaborative to connect and support what is happening at place and that. It was described that the overarching programme dashboard measures are being fed into SOAG (System Oversight and Assurance Group). The risks were summarised by KS to the group. ACTION Chair's to share the programme update at provider boards. **ACTION 1/07** CE requested an outside meeting with other Chair's to determine a working programme for the CinC (committees in common) moving forward. **ACTION 2/07**	Chair's CE
5	**ATU Update** SM updated the meeting in two areas. Firstly, due to Covid19 the engagement exercise with service users on the propped model has been paused and is now being recommenced, but scaled back in terms of its scope. Secondly, LYPFT had to move the Leeds ATU to Woodlands Square from Parkside Lodge to accommodate cohorting capacity within Older People's services. In recent days there have been environmental and safety concerns with the Leeds ATU so admissions are being halted and mutual aid support has been requested from SWYPFT and BDCT to support two inpatients. This is a temporary measure whilst LYPFT work with staff on options for reopening admissions. The meeting offered continued support to LYPFT for this situation. A written update will be provided for Septembers MHLDA Programme Board	
6	**Complex Rehabilitation** AJ presented the paper for Complex Rehabilitation, describing the emerging models and the comprehensive	

Item	Discussion / Actions	By whom
	process of engagement with service users, partners and commissioners. The paper shows the benefit in working as a partnership across WY&H (West Yorkshire and Harrogate) to support 103 complex patients in a different way. The team has been working at pace to meet a deadline for a capital business case opportunity in September. It was agreed that the next NED/Governor engagement event would benefit from focus on complex rehabilitation. The meeting thanked AJ for the paper and for the clear use of the service user voice within the piece of work.	
	Reflections on COVID	
7	Terms of Reference The TOR (Terms of Reference) would have been reviewed in April 2020, however due to Covid19 this was paused until today's meeting. AGREED The TOR was agreed by the CinC subject to the following changes: o Company secretaries check their alignment to the schemes of delegation. o Identify what the quorum is. o Adding statement that the committee reports to the boards. o Adding who can call additional meetings. o Confirmation of who agrees additional attendees to meetings. o Use the abbreviation of 'CinC' for references to the meeting group. o Make clear that the approval of the TOR is taken to the boards meeting. o *3c General responsibilities*, insert relevant stakeholders after collaborative partners. ACTION KS to complete the final version and send to the committee group by 14 August. ACTION 3/07 Committee to take the final version once received by KS to their Trust board meeting for approval. ACTION 4/07	KS Committee
8 8a	Early learning summary There are different scales of learning from each organisation who are sometimes taking different approaches to the same theme/topic. At the wider ICS level there are similarities in the focus of themes which include staff wellbeing, impact of technology and ability to conduct meetings with staff and service users via virtual means, (however it is not yet know if from a therapeutic intervention point if this is beneficial or successful). Monthly meetings are conducted with the leads from each provider to share learning which looks at positive and negative impacts so far, and helps identify topics to focus on (such as the differing models adopted by IHBTTs (Intensive Home Based Treatment Teams) which will be used for collective learning. The meeting agreed that there was a need to better understand the specific health inequality impact of changes made and learning about impact of service delivery models on BAME groups. The Programme team	

Item	Discussion / Actions	By whom
	and Improving Population Health team are looking at inequalities for accessing services from the BAME population, the recording of information correctly from each provider can differ and is leading to a challenge when reporting on data. It was added that estates and design of buildings for future working will be a challenge, there is a requirement for staff to have the right spaces for digital consultations. The group discussed how CQC and regulators will be engaging and what the process could be for future inspections for wards, community hubs and for staff working from home. ACTION KS to add 'Health and Equalities access and impact' column to the learning table and as a focus for the collaborative learning group' discussions. **ACTION 5/07**	KS
8b	**Organisational check-in** <u>BAME staff and service users; involvement in decision making</u> The meeting discussed the collective pledge to tackle racism in the workplace and support for the Black Lives Matters movement. Members discussed some of the existing work such as BDCFT (Bradford District Care Foundation Trust) have networks like inspiring cultures and equality and diversity check ins and there has been positive feedback from SWYFT (South West Yorkshire Foundation Trust) about their EIA (Equalities Impact Assessment) decision tool to help decision making and supporting complicated conversations with a structure to share with colleagues. ACTION TB to share the EIA decision tool with committee. **ACTION 6/07**	TB
9	**PMVA approach** PMVA (Prevention and Management of Violence and Aggression) does not have a national steer or guidance on the 'right' restraint approach when dealing with service users. There are different preferences for service user restraint from the WY&H Trusts and work is progressing to develop a shared approach which will help with the possibility of sharing staff and potentially creating a collaborative bank. The first meeting took place on Monday and will continue to meet with a wide cast list until October, which has seen positive inputs from its members, however the insight was shared that this approach has been attempted by other collaboratives without success so the challenges are acknowledged. There is a clear proposed schedule of meetings in place and there will be an update on the PMVA approach at October's CinC meeting with a final proposal in January 2021. The committee are aware that there will be an impact on one another of a potential change in PMVA training and practice and are committed to finding a collective, rather than an individual solution. ACTION KS to share the PMVA approach meeting plan with committee members. **ACTION 7/07**	KS

Item	Discussion / Actions	By whom
	AGREED The CinC members agreed the approach and intention to develop a collective approach to PMVA.	
	General	
10	Capital & Finance Capital submission to the ICS COVID funds There have been a range of different proposals that have been worked through with the DoF (Directors of Finance) on estates and ICT. We have put a focus on ensuring the benefits of any proposals are clear. Bids have been submitted in priority order; however we do not know yet if we will definitely receive funding. Programme team 'underwriting' SM reminded the committee that it was agreed for the core team to have their costs covered by host organisations if this would not be covered via the transformation funds. We don't yet know what will be forthcoming in terms of ICS running costs or transformation funds for 21/22 so there may be a need to enact this more formally in the autumn. There were no concerns or comments relating to this agreement, meeting members to raise concerns direct to SM or KS. CAMHs building progress The build is going well and progressing at pace ahead of time, however there could be slower progression due to social distancing once the builders are working on the interior. A recent steel signing event took place which included previous service users, staff and a local councillor. ACTION TS to share the recent virtual tour with the committee. ACTION 8/07	TS
11	Future meeting formats and content The regional review meetings have been discussing moving to the next phase of provider and future allocation of MH investment standard at an ICS footprint. KS has put together a brief and scope to review the current operation of the collaborative.	
12	Any other business It was shared that the LeDeR (Learning Disabilities Mortality Review programme) report was published a couple of days ago and the actions are worked on as part of Transforming Care which links into WY&H MHLDA (Mental Health, Learning Disabilities and Autism) Programme Board . BDCFT will have Therese Patten join as Chief Executive with Patrick Scott taking over formally as Deputy Chief Executive on the 21st September 2020.	

Item	Discussion / Actions	By whom
13	Meeting Evaluation and Summary o Item 4 to be presented at Trust board. o Request an outside meeting to determine a working programme for the moving forward. o Update the TOR and all to present the updated version at Trust board. o Update on ATU and PMVA between now and October. o Specific reporting on dashboards. o Share the EIA decision tool. o Chairs to meet regarding the NEDs and Governor programme of activity. o Agreement to share learning regarding future considerations on home working, estates and the design of buildings as a result of Covid19. o Share the CAMHs virtual tour.	
	Date and Time of Next Meeting: Thursday 22 October 2020, MR 1 & 2, LYPFT Trust HQ, 2150 Century Way, Thorpe Park, Leeds, LS15 8ZB	
	Glossary	

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

Committees in Common Strategic Meeting – Sept 2020

Common themes, discussion points and key areas

Purpose of this document

- At our first CinC Strategic Meeting on 9 September we heard about the future direction of travel for ICS', the ambitions of the WY&H 'Commissioning Futures' programme and discussed the current and future role for the Committees in Common as a result.

- This include reflections on our brief survey, thoughts on existing priorities and how we straddle the fine line between a forum for sharing and support, and a forum for decision making and assurance.

- This short slide pack summarises the outputs of the discussion and will be used to inform the structure of future Committees in Common agendas


Influencing
Legislation (CQC) and others on Practice.
Nationally, other ICS's and commissioners
Sharing
Practice, structure, process, outcome.
Benchmarking data.
Supporting
Be a sector within the ICS, defined as a specific role.
Allow differences in working and allow thinking together.
Governance
Have strong governance.
Be accountable and hold to account.
Aligning
Align priorities and focus on needs
Drive a common approach.
Connect, create and support.
Quality and practice as one.
Collaborating
Manage risk together.
Be dynamic/adaptable/ flex to enable change.
Do things once.
Think together, allow different working ways.
Our ambitions for the next 12 months

Reflections on a shared purpose

Mutual Support

- Greater than the sum of our parts
- Pinch with Pride – learning and practice
- Improve common ways of working
- Share interests, ideas and practice in common
- Shared concerns on health issues
- One voice and influence transformation
- Hub of expertise – agree and align priorities

Mutual Responsibility

- To adapt and change due to policy, legislation and C19
- To have a balance of governance, sharing practice and ideas, and at place vs system
- To take decisions
- To share messages outwards – including to acute sector
- To achieve parity of esteem
- To champion service users
- To tackle health inequalities

Future CinC's to be split into discussions on:

Assurance

- Assurance on past and creativity about future
- Influence CQC
- Engagement with national and regional teams, and the exchange of ideas ICS to ICS
- Monitoring key work, progress and important developments
- Learning from work so far, and what we would do differently – share as improvement

Problem solving

- CEOs to invite 'big issue' agenda item (autism waiting times)
- Do things better together
- Share common ways of working (ie virtual consultations)
- Tactics and delegation of capacity across the patch
- Impact of c19 – how do we respond to the challenge for compassionate leadership, and influence other leaders to champion the needs of present and future service users

Horizon scanning

- Standardise ways of working (mutual aid/training)
- Develop a vision of what could and should be future provision
- Learn from new approaches eg New York model to keep inspired

Agreement of outputs

- What do we share with boards?
- Be explicit and transparent
- Do not have the same conversation more than once.

West Yorkshire and Harrogate Health and Care Partnership

WY&H Health and Care Partnership Board

1 September 2020

Summary report	
Item No:	26/20
Item:	**Update from the WY&H Partnership's Chief Executive Lead**
Report author:	Rob Webster, Chief Executive Lead, WY&H Health and Care Partnership
Presenter:	Rob Webster, Chief Executive Lead, WY&H Health and Care Partnership

Executive summary

The COVID-19 pandemic continues to provide the focus for our work across the Partnership. The purpose of this paper is to update the WY&H Partnership Board on the focus and priorities of our Partnership work over the past three months as well as plans for the remainder of this financial year in the context of both COVID-19 and our Five Year Plan.

