Leeds Community Healthcare NHS Trust
Board Meeting (held in public) - Virtual meeting
Friday 4 December 2020, 9.00am – 12.00 (noon)

Leeds Community Healthcare NHS Trust

AGENDA

Time	Item no.	Item	Lead	Paper
		Preliminary business		
9.00	2020-21 (87)	Welcome, introductions and apologies:	Brodie Clark	N
9.05	2020-21 (88)	Declarations of interest	Brodie Clark	N
9.05	2020-21 (89)	Questions from members of the public	Brodie Clark	N
9.10	2020-21 (90)	Minutes of previous meeting and matters arising: a. Minutes of the meetings held on 2 October 2020 b. Actions' log	Brodie Clark	 Y Y
9.15	2020-21 (91)	Patient's story: Community Dental – Digital story	Steph Lawrence	N
		Quality and delivery		
9.35	2020-21 (92)	Chief Executive's report: including Covid-19 update	Thea Stein	Y To follow
10.05	2020-21 (93)	Committee Chairs' Assurance Reports: a. Audit Committee: 16 October 2020 b. Quality Committee: 26 October 2020 and 23 November 2020 c. Business Committee: 28 October 2020 and 25 November 2020	 Jane Madeley Ian Lewis Brodie Clark	 Y Y Y
10.20	2020-21 (94)	Performance brief and domain reports: October 2020	Bryan Machin	Y
10.30	2020-21 (95)	Significant Risks and Board Assurance Framework (BAF) Summary Report	Thea Stein	Y
10.35	2020-21 (96)	Health Inequalities update	Ruth Burnett	Y
10.45	2020-21 (97)	Infection prevention and control • Board Assurance Framework for Infection Control and Prevention	Steph Lawrence	 Y
10.50	2020-21 (98)	Mortality report	Ruth Burnett	Y
10.55	2020-21 (99)	Serious incidents report	Steph Lawrence	Y
11.05	2020-21 (100)	Reducing restrictive interventions –Little Woodhouse Hall	Steph Lawrence	Y
11.15	2020-21 (101)	Freedom to Speak Up Guardian Report (John Walsh presenting)	Thea Stein	Y
11.25	2020-21 (102)	Guardian for Safe Working Hours Report	Ruth Burnett	Y
		For approval		
11.30	2020-21 (103)	Equality and Diversity annual report 2019-20	Jenny Allen/ Laura Smith	Y
11.40	2020-21 (104)	Sustainable development management plan	Sam Prince	Y
11.50	2020-21 (105)	Annual General Meeting 15 September 2020 - minutes	Brodie Clark	Y
11.55	2020-21 (106)	Amendment to Standing Orders and Scheme of Delegation	Brodie Clark	Y
		For noting		
	2020-21 (107)	Approved minutes and briefing notes **for noting**: a. Audit Committee: 17 July 2020 b. Quality Committee: 21 September 2020 and 26 October 2020 c. Business Committee: 23 September 2020 and 28 October 2020 d. NED Briefing notes: 12 November 2020 e. Scrutiny Board :Adults, Health and Active Lifestyles:20 October 2020 f. West Yorkshire and Harrogate Mental Health Services Collaborative - Committees in Common 22 October 2020	Brodie Clark	 Y Y Y Y N Y
	2020-21 (108)	Board workplan	Thea Stein	Y
12.00	2020-21 (109)	Close of the public section of the Board	Brodie Clark	N

Date of next meeting (held in public)
Friday 5 February 2021 9.00am -12noon

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

Friday 2 October 2020, 9:00am-12:00 noon (via Microsoft Teams)

AGENDA ITEM 2020-21 (90a)