Recommendations and next steps

Members of the WY&H Partnership Board are asked to note the report.

Update from the West Yorkshire and Harrogate Health and Care Partnership's Chief Executive Lead

Purpose

1. The COVID-19 pandemic continues to provide the focus for our work across the West Yorkshire and Harrogate (WY&H) Health and Care Partnership. The purpose of this paper is to update the WY&H Partnership Board on the priorities of our Partnership work over the past three months, as well as plans for the remainder of this financial year in the context of both COVID-19 and our Five Year Plan.

A reminder of our context

2. There are well established arrangements at system level, through the West Yorkshire Resilience Forum, and locally with councils, the NHS, community and voluntary organisations and other partners working together in each of our six places (Bradford district and Craven; Calderdale, Harrogate, Leeds, Kirklees and Wakefield) to co-ordinate our response on COVID-19.

3. Within the NHS there is a formal command-and-control structure, with incident management centres at national, regional and organisational levels. All national requirements are communicated through single points of contact (SPOC) at these levels.

4. The WY&H Partnership does not duplicate these arrangements or create additional oversight or reporting mechanisms. We are, however, clear that the relationships and ways of working we have established through the Partnership over the past four years add value in supporting the response. We also have the staff with the capacity and skills to work in different ways as required. This has proven to be the case.

5. We work to identify specific tasks where WY&H Partnership working can add value, in line with our three tests of a) working at scale to achieve critical mass; b) sharing good practice; and c) tackling issues together. It is clear that this is a uniquely fast moving environment and priorities and pressure points will change frequently and that an agile response is essential.

6. While the specific focus of our work has changed, our Five Year Plan that we agreed in December 2019 continues to set the high level priorities that we are working towards. Some of the work we have been doing related to these and the 'ten big priorities' we set ourselves is covered here.

7. The economic impact of COVID-19 has led to a recession which brings additional risks to the health of our population. It also means that the potential economic benefits of the health and care system in terms of jobs, large capital schemes, innovation and med tech must be secured. The West Yorkshire Economic Recovery Board (ERB) is chaired by Councillor Suzanne Hinchcliffe, Leader of Bradford Council. The Partnership feeds directly into the ERB and the role of our sectors in supporting the economy and health is reflected in the draft plan.

8. Since our last meeting, a Harrogate System Alignment Memorandum of Understanding (MoU) has been developed and agreed setting out the details of an agreement on the involvement of Harrogate and District NHS Foundation Trust and NHS North Yorkshire Clinical Commissioning Group in networks, systems and processes in the Humber Coast and Vale Health and Care Partnership and WY&H Health and Care Partnership.

Current position

9. The COVID-19 pandemic has moved from a level 4 national incident to a level 3 incident, managed at regional and local level. This reflects reductions in incidence of infections over time and fewer deaths. The Government's strategy has moved to one of easing national restrictions and managing the position through local measures. This has been represented by a national surveillance approach which places areas in categories of increasing concern and potential intervention.

10. From Tuesday 18 August, Public Health England (PHE) and NHS Test and Trace, as well as the analytical capability of the Joint Biosecurity Centre (JBC) came under a single leadership team called The National Institute for Health Protection (NIHP). The organisation will be formalised and operating from spring 2021 and will support local directors of public health and local authorities on the frontline of the COVID-19 response. Our public health teams and colleagues continue to work closely with us on all other aspects of work undertaken by PHE, including screening, vaccination, intelligence and health improvement.

11. Since we met on 2 June 2020, we have seen areas of WY&H featuring in the Government's surveillance list frequently. This has led to restrictions to the easing of lockdown being imposed in Bradford, Calderdale and Kirklees, as well as Wakefield being an area of interest. There are currently restrictions on household visitors in the Bradford, Calderdale and Kirklees areas.

12. The number of people testing positive for coronavirus in Yorkshire and Humber is amongst the highest in England, with the number in West Yorkshire higher again. Latest available data (week 33 covering the period 10 -16 August) shows that in England the 7 day rate was 12.2 per 100,000. In Yorkshire and Humber the rate was 18.7 per 100,000; this is higher than all other regions, with the exception of the North West.

Table 1: Weekly rates of COVID per 100,000 population:

	7 day rate per 100,000 population					
	Week 28	**Week 29**	**Week 30**	**Week 31**	**Week 32**	**Week 33**
Bradford District	38.35	43.19	48.59	52.87	54.92	53.43
Calderdale	23.32	23.32	30.46	39.98	45.22	35.7
Kirklees	28.26	28.04	21.2	26.21	31.45	34.87
Leeds	8.36	6.84	5.2	16.35	14.06	16.22
Wakefield	19.13	18.26	14.2	14.78	17.97	20.58
Y&H PHE Centre	13.2	14.1	12.9	15.7	17.1	18.7

Source: National COVID-19 Surveillance Report

13. The number of daily infections across West Yorkshire has risen throughout July and the first few weeks of August as parts of the economy have begun to open up, and lockdown restrictions eased. As of the 21 August, this growth in cases is showing signs of slowing, with the 7 day rate beginning to stabilise across all local authority areas.

14. Throughout July and August we have seen outbreaks in a range of settings including care homes and workplaces, and a small number in secondary care settings. Some of the most notable outbreaks have been in the food processing industry and in bed factories; staff working in some of these settings not only work together, but travel to work, live and socialise together, highlighting the need to promote social distancing both inside and outside of the workplace. Most of the cases identified in care home settings have been single cases in staff, sometimes residents; we are not observing the same levels of transmission in care homes that we saw earlier in the year.

15. The increase in incidence of coronavirus throughout July and early August has not impacted on hospital activity. COVID-19 related hospital activity has continued to fall month on month from the peak in April and remains low. Similarly, mortality has also reduced and there are now fewer deaths in West Yorkshire than we normally see at this time of year.

16. The low levels of hospital activity and low mortality rate are primarily a result of the low number of cases in older age groups, with cases highest in the 20-49 year age group. Household transmission has been a feature in West Yorkshire; similar to other parts of the North of England, but more recently there has been transmission in the community, notably in younger adults.

17. Despite this, national changes have occurred to people who are shielding, with the advice on those facing lockdown being eased. As a system we have continued to support people who are shielding / households as appropriate.

Phases of the COVID-19 response

18. Nationally, NHS England / NHS Improvement have set out four phases for planning the NHS response to the pandemic. These are as follows:

Phase	Time period	Response
1	Jan-April 2020	Focus on critical care and building capacity to respond to COVID-19
2	April-June 2020	Immediate recovery actions post-COVID-19 surge Focus on urgent activities
3	July 2020 – March 2021	More comprehensive planning review Focus on building elective and potential COVID-19 spike during the winter phase
4	April 2021 onwards	Focus on recovering and developing the NHS towards the 'new normal'

Partnership priorities in phase three: July 2020 to March 2021

19. The Government move from a 'National Level 4 Incident' to a 'Level 3 incident' is set out in detail here. This reflects a move towards regional mechanisms to co-ordinate the response, and reflects the fact that we are now in a period where there are greater localised outbreaks of the virus.

20. This phase of working is not one of full recovery. The focus is on how we can provide care and services while continuing to deal with the presence of COVID-19 in our population. These dual aims increase the complexity of planning and delivery, and require significant agility in places and system, service and staff resilience.

21. Our partnership priorities during this phase are as follows:

- Continuing to provide **critical and urgent care for COVID-19 patients**, their recovery and rehabilitation
- Providing **essential health and care services during the COVID-19 incident for other groups** of people
- Continuing to support **people who are shielding** from the virus, as well as supporting other groups who are likely to be affected by it
- Keeping **health and care colleagues** safe and well
- Understanding the **wider impact on different groups** of people, including Black Asian and minority ethnic communities (BAME), older people, people with learning disabilities and/or mental health concerns and other vulnerable people
- **Co-ordinating our reset** to the new 'normal' (stabilisation and reset), including responding to future peaks.

22. There is significant work happening in relation to each of these priorities, and all West Yorkshire and Harrogate priority programmes have been refreshed in line with them. Some of the key priorities are set out below:

Services for people with COVID-19

23. We continue to provide **critical and urgent care** for COVID-19 patients, their recovery and rehabilitation. The number of people requiring critical and urgent care has declined significantly since the peak in April 2020.

24. Effective management of critical care capacity is essential during this period, as we will need to manage demand relating to both COVID and non COVID patients as services are restored. Mel Pickup, CEO of Bradford Teaching Hospitals, has agreed to be the senior sponsor for our Critical Care Network to ensure alignment with our wider plans for restoration of services.

25. The NHS Nightingale Hospital Yorkshire and the Humber has provided important extra capacity for patients and staff as the NHS cared for people with COVID-19 whilst also maintaining other frontline services. An extension to the contract has now been agreed, which will mean more essential health checks, including for cancer, can continue to be delivered in Harrogate - with over 1,200 patients having already had a scan at the facility - while also offering back-up capacity as the country continues to deal with the virus.

Personal protective equipment (PPE) and testing

26. One of the major challenges we faced in the early stages of the pandemic was the global shortage of PPE. Over Easter we relied on the generosity of local partners and businesses to prevent health and care providers from running out of vital items such as gowns and masks.

27. To reduce the risk of this happening again we set up a joint programme to establish and maintain a resilient supply of PPE for partners in the WY&H Partnership, working closely with the Local Resilience Forum (LRF), with the aim of creating a one month stockpile of PPE. A programme board has been led by Mel Pickup to oversee this work, supported by procurement leads from across the partnership and a clinical reference group to assess the suitability of non-standard items. Through the programme we have been working to develop new sources of supply, including local manufacturing, and ensuring that the stock we have has been used as efficiently as possible. We have now agreed to continue this programme through until March 2021 to support both health and social care partners.

28. Also around April 2020, at the height of the pandemic, we had to work together to build up our capacity for COVID testing in West Yorkshire. Martin Barkley, CEO for Mid-Yorkshire Hospitals NHS Trust, has led a programme on behalf of the ICS and LRF to do this. As well as building up the capacity of our NHS labs we worked with the national programme to open regional testing centres in Leeds and Bradford, and also satellite sites in Wakefield, Halifax, Huddersfield and Keighley, as well as additional walk-in sites and mobile units, initially operated by the army. We have now tested around 140,000 people through these 'pillar 2' sites (accurate at 12 August 2020).

29. More recently the programme has been broadened to support our Directors of Public Health and their teams to develop local outbreak management plans, and to share learning and experiences on the management of the outbreaks we have seen in a number of areas of West Yorkshire.

30. The programme is now also rolling out the opportunity for health and care staff to be tested for COVID-19 antibodies, to indicate whether they have previously been infected by the virus.

31. Care home testing whilst in place has not yet reached the planned frequency of weekly test as had been anticipated.

Providing other essential health and care services during the COVID-19 incident

32. A core focus for the majority of our programmes is how we provide essential services in the context of COVID-19. For services such as planned care and cancer the focus is on how we can provide services to those with the greatest need while maintaining separation of COVID and non-COVID facilities. The acute hospitals are working closely together. For mental health services, we are beginning to see an increased demand for services at both ends of the spectrum, whether those with low level anxiety or those with significant mental ill health as the longer term impact of the pandemic and lockdown takes effect and the real risks associated to the worst economic recession experienced for many years. The focus of the Urgent and Emergency Care Programme is embedding the 'talk before you walk' model of access, and ensuring a co-ordinated

approach to messaging on access to services, with the potential of a national roll out in December 2020.

33. The WY&H Clinical Forum members have developed 'An Ethical Framework' for the area that can be applied to adults across West Yorkshire and Harrogate health and care system. This has been generated by looking across a wide range of sources of ethical thinking that has been published in recent months. The aim is not to replicate or replace any of this good work, it is to draw on it and make relevant for colleagues across the area.

34. The take up of the winter flu vaccination has even greater importance this year, given the risk of a flu spike coinciding with spikes in COVID-19. The phase 3 planning guidance sets out requirements for significant expansion of the vaccine programme so that all staff and 75% of people in at risk categories are vaccinated.

35. Our response on this will be led locally, and to support these local arrangements Owen Williams, CEO for Calderdale and Huddersfield NHS Foundation Trust and Carol McKenna, Chief Officer for Greater Huddersfield Clinical Commissioning Group and North Kirklees Clinical Commissioning Group, have agreed to chair a WY&H Forum to share good practice, address common barriers to progress and ensure that the approach is fully aligned with our local places (Bradford district and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield) and priorities on health inequalities.

Support for people who are shielding

36. The overall Government advice to shield at home was paused on 1st August 2020, as prevalence of COVID-19 remains at a low level across England.

37. In West Yorkshire (not including those living in Craven and Harrogate) there are 111,165 people in the shielding group who remain classed as Clinically Extremely Vulnerable and are being advised to resume normal activities wherever possible and it is safe to do so and to take extra precautions to prevent coming into contact with the virus.

38. There are a smaller number of people who remain advised to shield at home because they are in active treatment or are awaiting surgery.

39. The Government provided food boxes were stopped at the end of July 2020 when the pause began, but all local authority areas in West Yorkshire continue to provide direct support to people in the shielding group, through welfare, emotional and social support.

40. The working assumption is that there may well need to be a future iteration of the shielding at home advice, at local or national levels. There are a number of scenarios where the shielding advice might change or be fully re-instated. This includes a combination of factors:

    - clinical guidance that shielding should restart specifically for the clinically extremely vulnerable population;

- a local or national lockdown is introduced that affects shielding residents: clinical guidance is issued that shielding should restart in a defined local area / or nationally; and
- a significant increase in transmission rates that pose a threat to the clinically extremely vulnerable population – locally or nationally – so additional guidance about staying safe is issued.

41. All local places are currently using the pause period to plan for a future scenario when the advice to shield at home may need to be reissued. This includes working across place local health and care systems as well as with other local resilience partners to ensure that lessons are learned from the first period of shielding and that any future iteration of the support offer is done in collaboration with people from the shielding group.

Supporting health and care staff

42. People working in the health and care sector continue to respond magnificently to the pandemic. Supporting them to stay safe and well during our response is our priority.

43. We have adopted several different responses at both place and system level which adds resilience for staff. Local examples include but are not limited to Bradford District Care Trust identifying additional psychological and counselling capacity to supplement local E-support for 12 months and helpline support for all health and care staff across the Calderdale Kirklees Wakefield footprint. We are also progressing work on a resilience hub, to support the ongoing resilience of staff during the pandemic.

44. We have also commissioned, at scale, the WY&H Grief and Loss Support Service for anyone affected by bereavement during the COVID-19 pandemic.

45. We know that the virus impacts more greatly on Black Asian and minority ethnic (BAME) staff and communities. Since our last meeting we have established a review into the work we are already doing across the partnership chaired by Professor Dame Donna Kinnair. We look forward to receiving recommendations on what else we can do to support this group. Further information on this will be provided at Item 28/20 on the agenda.

46. Carers have been disproportionately impacted by this virus. 70% of carers are providing more care as a result of local services reducing. This is alongside 69% of all carers providing more help with emotional wellbeing and 81% of carers are spending more money (Carers UK, State of Caring 2020). Carers' resources have been produced in partnership with local carer organisations, with some activities receiving national recognition via national roll out, for example the carers working passport. All hospital trusts have signed up to using the carers' discharge packs and we have developed a carers' toolkit, including the 'Plan B' support for all carers.

47. The NHS People Plan was published in early August 2020. Our intention is to develop a revised WY&H People Plan for the end of this year. This will cover all sectors. Our response will reflect the breadth of our Partnership, building on our work with the universities sector and the emerging approach to devolution. Initial work will be covered in the high level plans required by the end of September 2020.

Understanding the wider impact on population groups

48. We know that the virus and the impact of the lockdown restrictions impact differentially across different groups of people, and that this will further widen health inequalities. We are working as a system, using intelligence and insight to understand the disproportionate impacts of COVID-19 on population health. Including work with Bradford Institute for Health Research to understand the direct impacts on BAME groups and those in the most deprived decile.

49. We are using this insight to work with programmes and places to identify high impact preventative interventions that we can focus towards groups disproportionately impacted by the indirect impact of COVID-19. E.g. vaccinations and immunisations, health promoting hospital trusts, diabetes prevention.

50. We have also distributed over £0.5m of funding to thirteen local voluntary and community sector organisations with a specific focus on supporting groups most impacted by the virus. Seven of which directly focus on BAME health inequalities.

51. The WY&H Health Inequalities Network within the WY&H Improving Population Health Programme brings together system approaches to understand and address health inequalities. Progress includes prioritising areas of transformation, for example £100,000 to improve access to specialist mental health services for rough sleepers, £100,000 to improve support for young carers, £50,000 for reducing violent crime towards women and girls.

52. The NHS England / NHS Improvement phase 3 letter provides a number of requirements for system action to reduce health inequalities. A central part of responding to COVID-19 and restoring services must be to increase the scale and pace of the action to tackle health inequalities to protect those at greatest risk. NHS England and NHS Improvement commissioned a national advisory group of leaders (July 2020), chaired by Dr Owen Williams, CEO for Calderdale and Huddersfield NHS Foundation Trust. This group identified eight urgent actions which will give us the opportunity to accelerate existing work across the Partnership to better understand and address health inequalities. The asks centre around eight themes; protecting those vulnerable to COVID-19, inclusive reset, digital inclusion, targeted prevention, mental health, strengthened leadership, improved understanding of inequalities and local collaboration and planning. The Improving Population Health Programme will aim to support and facilitate the system delivery of these ambitions through working with place planners and partnership programmes.

Co-ordinating our stabilisation and reset planning

53. Local planning processes have been in place since late May to co-ordinate planning for the remainder of this year. During July we held conversations with each place to understand their priorities, constraints, and what support could be provided. This process demonstrated the strength of leadership and collaboration in each place. At the end of July NHS England issued further guidance on the requirements of the system for phase 3.

54. Further information on our response to this is provided at Item 27/20 on the agenda.

55. Colleagues have been contributing to the work of the West Yorkshire Economic Recovery Board. This Board has been developing the West Yorkshire Economic Recovery Plan. This includes a broad and ambitious package of interventions to support good jobs and resilient businesses to ensure everyone can have the skills they need, whilst developing an infrastructure that unlocks economic opportunities and delivers resilience to our communities. This plan includes a detailed set of asks for investment from the Government for a total of £1.1bn, including a significant asks that are vital for population health, such as investment into employment support and innovation. We continue to work closely with the West Yorkshire Combined Authority to ensure our economy recovers in a way that is most beneficial to people's health and reduces inequalities.

Third Sector Resilience: Before and during COVID-19

56. Our voluntary community partners and charities are playing a crucial role in supporting those who are most in need, building on the strength and relationships they already have with local communities and neighbourhoods. We need to do all we can to support them and to address the future of the sector. Targeted funds, a new series of support via webinars to share learning and good practice and working together have helped so far.

57. The Partnership's Harnessing the Power of Communities Programme published a report in July 2020 titled 'Third Sector Resilience: Before and during COVID-19'. Over 300 VCS organisations employing over 7,000 members of staff and thousands of volunteers, responded to the WY&H survey. Of these organisations 55% do not expect to be financially sustainable beyond the end of 2020, unless something changes. The report highlights the impact of COVID-19 on the sector and make five recommendations for the Partnership to take forward. This will be discussed at Item 29/20 on the agenda.

Communication and Engagement

58. At its meeting on 2 June 2020, the WY&H Partnership Board considered the early findings of Healthwatch organisations across West Yorkshire, Harrogate and Craven on the experiences of people accessing health and care services across the COVID-19 pandemic. Findings from this work along with feedback received from other partners (including Yorkshire Cancer Community, Sikh Elders Service (Leeds), Carers UK and Bradford Talking Media) was collated and published on the WY&H Partnership's website: *Coronavirus engagement report for stabilisation and reset (August 2020).* This report is a live document and will be updated accordingly.

59. Our communications and engagement plan sets out our principles for communications, engagement and consultation and our approach to working with local people. We also have a summary 'plan on a page' version of the communications and engagement plan and you can also view our easy read version here. Engaging and communicating with partners, stakeholders and the public in the planning, design and delivery is essential if we are to get this right.

Financial and capital

60. As a result of a shift in focus towards COVID-19 at the beginning of the financial year, there have been a number of significant implications on the financial architecture and stability of all sectors across the Partnership. In the NHS, many of the usual financial arrangements have been suspended for at least the first four months of 2020/21, and has been replaced with a revised framework which sees clinical commissioning groups (CCG) paying NHS Trusts a block payment based on 2019/20 financial values, with all organisations then receiving additional top-ups to cover increases in the cost base, including costs specifically linked to the COVID-19 response.