Present:	Brodie Clark	Trust Chair
	Thea Stein	Chief Executive
	Jane Madeley	Non-Executive Director
	Richard Gladman	Non-Executive Director
	Professor Ian Lewis	Non-Executive Director
	Helen Thomson	Non-Executive Director
	Bryan Machin	Executive Director of Finance and Resources
	Sam Prince	Executive Director of Operations
	Steph Lawrence	Executive Director of Nursing and Allied Health Professionals
	Dr Ruth Burnett	Executive Medical Director
	Jenny Allen	Director of Workforce, Organisational Development and System Development (JA)
Apologies:	Laura Smith	Director of Workforce, Organisational Development and System Development (LS)
In attendance:	Diane Allison	Company Secretary
Minutes:	Liz Thornton	Board Administrator
Observers:	Chris Storton	Care Quality Commission
	Sarah Kelman	Physiotherapist, Community Neurological Rehabilitation Centre (For Item 68)
	Lisa McInerney	Manager, Community Neurological Rehabilitation Centre (For Item 68)
Members of the public:	None present	

Item	Discussion points	Action
2020-21 (64)	**Welcome and introductions** The newly appointed Chair of Leeds Community Healthcare opened the meeting by welcoming Board members and attendees. The Chair particularly welcomed Chris Storton, Care Quality Commission and two members of the Trust's staff who were supporting the patient story item. **Apologies** Laura Smith (LS), Director of Workforce, Organisational Development and System Development.	i

	Trust Chair's introductory remarks Before turning to the more routine business on the Agenda, the Trust Chair provided some introductory comments to add context to the meeting discussions. He said that Coronavirus remained a primary focus for the Trust and would bring with it more professional and medical challenges. The onset of the influenza season over the next few months would mean that pressure would be unrelenting across all areas of the Trust's business and during this time staff would need the Board to lead with clarity at both a professional and personal level. The Trust Chair said that tackling Health Inequalities was a key Leeds city and West Yorkshire priority. The Trust's Executive Medical Director would lead this work on including the reshaping and moulding the Trust's services more tightly to meet the needs of the people of Leeds. In terms of re-set and recovery the Trust Chair said that he had visited a number of services in the past weeks (virtually) and all had shown determination, initiative and rigour in getting the reset programme firmly in place and where catch up has been necessary, it was going well with sound planning, proper resourcing and effective delivery. The agenda for today's meeting would include strategy updates and important stocktakes on some key areas of development including the impact of Covid-19 and how that had changed the delivery of the Trust's plans. He concluded by reminding the Board that October was Black History Month, a very important month, particularly against a back drop of the disproportionate impact of Covid-19 on black communities and of the horrific murder of George Floyd in the USA, with its worldwide impact. He said that both these things made this a particularly poignant time in which to remind ourselves of the history and positive contributions made by people of African and Caribbean descent.	
2020-21 (65)	**Declarations of interest** Prior to the Trust Board meeting, the 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. Non-Executive Director (JM) declared and interest in Item 82 in relation to her position as Chief Financial Officer at the University of Leeds.	
2020-21 (66)	**Questions from members of the public** There were no questions from members of the public.	
2020-21 (67A) **2020-21 (67b)**	**Minutes of the previous meeting held on 7 August 2020** The minutes were reviewed for accuracy and agreed to be a correct record. **Items from the actions' log** There were no actions or matters arising from the minutes.	
2020-21 (68)	**Patient's story** The Executive Director of Nursing and Allied Health Professionals introduced the patient's story item and welcomed the patient, and two members of staff: Sarah Kelman, Physiotherapist, Community Neurological Rehabilitation Centre and Lisa McInerney, Manager, Community Neurological Rehabilitation Centre	

to the meeting.

The patient introduced himself to the Board. He explained that he had a diagnosis of Distal Myopathy, a rare progressive genetic muscular disorder. He had relocated to Leeds from London at the beginning of 2020 and had spent two weeks as an inpatient in the Community Neurological Rehabilitation Centre at St Mary's Hospital during February of this year. During his stay he was supported by the team which included physiotherapists, occupational therapists and rehabilitation assistants.