61. At present, full details about the NHS financial regime for the second half of the financial year are yet to be announced. The interim arrangements put in place for the first four months of the financial year have been extended for a further two months until the end of September, and more detailed guidance is unlikely to be released until ongoing discussions between the Department of Health and Social Care (DHSC) and government are concluded. Until then we are working closely with all NHS organisations across the Partnership to gain a robust understanding of forecast expenditure between now and the end of the year; aligned to the activity and workforce planning that is currently underway.

62. National discussions about local authority funding from central government and the impact of COVID-19 on fees and expenditure continue, with concerns expressed about the impact of a potential second wave of COVID-19 cases on the ability of local authorities to respond within existing resources.

63. Over recent weeks we have been working closely with clinical, operational and finance colleagues to ensure we are able to maximise our access to capital funding sources as they are announced. In May 2020 we were notified that NHS provider organisations had a total non-COVID capital envelope of £111m and this has been allocated across the NHS providers in West Yorkshire. Since then a further allocation of £24m has been announced to support critical infrastructure backlog maintenance. We have also submitted further requests for capital funding to support Phases 2 and 3 of the response to COVID-19, and continue to work as a partnership to maximise funding across West Yorkshire.

National Integrated Care System (ICS) policy development

64. In recent weeks NHS England and NHS Improvement have restarted national work on ICS development. The aim of this work is to provide a clearer vision for ICSs, and practical steps to support systems to make progress towards this vision. Their ambition is to have full national ICS coverage by the end of this financial year.

65. WY&H is considered to be one of the most advanced systems in the country. Our model of working – particularly in relation distributed leadership, local authority partnership and mutual accountability continues to influence national thinking. The Partnership's Five Year Plan and 10 big ambitions remain relevant and still feel right in the approach we are taking. They now need to be seen in the context of the pandemic, recession and increased inequalities.

66. We remain committed to the model of working we have developed over the past four years. The principles of subsidiarity, distributed leadership and the concept of the partnership as servant to place still drive what we do. A number of leaders across our system are actively playing into these conversations, and we will continue to advocate for this model of working.

Recommendation

67. Members of the WY&H Partnership Board are recommended to note this report.

Rob Webster
CEO Lead, WY&H Health and Care Partnership

DRAFT Notes of the WY&H Partnership Board
Meeting held on Tuesday 2 June 2020

Members and Deputies Present *(By place and then alphabetical by first name)*

** = Organisation also part of the Kirklees Place*
*** = Organisation also part of both the Kirklees and Calderdale Places*

Bradford, Airedale and Craven

- Andrew Gold, Airedale NHS Foundation Trust
- Brendan Brown, Airedale NHS Foundation Trust
- Brent Kilmurray, Bradford District Care NHS Foundation Trust
- Cathy Elliott, Bradford District Care NHS Foundation Trust
- Helen Hirst , NHS Bradford and Craven CCG
- Dr James Thomas, NHS Bradford and Craven CCG and Co-Chair of the WY&H Clinical Forum
- Mel Pickup, Bradford Teaching Hospitals NHS Foundation Trust
- James Drury, Bradford Metropolitan District Council *(Deputy for Kersten England)*
- Dr Maxwell McLean, Bradford Teaching Hospitals NHS Foundation Trust
- Cllr Richard Foster, Craven District Council
- Cllr Susan Hinchcliffe, Bradford Metropolitan District Council

Calderdale

- Neil Smurthwaite, NHS Calderdale CCG
- Owen Williams, Calderdale and Huddersfield NHS Foundation Trust*
- Philip Lewer, Calderdale and Huddersfield NHS Foundation Trust*
- Robin Tuddenham, Calderdale Council
- Dr Steven Cleasby, NHS Calderdale CCG
- Cllr Tim Swift ,Calderdale Council ***(Chair)***

Harrogate

- Angela Schofield, Harrogate and District NHS Foundation Trust ***(Vice Chair)***
- Louise Wallace, North Yorkshire County Council *(Deputy for Richard Flinton)*
- Cllr Michael Harrison, North Yorkshire County Council
- Cllr Mike Chambers MBE, Harrogate Borough Council
- Wallace Sampson, Harrogate Borough Council

Kirklees

- Karen Jackson, Locala Community Partnerships
- Ian Currell, NHS North Kirklees CCG and NHS Greater Huddersfield CCG (Deputy for Carol McKenna)
- Richard Parry, Kirklees Council *(Deputy for Jacqui Gedman)*
- Cllr Viv Kendrick , Kirklees Council

Leeds

- Brodie Clarke, Leeds Community Healthcare NHS Trust
- Cllr Judith Blake, Leeds City Council
- Julian Hartley, The Leeds Teaching Hospitals NHS Trust
- Mark Chamberlain, The Leeds Teaching Hospitals NHS Trust *(Deputy for Linda Pollard)*
- Cllr Rebecca Charlwood, Leeds City Council
- Dr Sara Munro, Leeds and York Partnership NHS Foundation Trust
- Professor Sue Proctor, Leeds and York Partnership NHS Foundation Trust
- Thea Stein, Leeds Community Healthcare NHS Trust
- Tony Cooke, Leeds City Council *(Deputy for Tom Riordan)*

Wakefield

- Dr Adam Sheppard, NHS Wakefield CCG
- Angela Monaghan, South West Yorkshire Partnership NHS Foundation Trust
- Debbie Newton, The Mid Yorkshire Hospitals NHS Foundation Trust* *(Deputy for Martin Barkley)*
- Cllr Faith Heptinstall, Wakefield Council
- Jo Webster, NHS Wakefield CCG
- Keith Ramsey , The Mid Yorkshire Hospitals NHS Trust*
- Rob Webster, South West Yorkshire Partnership NHS Foundation Trust**

Other Partnership Board members *(alphabetical by first name)*

- Andy Clow, Co-opted Member
- Anthony Kealy NHS England and NHS Improvement (North East and Yorkshire)
- Helen Hunter, West Yorkshire & Harrogate Healthwatch organisations representative
- Hilary Thompson, Voluntary and Community Sector representative
- Jackie Dolman, Co-opted Member
- Kathryn Lavery, Yorkshire Ambulance Service NHS Trust
- Mike Curtis, Health Education England (Yorkshire and the Humber)
- Dr Peter Davies, Regional Ambassador for WY&H, Royal College of General Practitioners
- Pip Goff, Voluntary and Community Sector representative
- Rod Barnes, Yorkshire Ambulance Service NHS Trust
- Stephen Featherstone, Co-opted Member

Additional attendees *(alphabetical by first name)*

- Ben Still, West Yorkshire Combined Authority *(Item 20/20)*
- Esther Ashman WY&H Health and Care Partnership
- Ian Holmes, WY&H Health and Care Partnership
- Karen Coleman, WY&H Health and Care Partnership
- Lauren Phillips, WY&H Health and Care Partnership *(Secretariat)*
- Rachael Loftus, WY&H Health and Care Partnership
- Sarah Smith, Consultant in Public Health and Programme Director for the WY&H Improving Population Health programme *(Item 18/20)*

Apologies *(alphabetical by first name)*

- Alistair Ingram, NHS Harrogate & Rural District CCG
- Amanda Bloor, NHS Harrogate & Rural District CCG
- Cllr Bob Metcalfe, Calderdale Council
- Carol McKenna , NHS North Kirklees CCG and NHS Greater Huddersfield CCG
- Colin Martin, Tees, Esk and Wear Valleys Foundation NHS Trust
- Cllr Denise Jeffery, Wakefield Council
- Diane McKerracher, Locala Community Partnerships
- Emma Stafford, Co-opted Member
- Dr Gordon Sinclair, NHS Leeds CCG
- Jacqui Gedman, Kirklees Council
- Kersten England, Bradford Metropolitan District Council
- Linda Pollard CBE DL Hon.LLD, The Leeds Teaching Hospitals NHS Trust
- Martin Barkley, The Mid Yorkshire Hospitals NHS Foundation Trust
- Merran McRae, Wakefield Council
- Dr Mike Gent, Public Health England (Yorkshire and the Humber)
- Mrs Miriam Harte, Tees, Esk and Wear Valleys Foundation NHS Trust

- Dr Khalid Naeem, NHS North Kirklees CCG
- Paul Shevlin, Chief Executive, Craven District Council
- Richard Flinton, North Yorkshire County Council
- Richard Stubbs Yorkshire and Humber Academic Health Science Network
- Cllr Sarah Ferriby, Bradford Metropolitan District Council
- Cllr Shabir Pandor, Kirklees Council
- Dr Steve Ollerton, NHS Greater Huddersfield CCG
- Tim Ryley, NHS Leeds CCG
- Tom Riordan, Leeds City Council

Item	Agenda Item
12/20	**Welcome**
	The Chair welcomed members, deputies and attendees to the fifth meeting of the West Yorkshire and Harrogate (WY&H) Health and Care Partnership Board. He reminded members of the Partnership's shared mission to join up our services and investment to meet the current and future needs of the people of WY&H. The Chair noted that since the last meeting of the Partnership Board, the impacts of COVID-19 had been felt and the focus of the meeting today would be to consider the Partnership's response on COVID-19, including the work underway to better understand and respond to the impact of the pandemic, and our approach to stabilisation and reset, including economic recovery. Members noted that given the COVID-19 restrictions, the decision had been taken to hold the meeting via Microsoft Teams and though this may change the dynamic compared to previous meetings, the Partnership Team are confident that we will have a valuable and productive meeting. The Chair explained that the meeting would be lived streamed on the Partnership website and recorded for future reference as part of the Partnerships' commitment to transparency and accountability.
13/20	**Questions and public deputations**
	The Chair advised that as part of the Partnership Board's commitment to transparency and accountability, we want to give people an opportunity to ask questions and make deputations/statements at our meetings about items on that day's agenda. Members noted that due to the COVID-19 restrictions, the approach to dealing with public questions would be slightly different for this meeting. Members of the public were invited to telephone with or email their questions to the Partnership Team by 5pm 1 June 2020 so that a member of the Partnership Team could read them out on their behalf. He advised that as always, wherever possible, the Partnership Board would aim to provide a concise verbal answer to questions during the meeting and that the Partnership Team would also provide further information verbally or in writing after the meeting and post all questions and answers on our website. The Chair invited Rachael Loftus to read the questions that had been submitted (Annex A).