The patient said that overall his experience of the service and subsequent contact with the Unit had been very positive. During his stay as an in-patient the focus had been on supporting him to regain and hopefully retain his mobilisation. He said that his physiotherapy sessions were organised on a rota so he knew what time they would be each day but the physiotherapist was only present every other day and at the alternate sessions he followed his treatment plan and was supported by a therapy assistant. On reflection he said that he felt his two weeks as an inpatient was not sufficient for him to re-gain enough mobilisation to be confident at home. He also felt it would have been of more benefit if the physiotherapist had been present at every session to adjust the treatment plan if necessary. He said that whenever possible patients should be consulted when the rehabilitation rota was set up. From his personal perspective he said that he was more able to undertake exercise at certain times of the day and if this had been taken into consideration it might have improved his experience. His discharge and adjustment back home had begun just before the Covid-19 lockdown. This had gone well until he had a fall. He said that when this happened he had made contact with the Unit easily and received swift help and support. The physiotherapists had suggested he use a piece of equipment to further support his rehabilitation at home but the Equipment Service had been unable to provide this item and he had to fund its purchase himself.

The Trust Chair thanked the patient for describing his experiences so eloquently and invited questions from member of the Board.

A Non-Executive Director (JM) asked if the journey through rehabilitation to self-care had been significantly impacted by Covid-19.

Sarah Kelman said that in-patient treatment would usually be for a period of two weeks. The expectation was that after that the patient could be appropriately supported at home if necessary to enable them to take forward the rehabilitation plan. Part of the reset and recovery work would allow the service to think about designing a more flexible and seamless service and how follow-up visits to patients at home formed part of the ongoing treatment programme. During Covid-19 the flow of patients from rehabilitation to home had slowed significantly.

The Executive Director of Operations was concerned to hear that the Equipment Service had not been able to offer the equipment required to support the patient appropriately at home and she agreed to take this forward outside the meeting.

In summary, the Chair said that overall this was a very positive story and that the patient had benefitted from effective support from the Trust. The reset and recovery work would provide an opportunity for the Trust to consider the important points that had been raised.

2020-21 (69)	**Chief Executive's report** The Chief Executive presented her report particularly highlighting: • Covid-19 update The number of cases was rising across the city linked particularly to increased testing. Key workers and their families now had clear pathways to access testing set up by the Trust's Infection Prevention Control (IPC) Team. Services in the Trust were not currently experiencing a surge in patient numbers but admissions to Leeds Teaching Hospitals NHS Trust (LTHT) were rising and this had the potential to impact on the Trust's services over the coming weeks. The Executive Director of Operations said that the Trust was working in partnership with all organisations across the city to prepare for the increasing number of cases. She said that the key message for staff was to continue to focus on the reset and recovery of services and reducing the waiting lists with the caveat that redeployment of some staff may be necessary in the coming weeks. A Non-Executive Director (RG) observed that patient anxiety was rising particularly in terms of patients not coming forward for treatment and he asked how the Trust was managing this. The Chief Executive said that this was a national and local issue. The Trust was working in partnership with the Clinical Commissioning Group (CCG) on a co-ordinated communication campaign to encourage the public to seek whatever treatment was necessary and a range of targeted communications were in place. Healthwatch Leeds was also working hard to engage and reach out to all communities across the city. A Non-Executive Director (IL) asked about staff that had been impacted by the opening of schools, the possibility of 'bubbles' collapsing and children having to self-isolate. The Chief Executive acknowledged that this would have a significant impact on staff with children. A decision had been made to extend the provision of emergency carer leave into the new year as this had the potential to be extremely disruptive for staffing levels and capacity across the Trust. A Non-Executive Director (JM) asked how city-wide communications would incorporate lessons learnt from the first phase particularly in relation to working with care homes. The Executive Director of Nursing and Allied Health Professionals provided assurance that the IPC Team were continuing to support care homes across the city alongside input from the neighbourhood teams. Currently three or four care homes were experiencing small outbreaks. She added that the majority of care homes had been receptive to the Trust's offer of support. In response to a question from Non-Executive Director (IL), the Chief Executive confirmed that work on health inequalities was continuing and the aim was to develop a strategy to be presented to the Board in Spring 2021. In the meantime updates would be provided to the Quality Committee.	