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14/20	**Declarations of Interest**
	The Chair explained that the Partnership Board takes conflicts of interest seriously and that declarations of interest would be a standing item on all agendas. He highlighted that, as set out in the Partnership Board's Terms of Reference, members and those in attendance must abide by all policies of the organisation that they represent in relation to interests. Members noted that the WY&H Partnership Team had prepared a composite register, bringing together, into one place, the declarations that members and attendees have submitted to their own organisation and that this had been published on the Partnership's website. The Chair invited members and those in attendance to declare any interests relevant to the agenda as required.
15/20	**Minutes from the last meeting – 3 March 2020 and action log**
	The Chair asked members of the Partnership Board to consider and agree the draft minutes of the last meeting on 3 March 2020. The draft minutes were agreed as an accurate record. Ian Holmes provided a verbal update on the action log.
16/20	**Update from the WY&H Partnership CEO Lead**
	The Chair invited Rob Webster to update members on national and WY&H developments since the last meeting of the WY&H Partnership Board. Rob explained that since the Partnership Board last met on 3 March 2020 there had been a significant escalation of the COVID-19 incident. This has necessitated a substantial refocusing of the work of all organisations in the WY&H Health and Care Partnership. The purpose of this paper is to update the Partnership Board on the focus and priorities of our Partnership work over the past three months. ***Context*** Rob shared some of the latest COVID-19 WY&H hospital bed data with members by way of context: • 262 people with COVID-19 currently occupying a hospital bed in WY&H (down from a peak of almost 800); and • of those, 26 people are in an intensive care / high dependency unit bed down from a peak of 133) As such, if we believe that hospitalisation is the "harsh end" of COVID-19, then the data is indicating that the virus is not having the impact that it was having a few months ago and that we are entering a new phase. Rob highlighted that the pattern of deaths from COVID-19 in WY&H replicate what is being seen nationally, i.e.: • 93% of deaths are in those over 60 years old; • over 50% of deaths are in those over 80 years; and

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	• 95% of deaths were in those who had and underlying health issue (such as respiratory or cardiovascular). He added that we should be in no doubt that the impact on families and friends who have lost loved ones has been significant. This has also sadly included the death of much respected and valued colleagues across our Partnership. Rob highlighted a report published earlier in the day by Public Health England ***"Disparities in the risk and outcomes of COVID-19"*** - a descriptive review of data on disparities in the risk and outcomes from COVID- 19 which confirms that the impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them – for example the disproportionate impact of COVID1-9 on our Black, Asian and minority ethics communities. ***Partnership's approach*** Rob explained that there are well established arrangements at system level, through the West Yorkshire Resilience Forum, and locally with councils, the NHS, community and voluntary organisations and other partners working together in each of our six places to co-ordinate our response on COVID-19. Within the NHS there is a formal command-and-control structure, with incident management centres at national, regional and organisational levels. He explained that the WY&H Partnership does not aim to duplicate these arrangements or create additional oversight or reporting mechanisms, but the relationships and ways of working we have established through the WY&H Partnership over the past four years add value in supporting the response. Members noted the continued commitment to identify specific tasks where WY&H Partnership working can add value, in line with our three tests of a) working at scale to achieve critical mass; b) sharing good practice; and c) tackling wicked issues together. There is also the opportunity to use the Partnership to facilitate mutual aid / support for places and organisations facing significant pressure. It is clear that this is a uniquely fast moving environment and priorities and pressure points will change frequently and that an agile response is essential. Rob described **Phase 1** of the Partnership's response to the pandemic (March – April 2020) which was focused on ensuring that there was sufficient capacity to respond to the anticipated surge in demand resulting from COVID-19. Members noted the four specific priorities within this: • exponentially **increasing critical care capacity** at pace, including supporting the development of the NHS Nightingale Yorkshire and the Humber located in Harrogate; • ensuring **safe hospital discharge** from general and hospital beds and caring for people in the community at short notice; • building coordinated support for **people shielding** at home for 12 weeks; and • delivering **business continuity** and safe services in the face of reduced staffing from sickness, self-isolation and shielding. Rob explained that **Phase 2** of the Partnership's response (May – July 2020) was not one of

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	full recovery, but was one of stabilisation and preparing for phase three when we can reset what we do for a world where we live with this virus. Members noted that the specific priorities during this phase have expanded as follows:: • continuing to provide **critical and urgent care for COVID-19 patients**, their recovery and rehabilitation; • providing **essential health and care services during the COVID-19 incident for other grou**ps of people; • continuing to support **people who are shielding** from the virus, as well as supporting other groups who are likely to be affected by it; • keeping **health and care colleagues** safe and well; and • understanding the **wider impact on different groups** of people, including Black Asian and Minority Ethnic Communities (BAME), older people, people with learning disabilities and/or mental health concerns and other vulnerable people; • **co-ordinating our reset** to the new 'normal' (stabilisation and reset), including responding to future peaks. Members noted some specific updates in relation to: Critical Care; Care Homes; Cancer; Mental Health, Learning Disabilities and Autism; Pathology, testing and imaging; support for people who are shielding, Primary care networks, community services and social care; workforce; support for unpaid carers; health inequalities; communities and impact on the economy; Financial approach and outlook; and Learning, research and evaluation. Rob explained that as we enter the next phases of the pandemic, the Partnership will need to retain an open mind and an agile approach as we plan for further peaks now and during the winter. Recognising that this is a longer term piece of work, it is essential that we support the wellbeing of staff and the resilience of our partners across all sectors. The papers for the Partnership Board provide greater detail on all of these issues during these unprecedented times. The following comments were raised during the discussion: • the importance in acknowledging the huge impact of COVID-19 on communities who already faced inequalities; • the national announcement on 31 May 2020 on the updated shielding guidance (effective 1 June 2020) that those shielding will be able to spend time outdoors with members of their own household or, if they live alone, with one person from another household has caused some concern and uncertainty; • we must not lose sight of the impact of COVID-19 for children and young people, including on their mental health and emotional support needs – the Partnership should be lobbying government to ensure that every school has the adequate resource and capacity to support this; • concerns about the reduction in the number of childhood vaccinations and immunisations carried out in the last few months – particularly for children who will be starting high-school in September 2020 without the usual vaccinations / immunisations; • there are increasing numbers of unaccompanied asylum seeker children arriving in the UK by sea (particularly in Kent) and it will be important to understand how quarantining and routine testing will work in practice for these young people;

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	• a number of staff (including school nurses and health visitors) have taken up front line roles in over that last few months and are returning to their substantive posts – it will be important to ensure those people have access to support to help them through the trauma they have experienced;
	• it may be timely for the Partnership to instigate a wider review of the Care Home and Domiciliary Care sector and system across WY&H – looking at a range of outcomes and how they might be improved and sustained in the medium to longer term – any such review should:
	  ○ not just look at care homes for older people, but the whole sector (i.e. those serving people with mental illness, learning disabilities, children)
	  ○ incorporate a better understanding of the workforce which is very different in terms of its demographics to residents;
	  ○ include people's voices, both residents of care homes and non-residents;
	  ○ include the views of those people from WY&H who are in care homes outside of the area; and
	• the image of working in social care (all aspects) needs to be improved and as a Partnership we need to encourage recruitment from all sectors and ages.
	
	Rob advised that a group had been convened across WY&H, led by Jo Webster, Carol McKenna and Richard Parry which has been leading the short term support for Care Homes (such as PPE and Testing).
	
	Rob advised that the WY&H Children Young People and Families programme had already begun looking at the impact of COVID-19 on children's mental and physical heath and would consider the points raised today in relation to that.
	
	Rob also noted that Tom Riordan was taking a key role nationally in ensuring arrangements for linking contact tracing work at local level and that the partnerships and capacity are in place to support this and Robin Tuddenham was the elected SOLACE (Society of Local Authority Chief Executives) Deputy Spokesperson for Health and Wellbeing, working at a national level on the local government response to the COVID-19 pandemic.
	
	Robin Tuddenham commented that, though often the recent national requests for plans / actions (Local Outbreak Plans, NHS "Reset" Plans etc) seemed to be siloed requests, the WY&H Partnership, the West Yorkshire Combined Authority and the WY local Resilience Forum would continue to respond to the pandemic together. Equally, any WY&H review of the Care Home Sector would be plinked to a broader piece about the future of health and care, taking into account the broader risks, challenges, opportunities and in the context the demographics of the WY&H population, both now and in the future.

ACTION 16/20-1	**The WY&H Partnership to instigate a wider review of the Care Home and Domiciliary Care sector and system across WY&H – looking at a range of outcomes and how they might be improved and sustained in the medium to longer term.**
17/20	**Gathering people's experiences and feedback during the COVID-19 pandemic**
	The Chair invited Helen Hunter to introduce the item. Helen explained that the purpose of the paper was to summarise the engagement approach and the early findings of Healthwatch organisations across West Yorkshire, Harrogate and

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	Craven. The engagement work specifically focuses on the experience of people accessing health and care services across the COVID-19 pandemic. Helen highlighted that all the Healthwatch organisation within WY&H were doing engagement in each local place, with varying, locally-designed mechanisms and also working with local partners to ensure that feedback from all different organisations was being captured. She highlighted that all Healthwatch organisations are committed to ensuring voices from groups who are facing the greatest inequalities and / or are from the most vulnerable groups are being heard and as such are constantly adapting to ensure these groups are being reached, utilising local voluntary and community sector organisations that are offering frontline support to these communities. Members noted that paragraph 11 of the report contained the headline findings provided by each local Healthwatch organisation. Helen highlighted the headline findings for WY&H from the engagement to date as follows: • the impact of the COVID-19 pandemic on mental wellbeing; • people opting not to access health and care provision; • people being confused by the information available to them; • mixed feelings about increased use of digital technology; • access to urgent dental care; • worries about access to routine or ongoing health care support; and • the provision of the right support and Personal Protective Equipment (PPE) for staff in care homes and those providing home care. Helen added that one of the biggest concerns as a group of Healthwatch organisations at the present time is the challenge in hearing from people who live in care homes about their experiences. She advised that potential routes to this are being constantly explored, but that unlocking this would be vital to the proposed WY&H Care Review. Helen described some of the early findings from the WY&H Voluntary and Community Sector Resilience Survey which was currently underway, led by the WY&H Harnessing the Power of Communities Programme: • the sector has adapted really quickly and well to the increase in demand, despite having reduced resources and have developed new services as well as kind of extending existing services; • there are risks around the immediate viability for a significant proportion of third sector organisations, particularly smaller organisations; and • there are areas across WY&H where there are a greater numbers of volunteer led organisations, particularly in rural areas; and • there is a threat to the future viability of the sector, which has such a strong focus on communities facing the greatest impact of COVID-19, including BAME communities, people with learning disabilities and unpaid carers, and this will have an impact on the system's ability to ensure a reset that reduces inequalities and results in a stronger, fairer health and care system. The Partnership Board was asked to note that: • the Healthwatch engagement work would continue to take place in each local area, with the findings regularly and routinely shared with partners in each local place;

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	• the WY&H Partnership Team are pulling together intelligence gathered by Healthwatch organisations from local places to produce a summary report of what has been heard so far (during June 2020); • this summary report would be reviewed, alongside findings from the WY&H Harnessing the Power of Communities Programme's Survey about voluntary and community sector resilience, and a WY&H Partnership response would be produced, outlining how the Partnership will utilise this learning; and • that this response would be considered at the next meeting of the WY&H Partnership Board in September 2020. The following comments were raised during the discussion: • many NHS providers have been undertaking "still here to help campaigns", though the feedback to Healthwatch is that a number of people feel they should have accessed health or care services during "the lockdown, but have chosen not to as they felt sure that certain services would not be available to them; • one reason for this may be that for many people, the most powerful voices are those of the people around you and so depending on what their experiences have been – will govern as to whether or not you believe that health and care services are available - therefore the more people that have positive experiences of accessing health and care will help to spread the messages that services are available; • the Voluntary and Community Sector will play an important role in supporting and reassuring communities that health and care services are still available during the pandemic; • some communities and population groups are genuinely fearful of accessing health services due to perceptions about the risks for people from BAME communities, for example – the next phase of or response must be about building trust and confidence and assuring our communities; • many individuals are also fearful, for example Healthwatch have heard from unpaid carers whose loved ones would have normally accessing respite care during the last few months, but haven't as their carer is terrified that their loved one might contract COVID-19 whilst receiving respite care – we must remain mindful of this when trying to influence our populations to behave / interact with services; • whilst it is vital for the health system to build confidence in the public about accessing NHS services - we have to be realistic about the fact that the pre-COVID-19 demand levels were higher than the health system could cope with – we must harness this messaging opportunity to build on the self-care and the personalisation agenda; • it is important to emphasise (to our staff and volunteers) that facilitating people and encouraging them to care for themselves, whilst being there if needed, is a vital caring role - so many people want to be helpful and often that feels like it has to be "doing something for someone", when we can really celebrate staff across this time for working with people and supporting them to help themselves; • from 8 June 2020, dentists have been given the green light to reopen as long as they have social distancing measures and the right personal protective equipment in place - as a result, not all services or practices will be available from this date and there will be fewer appointments available; • advocacy and self-advocacy services are still working remotely if people need help

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	having their voice heard in individual situations and it would be good to ensure that local Healthwatch organisations are connecting with them to gain further feedback and insight; • the Youth Association are producing and distributing about 5000 info, activity and support packs to young people across West Yorkshire each month and would be very happy to include a feedback and questions section in the next one; • each Healthwatch organisation is embedding an element of their work in hearing from children and young people and various diverse routes to engaging are emerging including the use of emojis and TikTok videos, along with working with other organisations have already gathered feedback, such as Scouts Groups etc
ACTION 17/20-1	**The WY&H Partnership will review the Healthwatch Summary Report, alongside findings from the WY&H Harnessing the Power of Communities Third Sector Resilience Survey and a WY&H Partnership response will be produced, outlining how the Partnership will utilise this learning.**
18/20	**Understanding the direct and indirect impacts of COVID-19 on different population groups**
	The Chair invited Robin Tuddenham, Dr James Thomas, and Sarah Smith to introduce the item. Robin explained that the purpose of the paper was to provide an overview of the direct and indirect impacts from COVID-19 in addition to identifying population groups that may have been affected more than others. He added that the paper also provided an update on the progress made to date, the understanding of impacts, and preparation for the next phase of the pandemic. Robin remarked that as per discussion on Item 16/20, whilst hospitalisation and critical care had indeed been the "harsh end" of the COVID-19 impact to date, in this context it has been the harsh "beginning", with the impact on health inequalities being both the harsh "middle" and "end", potentially for years to come. By way of introduction, Robin highlighted: • the excellent work taking place in our local places across WY&H, for example in respect of shielding and homelessness; • that almost 1/3 of people dying in hospital with COVID-19 also had diabetes which was clearly a significant risk factor (alongside other factors such as age, ethnicity and other long term health conditions); • that as Professor Jonathan Van-Tam had warned at the daily press briefing on 30 May 2020 that the country was at a "very dangerous moment" – both in terms of the impact of further outbreaks / a second wave, but all the secondary / indirect impacts of COVID-19; • that the findings in report published earlier in the day by Public Health England ***"Disparities in the risk and outcomes of COVID-19"*** were remarkably consistent with the emerging findings in WY&H through work with the Bradford Institute for Health Research and local public health teams; • the PHE report identifies that "people who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas" along with some more "nuanced" risk factors, such as occupations – as an example the report found that when compared to previous years - a particularly high increase in all cause

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	deaths among those who drive passengers in road vehicles for a living including taxi and minicab drivers and chauffeurs. Dr James Thomas described the work that the WY&H Improving Population had undertaken to review its priorities as the Partnership entered Phase 2 of the response to COVID-19 with a focus on sharing, amplifying and scaling up the excellent work underway in each of the places within WY&H and tackling those things that can only be undertaken at a WY&H level, rather than duplicating. James described the programme's immediate response priorities to Phase 2 as follows: • Identifying high impact preventative interventions that mitigate against the direct and indirect impact of COVID-19 with a focus on population groups most at risk. • Working as a system to share approaches for identifying population groups at risk of direct and indirect impacts of COVID-19. • Health Inequalities Grant Funding with a focus on COVID-19 response strengthening service links to VCS. • System overview for intelligence, with a specific focus on health inequalities and the impact on BAME groups and those living in the most deprived decile. • System approach to reducing violent crime in response to COVID-19. • Supporting a system response to immediate public mental health needs. e.g. bereavement support and suicide reduction • Health and housing – system link regarding discharge from hospital and system response to street homeless population. Members noted the programme's longer term response priorities to Phase 2 as follows: • Mental Health Prevention Concordat Action Plan to reflect Public Mental Health impacts of COVID-19. Including mental wellbeing of staff. • Capturing good practice in COVID-19 response to build on future Climate Change, AMR and PHM programmes. • Identify medium to long term impact on health inequalities for priority population groups and mitigating factors. • Identify mechanisms to prioritise preventative interventions to population groups disproportionately affected by the COVID-19 response. Members noted some examples of areas that the WY&H Improving Population Health Programme is working on with other WY&H programmes across the Partnership. Robin reflected that his ambition for the future, would be for improving population health and reducing health inequalities to not be established programmes, but to be a "way of being" in the Partnership, embedded into everything we do. The Partnership Board was asked to note the direct and indirect impacts of COVID-19 on different population groups and support an approach to 'stabilisation and reset' that: • acknowledges that the impact of COVID-19 has been variable across the system, and we need to adapt our response to reflect this; • embeds a preventative approach across partnership priority programmes; and • takes the opportunity to adapt as a system, prioritising interventions to population groups disproportionately affected by health inequalities.

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	The following comments were raised during the discussion: • the genesis of the WY&H Partnership was to "close three gaps" described in the NHS Five Year Forward View - one of which is the health and wellbeing gap (health inequalities) • it is vital for all WY&H Programmes to maintain a focus on the impact of their work and priorities on health inequalities; • as we focus in the short to medium term on "living with COVID-19", prevention will be vital to our stabilisation and reset work; • as a Partnership we must continue to focus on prevention, as described in our Five Year Plan and 10 big ambitions; • the WY&H Improving Population Health Programme is rooted in prevention, and has taken forward work on reducing people's risk of entering health care, early intervention with "at risk groups" and around risky lives and risk situations; • in addition to the WY&H Health Inequalities Network, the Partnership has a WY&H Prevention Network which incorporates mental as well as physical health; • at the WY&H planning event on 28 May 2020 where teams from each place came together with WY&H programme teams – there was a real for a focus on prevention in the stabilisatuon and reset phase on the response to the pandemic and the WY&H Improving Population Health Programme is hoping to work with all of the places in WY&H on embedding prevention in it in a targeted way (for example uptake of screening and immunisation in the right population groups and harnessing the current level of interest within the population in their health and how to look after it); • any future transformation funding received by the Partnership should be spent and investment with a lens on reducing health inequalities • there no clarity from NHS England / NHS Improvement as yet in respect of what (if any) WY&H transformation funding for 20/21 will be available – but regardless, in the medium to long term, the Partnership should ensure that the £5.8 billion spent each year on health and care in WY&H is appropriately focused on prevention and reducing health inequalities; • a recent ONS analysis showed that, when taking age into account, Black males were 4.2 times more likely to die from a COVID-19-related death than White males". • the PHE report detailed *"an analysis of survival among confirmed COVID-19 cases and using more detailed ethnic groups, shows that after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity – whilst people of Chinese, Indian, Pakistani, Other Asian, Black Caribbean and Other Black ethnicity had between had between 10 and 50% higher risk of death when compared to White British"* - some commentators believe that this may be caused by the stress that people from those communities feel of living in a white dominated society; • some of the stress felt by people from BAME communities may link to occupation profiles e.g. lack of job security and should be considered as part of the economic recovery discussion; • we must harness the power of our third sector organisations, as trusted organisations in communities who have conversations and relationships with our communities; • though the £450,000 WY&H Health Inequalities Grant Funding targeted towards