	• I Can Be Me Campaign The campaign has been launched at the Trust, it is for all staff and asks everyone to speak to their authentic self. Staff are being asked to pledge their commitment to equality and inclusion, to play their part in bringing everyone together and to be open to having better conversations about race. • Flu campaign The Trust was involved from two perspectives; one was the internal staff flu campaign and the second the Trust's support to primary care to deliver the flu campaign to the public. The Executive Director of Nursing and Allied Health Professionals reported that 542 members of staff including 22% of front line clinical staff had been vaccinated in the last two weeks. **Outcome: The Board:** • received and noted the Chief Executive's report and the Covid-19 update.	
2020-21 (70)	**Assurance reports from sub-committees** **Item 70 (a) – Quality Committee – 21 September 2020** The report was presented by the Committee Chair and Non-Executive Director (IL) who highlighted the key issues discussed, namely: • **Covid-19:** the Committee had received an update on the increasing infection rates locally across the city, the steady increase in admissions to LTHT, availability of testing, the impact on the Trust's Infection Prevention Control Team and on primary care. • **Little Woodhouse Hall:** the Executive Director of Nursing and Allied Health Professionals provided the Board with a verbal update in relation to a follow up quality visit that had taken place on 18 September 2020 jointly with the Trust and NHS England. She said that the report was still awaited however initial feedback had provided assurance of positive improvements which would require monitoring for evidence and assurance of sustained improvements. The report would be shared with Board members when available. • **Board Assurance Framework:** the Committee agreed to adopt the revised assurance report template and would undertake a review of the sources of assurance for Quality Committee. **Item 70(b) – Business Committee - 23 September 2020** The report was presented by the Deputy Chair of the Committee and Non-Executive Director (RG) who highlighted the key issues discussed, namely: • **Business and commercial developments update:** the Committee heard that as a consequence of Covid-19 and a continued move within the NHS away from tendering there had been little activity over recent months. • **E-Rostering project:** the Committee received a presentation from the project manager that outlined the project milestones and benefits. • **Board Assurance Framework:** the Committee agreed to adopt the revised assurance report template and had reviewed the sources of assurance for Business Committee. **Item 70(c) – Charitable Funds Committee 18 September 2020**	

	The report was presented by the Committee Chair and Trust Chair (BC) (who highlighted the key issues discussed, namely: • **Charitable development updates -** It had been agreed that joint work with Leeds Cares would not be pursued at this time. An operational group would be established with a revised terms of reference with the aim of providing better links to the community. • **Draft annual report and accounts for 2019/20** - were accepted by the Committee. **Item 70(d) – Nominations and Remuneration Committee 18 September 2020** The report was presented by the Committee Chair and Trust Chair (BC) who highlighted the key issues discussed, namely: • **Non-Executive Director (NED) Recruitment:** the Committee received an update on Board appointments noting that two NED roles were out to advertand held a discussion on succession planning. • **Temporary changes to policies during Covid-**19: the Committee had formally approved the extension of temporary changes to policies agreed with Trade Union representatives to assist the organisation in managing through a potential second wave of Covid-19. **Outcome:** The Board noted the update reports from the committee chairs and the matters highlighted.	
2020-21 (71)	**Performance Brief and Domains Report: August 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 August 2020. The Board reviewed the August 2020 performance data which had also been reviewed in depth by the Quality and Business committees on 21 and 23 September 2020 respectively. A Non-Executive Director (JM) asked about the increasing number of staff leaving within 12 months of employment. It was confirmed that the reported reasons for leaving were predominantly for career development and flexible working, and further work was being undertaken to identify opportunities for aligned career development within the Trust. In response to a question from Non-Executive Director (HT), The Executive Director of Operations stated that whilst it was reported that waiting list recovery was, on the whole working towards trajectory, hotspots were acknowledged in MSK, Podiatry, Dental & CAMHS and were being monitored more closely. The Trust Chair invited the Executive Director of Finance and Resources to provide a brief overview of the impact of the financial regime from September 2020 to March 2021 on both the Trust and the Integrated Care System (ICS). He said that funding had been allocated at system level ie to the ICS and each organisation had been received an indication of the income they were	