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	improving outcomes for population groups disproportionately affected by the impacts of COVID-19 is welcomed it is likely to be very oversubscribed in bids received from the entire WY&H region.
19/20	**Supporting system stabilisation and reset**
	The Chair invited Ian Holmes to introduce the item. Ian explained that the purpose of the paper was to describe a high level approach and process for supporting system stabilisation and reset. As we move into a more stable situation, our focus is turning towards how we continue to meet the needs of people with COVID-19 and other conditions; how we begin to address some of the widening inequalities resulting from the pandemic; and how we continue to support health and care staff throughout this period. He added that the Partnership would develop a response that is consistent with our five year strategy, and address the priorities which have been communicated to us by NHS England and NHS Improvement. By way of context, Ian highlighted that: • recovery would be a process which spans all parts of the public, private and the voluntary and community sectors, and it is important to view restoration and recovery of the health and care system in the context of wider societal recovery; • previous demand for health and care services was greater than capacity in the way which it was configured and delivered, and some sectors had financial sustainability challenges most notably the care sector and voluntary and community services - the old model of delivery will not meet the demand we experience over the coming months and years, and the changed nature of that demand will put different pressures on a different range of services; • throughout this planning we will need to ensure sustainability of plans as well as the agility and resilience of services to move flexibly / step up and down in response to subsequent 'waves' of COVID-19 infection through the population; • the Partnership must maintain sight of the 10 big ambitions as described in our Five Year Plan. Members noted the NHS England / NHS Improvement description of "phases" of the COVID-19 response. Ian highlighted that the Partnerships approach for supporting stabilisation and reset we are taking reflects our partnership principles: • We will ensure that our approach to recovery will be outcomes and safety focused, and reflect the ambitions in our Five Year Strategy. We will learn from what has worked. • Our approach will consider the response across the breadth of our partnership, including wider economic recovery. • We will use our existing programme and governance structures to take the work forward. • Where possible we will work together to develop an analysis of the issues at WY&H level, with support from our analytical teams, Public Health colleagues and the universities. • Our approach will recognise that most of the planning takes place at local level, and we

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	will be clear where the value-add is at WY&H level, in line with our three tests. Ian explained that the Partnership Team had worked with colleagues across the system to develop a common framework for this work (paragraph 14) which would allow the Partnership to compare and contrast local approaches, identify and share good practice, and identify opportunities for WY&H working that will add impact, the framework includes areas on: • What are the priority population health outcomes? • What does this mean in terms of service priorities? • What are the requirements on other services on the pathway? • What are the constraints? (such as PPE, workforce, Testing etc) • What innovations should we retain / adopt from elsewhere? What has been done that we are really proud of? • What does this mean in terms of addressing need ?/ What are the gaps? Members noted that the information from places (against the framework) had been returned the previous week and had been used as the basis for discussion at the WY&H planning event on 28 May 2020 and would provide WY&H programmes with clear priorities to be addressed through their refocussing and help identify additional challenges and risks which may require a WY&H approach. Ian highlighted some of the emerging themes as follows: • the importance of building a population health management approach; • process must be sensitive to local communities; • need a better understanding of the both the direct and indirect impacts of COVID-19, both in the short and longer term; • need to plan for further spikes of the virus, developing joint approaches for triggers and escalation points; • there are some things that will require a system-wide (WY&H) response (such as complex hospital care) • the importance "testing and tracing" in order to get a system functioning again - (and where possible, this should be locally led); • the risks around lower uptake of vaccinations and immunisations; and • the innovation that has already, and is continuing to take place must be sustained, spread and "locked in" to as we move forward. In terms of next steps, Ian explained that: • the process of working together across places and programmes to compare and contrast local approaches, identify and share good practice, and identify opportunities for WY&H working that will add impact was already underway; and • the place based meetings set for June and July 2020, which were originally designed as the peer led whole place assurance meetings, would be used to further test these arrangements and agree plans for support, investment and sharing good practice. Members noted that it is understood that NHS England / Improvement would be running a planning process for NHS organisations for the rest of 2020-21 imminently, but that WY&H process described in this paper would help ensure that our response on this is aligned, system wide, and in line with our collective priorities.

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	The Partnership Board was recommended to support the approach and process described in this paper for co-ordinating our stabilisation and reset work. The following comments were made during the discussion: • the Partnership intends to utilise existing programme and governance structures to take the work stabilisation and reset work forward, recognising that the nature of this work is fast-paced and as such programme need to be nimble in the refocussing of efforts and priorities; • as new areas of focus become apparent, where the Partnership doesn't already have a suitable "home" for the work, Partnership resources will be flexed to ensure new programmes of work are created – recent examples include the work on Personal Protective Equipment and on Testing; • we have already seen some great examples of teams and organisations delivering at pace, for example the Mid-Yorkshire Hospitals NHS trust were able to step up, virtually overnight, access for approx. 2,000 staff to antibody testing; • the recognition of the supply of PPE as a key constraint is very important – there are some many different types of PPE and so it is hard to speak about it in general terms – as the challenges are usually around specific items (currently FFP3 Masks which are crucial used in operations - without those, the system will not be able to achieve its goals of increasing elective surgery that it has planned for as part of the stabilisation and reset work); • given the current requirement for patients to isolate for 14 days prior to having an operation in hospital – we owe it to them to ensure we have everything in place to deliver their procedure as planned; • the WY&H work on PPE programme, led by Mel Pickup to secure a more reliable and consistent supply is absolutely crucial to our health and care system's recovery, particularly as we increase the number of elective procedures within acute trusts; • the provision and availability of staff wellbeing support, particularly for our front line staff (including, but not limited to those in hospitals, care homes, domiciliary care) is vitally important and staff resilience must be built into our stabilisation and reset plans; • the potential requirement for health and care staff to isolate will continue to present a risk to service provision, however encouraging staff to follow advice and guidance around social distancing and as employers, ensuring our staff are supplied with appropriate PPE will help to mitigate this; • it will be really important work to align health, economy and climate in local plans whilst feeding best practice into the West Yorkshire Combined Authority (WYCA) and the WY&H Partnership; • though face-to-face health care appointments haven't stopped, it is vital that we are keeping people who provide those appointments and people who need those appointments safe - the standard operating procedure for general practices has advised that we move to a remote triage system which means that most people are receiving consultations via video or telephone or other digital means; and • over the last two or three months we have seen been real progress and innovation around the use of non-face-to-face appointments for certain appointments, and it's really important that we are building on and continuing to use those innovations – however, as a health and care system, we want to provide the "right" services for

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	people - and so listening to our communities will be vital to understanding people's preferences and needs.
20/20	**West Yorkshire Devolution and Economic Recovery**
	The Chair invited Cllr Susan Hinchliffe and Ben Still to introduce the item. Cllr Hinchliffe explained that the purpose of the paper was to provide an overview of the 'minded to' Devolution Deal for West Yorkshire, which was announced as part of the Budget in March 2020 and an provide an overview of the work being led by the West Yorkshire Economic Recovery Board, and the support being delivered by the West Yorkshire Combined Authority and the Leeds City Region Enterprise Partnership (the LEP). *Devolution* Cllr Hinchcliffe explained that the Devolution Deal for West Yorkshire (signed in mid-March 2020) would bring about opportunity to grow the region's economy, attract investment and bring new powers to the region which would help accelerate our plans. She explained that work on the Devolution Deal had continued during the COVID-19 pandemic and that plans remained in place for an election in 20201 for a West Yorkshire Mayor. Members noted the links between inclusive economic growth in the region and health inequalities. Cllr Hinchcliffe explained that though the current West Yorkshire Devolution Deal did not explicitly include health and social care, the additional powers that are described in the paper are key social determinants of health (transport, adult education, housing etc) and that the WY&H Health and Care Partnership would continue to be the vehicle for discussions about health and social care across WY&H. Ben added that there may be consideration by the government to look to extend the scope of the WY Devolution Deal in the future. Ben explained that the consultation process for the he WY Devolution Deal had begun on 25 May 2020 for a period of eight weeks. *Economic Recovery* The implications of COVID-19 on the region and its economy are still emerging and will not be known in full for some time. However, it is already clear that it will have a significant long-term impact. At a city region level, work is taking place both to support the immediate response and to begin to develop what might be required in recovery. Members noted that potential loss of employment and structural economic problems that will lead to people out of work, and without the necessary skills to find new work or to work for themselves are hugely significant. Ben explained that between March and April 2020 there had been an increase in just under just under 31,000 additional claimants through the system (a 54% rise for West Yorkshire). Members noted that although the impact on the economy will continue to evolve over the coming months, the Combined Authority's response work to date has been led by evidence and intelligence gathered on a number of important issues. Key themes and issues identified include:

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	• Cash flow and immediate access to finance • Implications for employment, self-employment, and the skills system • Lockdown issues related to output and activity • Supply chain issues, particularly the need for Personal Protective Equipment (PPE) and other medical equipment and services • Pressures for the transport system and on town/city centres Cllr Hinchcliffe explained that he longer-term approach to rebuilding and renewing the economy is being overseen by a new West Yorkshire Economic Recovery Board. At their first meeting on 30 April 2020, the Board agreed a strategic vision for recovery with three priorities, which will be delivered through an Economic Recovery Plan for the City Region: • Developing resilient and thriving businesses, boosted by innovation, high skills and entrepreneurialism. • Developing an inclusive economy that provides people with a decent standard of living. • Promoting environmental sustainability in all parts of the region. Members noted the efforts of the WY Combined Authority / LEP to establish an access point and gateway for businesses interested in supplying PPE products in the region, working closely with procurers in the health and social care sectors, and with the Yorkshire Purchasing Organisation (YPO), to link supply and demand. Ben explained that to date, over 70 businesses have contacted the gateway, with 12 being referred to procurement leads in the NHS and local authorities, 30 to the YPO and the others accessing support to develop their approach and proposition. The Partnership Board was asked to: • note the content of the paper, including the current position in relation to devolution and the priorities of the West Yorkshire Economic Recovery Board; • further develop place based conversations across health and care about the importance of economic development and inclusive growth; and • Consider best practice from each place and shares this widely, in particular how best to tackle existing and emerging health and economic inequalities post COVID-19 The following comments were made during the discussion: • devolution provides an opportunity to think about different ways / models of business ownership and to create support for growth in social enterprise, and community-owned businesses and assets; • digital inclusion feels to be a major factor underpinning both economic recovery and access to health and care, therefore this should be considered as an area for joint action between the West Yorkshire Combined Authority and the WY&H Partnership; • links between the “ageing well” agenda and economic recovery should be made; • achieving genuine inclusive growth needs many voices and views from a variety of sectors; • we must not lose sight of the fact that a person’s level of skill at the age of 18 is one of the major determinants of lifetime health; • work is already underway in our local places to review health and wellbeing

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	strategies, alongside inclusive growth strategies and climate issues; • many of the jobs that we have lost are in our most deprived areas, and are in low skilled roles / occupations; • the role of apprenticships will be a crucial element of our recovery; • it will be important to align the work of the WY&H Partnership into the WY Economic Recovery Plan to reflect areas such as workforce, innovation, MedTech, supply of PPE and capital investment; • the contribution the health sector is very significant in terms of the economy, including the role of anchor organisations; • the emphasis on digital skills (both how that plays into the health sector and more generally) will become really important - as the more that we are able to invest in people the better for the region's health and economy.
21/20	**AOB and Close**
	The Chair thanked all members and attendees for their participation. There was no further business.
Date of next meeting:	Tuesday 1 September 2020

WY&H Health and Care Partnership Board – Action Log

Action Log No	Agenda Item	Action	By Who	Deadline	Status
OPEN ACTIONS					
16/20-1 *(2 June 2020)*	**Update from the WY&H Partnership CEO Lead**	The WY&H Partnership to instigate a wider review of the Care Home and Domiciliary Care sector and system across WY&H – looking at a range of outcomes and how they might be improved and sustained in the medium to longer term.	WY&H Partnership Team	December 2020	**IN PROGRESS**
17/20-1 *(2 June 2020)*	**Gathering people's experiences and feedback during the COVID-19 pandemic**	The WY&H Partnership will review the Healthwatch Summary Report, alongside findings from the WY&H Harnessing the Power of Communities Third Sector Resilience Survey and a WY&H Partnership response will be produced, outlining how the Partnership will utilise this learning.	WY&H Partnership Team	Sept 2020	**IN PROGRESS** *(See Item 26/20 and 29/20)*
26/19-2 *(3 Dec 2019)*	**First annual review of the Partnership MoU**	A more comprehensive review of the Partnerships' Memorandum of Understanding to be undertaken in Autumn 2020.	WY&H Partnership Team	December 2020	**IN PROGRESS**
14/19-1 *(3 Sept 2019)*	**Matters arising from the last meeting**	The Partnership Board to receive information on the outcomes delivered as a result of the 2019/20 £8.75m of flexible transformation funding in due course.	WY&H Partnership Team	Sept 2020	**IN PROGRESS** *(See Item 27/20)*
06/19-1 *(4 June 2019)*	**Proposition on Public Questions and Statements**	An opportunity to reflect on, and review how the implemented recommendations have worked to be scheduled for the meeting on 3 March 2020.	WY&H Partnership Team	Sept 2020	**IN PROGRESS** *(deferred to December 2020)*
Actions closed at or since the last meeting					
None					

WY&H Health and Care Partnership Board Meeting – 2 June 2020
Response to questions from members of the public

Question 1:

The WY&H Partnership Board is asked to note the direct and indirect impacts of COVID-19 on different population groups and support an approach to "stabilisation and reset" that:·acknowledges that the impact of COVID-19 has been variable across the system and we need to adapt our response to reflect this; embeds a preventative approach across partnership priority programmes; and takes the opportunity to adapt as a system prioritising interventions to population groups disproportionately affected by health inequalities.

There is no mention in this paper, of the effect of mandatory pushing of untested patients away from hospital wards and into Care Homes for rehabilitation, even though Care Home staff had undergone no extra training in infection control or had access to Personal Protection equipment for themselves or the other patients because there was not the time or the availability. Can we be assured that the so called 'stabilisation and reset proposals' are going to be real services for real people in real situations to help their actual lives, carried on by others who are getting a fair wage for a fair days work, rather than a digital offer which will merely siphon money into company coffers and tax havens?

I see reference to voluntary and community sector who play a key role supporting vulnerable groups; BUT charities are 'charity' and 'community sector' rely on volunteers who are likely to become scarcer as the retirement age rises.

Question 1: Response

The stabilisation and reset work will focus on ensuring that the right services will be in place for people locally. The way these will be provided will depend on the circumstances. There will be cases where digital solutions work well for people who receive services, and in these cases we want to ensure that they are maintained. We are working closely with Healthwatch partners to ensure that the views of communities are reflected in this.

At place level, local authority and NHS colleagues are working to ensure that care home staff have the right support and access to Personal Protective Equipment and testing. This is reflected in the local Care Sector Resilience Plans.

Question 2:

What power does West Yorks Combined Authority and WYH HCP have, to prevent McJobs?

West Yorkshire Devolution and Economic Recovery

Item 20/20 Recommendations and next steps It is recommended that he WY&H Partnership Board:·notes the content of the paper including the current position in relation to devolution and the priorities of the West Yorkshire Economic Recovery Board;·further develops place based conversations across health and care about the importance of economic development and inclusive growth; and considers best practice from each place and shares this widely, in particular how best to tackle existing and emerging health and economic inequalities post COVID-19
If I see a new huge ugly warehouse and new build houses constructed on agricultural land, while less than a mile away a brownfield site is being reclaimed for agriculture in the short term, then housing in the longer term, I have to wonder what is going on?

Question 2: Response

The West Yorkshire Recovery Board, as part of the vision it has set, is focussed on growing a more inclusive economy with less inequality, with a recovery that delivers good work and a decent standard of living. The products and programmes it goes on to develop will seek to support and drive these improvements.

Similarly, the West Yorkshire Combined Authority and Leeds City Region LEP support the creation of good private sector jobs and ensuring economic growth leads to opportunities for all as key priorities for building a more inclusive and productive West Yorkshire economy. These themes are central to the policies, strategies and interventions that continue to be developed. For example, the emerging Local Industrial Strategy identifies skills development, addressing barriers to well-paid employment, and access to high quality careers, education and training services as critical to achieving this. We continue to work with Government, partners and stakeholders to deliver on this ambition.

Question 3:

Will the conversations across place based 'health and care' be underpinned by any sort of ethical structure? Or is the all-important ethos to be US style, money and expediency!
I cannot see 'ethics' at work in some education commissioning and procurement. Nor do I see it in the race to digitalise NHS records and commission Covid tracing functions to companies with track records in fraud and terrorist surveillance. The reality of the companies' previous performance is not a political statement, but a statement of fact. Whether fraud and terrorist surveillance is ethical, is a subject for debate.

Question 4:

If an ethical structure is to be used to underpin the 'conversations', where will it be published and who, which bodies/interests/organisations will be involved in producing it?

Questions 3 & 4: Response

Keeping people safe, improving outcomes and tackling inequalities is at the heart of everything we do. This applies to all of our stabilisation and reset work right across the Partnership.

Note: Since the Partnership Board met in June 2020, the Partnership has published its ethical framework here: https://www.wyhpartnership.co.uk/publications/ethical-framework

Question 5:

Are you able to tell me how and when face to face appointments with GPs at surgeries within the Partnership area will be available again following the Coronavirus lockdown? Will it be different in different places? Who will decide? Also, my own GP surgery in Cleckheaton has disabled online bookings of appointments, but substituted a new online 'Request help from surgery' service through Engage Health UK. Will we always be obliged to go through this before being able to get a face to face appointment? Who owns the data collected on patients by Engage Health UK and what do they do with it?

Question 5: Response

Face to face appointments with GPs have not ceased, however in the interest of both patient and staff safety, face to face appointments are limited to consultations only when it is clinically necessary and appropriate.

National Standing Operating Procedures are in place for all General Practice Services. The Standing Operating procedure strongly advises all Practices to adopt remote triage as a default for delivering care and treatment when necessary and appropriate based on clinical judgement. In practice, this means GP practices using telephone, video and online consultation technology. In accordance with NHS England & Improvement guidance, GP practices have been strongly encouraged to disable on-line booking of appointments so that patients can be appropriately risk assessed to ensure patient and staff safety. As the virus becomes more controlled General Practice will over time begin to open up direct appointment booking and even more digital options to enable greater choice and improved access for patients. Patient data is managed under strict Information Governance protocols and can only be shared in accordance with General Data Protection Regulations.

At the beginning of the COVID-19 pandemic, Cleckheaton Group Practice (along with many other GP surgeries) either disabled or amended access to on-line appointment booking in line with a new Standard Operating Procedure (SOP) directed by NHS England & Improvement. This SOP requested that practices adopted a 'total triage' model where all patients would be remotely assessed initially to determine the need for a face to face appointment. This included using remote consultations wherever possible either via telephone, video or online access. Temporarily disabling on-line appointment booking ensured that patients who may have been exhibiting COVID symptoms did not inadvertently attend the practice in person, potentially spreading the infection to other patients and practice staff. The practice fully intends to reverse this change at a point in time that meets with national guidance.

Leeds Community Healthcare NHS Trust

Agenda item 2020-21 (85)

Version 8 : 24 September 2020

Topic	Frequency	Lead officer	29 May 2020	19 June 2020	7 August 2020	2 October 2020	4 December 2020	5 February 2021	26 March 2021	28 May 2021
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 Kari's story	X 2 staff stories	X Sam Prince	X	X	X	X	X
Quality and delivery										
Chief Executive's report	every meeting	CE	X inc COVID19	X inc COVID19	X Inc COVID19	X	X	X	X	X
Performance Brief	every meeting	EDFR	X	X not for this meeting due to timing	X	X	X	X	X	X
Perfromance brief:Measures for inclusion in the performance brief	Annual	EDFR							X	
Perfomance Brief: annual report	Annual	EDFR	X Deferred to June	X						X
Significant risks and risk assurance report	every meeting	CS	X	Not required	X	X	X	X	X	X
Care Quality Commission inspection reports	as required	EMD								
Quality account	annual	EDN&AHPS	X Deferred December			X				X
Mortality report	4 x Year	EMD	X		X		X	X		
Staff survey	annual	DW			X Inc in CE Report				X	
Safe staffing report	2 x year	EDN&AHPS			X			X		
Seasonal resilience	annual	EDO				X				
Serious incidents report	4 x year	EDN&AHPS	X Deferred August		X Q1		X	X		
Patient experience: complaints and incidents report	2 x year (six monthly Dec annual August)	EDN&AHPS	X Deferred August		X Annual report			X Six monthly 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 Deferred August		X Annual report&Q12020-21		X	X		
Strategy and planning										
Organisational priorities position paper	3 x year	EDFR		x 2019-20 End of year report		X			X 2021-22	x End of year report
Third Sector Strategy	2x year							X		
Service Strategy	as required	EDFR			X Safeguarding strategy					
Digital Strategy	2x year	EDFR			X Deferred to October	X		X		
Engagement Strategy	2 x year (Mar &Oct from 2020)	EDN&AHPS				X			X	
Quality Strategy	annual	EDN&AHPS							X	
Workforce Strategy	every meeting from May 2019	DW	Deferred	Deferred	X Looking after our staff	X	X	X	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						X
Annual accounts	annual	EDFR	X Deferred to June	X						X
Letter of representation (ISA 260)	annual	EDFR	X Deferred to June	X						X
Audit opinion	annual	EDFR	X Deferred to June	X						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							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 compliance report	Annual	EDFR		X Deferred August	X					
Infection prevention control annual report	annual	EDN&AHPS				X				
Additional items										
West Yorkshire Mental Health Services Collaborative	as required	CE								
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