	expected to receive, The Trust had worked out its expenditure plans and had submitted a proposed financial plan to the ICS. He said that the Trust could potentially be in a surplus position, however the some other providers within the system were not and the ICS would have a collective deficit of around £50 million. and he suggested that the Trust may wish, at some point, to volunteer to release some of its resources to the wider system. The Board members discussed the extent to which the Trust should volunteer resources at this stage and whether this would impact on its reset and recovery plans. The Executive Director of Finance and Resources assured the Board that finance would not be a constraint for recovering from the impact of the waitlists. The Board agreed that the Trust Chair and the Chief Executive would be delegated the responsibility of negotiating the Trust's contribution to alleviate the ICS deficit. **Outcome: The Board:** • noted the present levels of performance.	
2020-21 (72)	**Significant risks and Board Assurance Framework (BAF)** The Chief Executive introduced the report which provided information about the effectiveness of the risk management processes and the controls that were in place to manage the Trust's most significant risks. The strongest theme found across the whole risk register was staff capacity, second strongest theme was CAMHS and the third strongest was staff safety. The Board noted changes to the risk register as follows: • One risk currently scoring 15 or above (extreme) – related to managing the complexity of young people admitted to the CAMHS Tier 4 Inpatient Unit • Thirteen risks scoring 12 (very high) The Board noted the controls and planned actions for each risk. The Board noted the BAF process had been subject to scrutiny by the Quality Committee and the Business Committee at their meetings on 21 and 23 September 2020 respectively. The Board considered and agreed to the proposal that a new risk related to the prolonged impact on delivery of healthcare services due to Covid-19 be added to the BAF. In response to a question from Non-Executive Director (RG), the Chief Executive said that the Senior Management Team had considered reducing the score for the risk related to staff sickness but given the uncertainties around COVID-19 and its potential impact on staff capacity, a judgement had been made to keep the risk score at 12. A Non-Executive Director (JM) asked about the risks associated with reducing the occupancy of inpatient beds at Little Woodhouse Hall to maintain safety. The Executive Director of Nursing and Allied Health Professionals said that due to Covid-19, occupancy at Little Woodhouse Hall had been limited to seven patients but as a result of the issues raised by the recent inspection by NHS England, this had been reduced to three. She added that following the	

	outcome of a follow up review she hoped that it would be possible to increase the number back up to seven fairly soon. **Outcome: The Board:** • approved the addition of a new BAF risk (previously Risk 1013) • were assured that planned mitigating actions will reduce the risks •	
2020-21 (73)	**Seasonal resilience report** The Executive Director of Operations provided a brief verbal update. She reported that a city wide group had been established to consider Covid risks, seasonal pressures, Brexit and seasonal recovery plans. She said emergency and resilience planning (including winter) would be the focus of the next Board workshop on 6 November 2020 when she hoped to present a plan for the Board to consider and discuss. **Outcome: The Board:** • noted the update and the intention for a plan to be available for discussion at the Board workshop in November 2020.	
2020-21 (74)	**Infection prevention control: Board Assurance Framework for infection prevention control** The Executive Director of Nursing and Allied Health Professionals presented the report which apprised the Board of the measures in place around identified key lines of enquiry in relation to Infection Prevention Control (IPC) and Covid-19, in line with national guidance from Public Health England (PHE). She drew attention to the updates around the gaps which had been previously identified. A Non-Executive Director (HT) welcomed the updated report which had been previously considered by the Board in June 2020 but she was concerned that there remained a number of key lines of enquiry where there were no mitigating actions to address the gaps in assurance. The Executive Director of Nursing and Allied Health Professionals provided assurance that work was continuing to identify mitigating actions and a further report would be presented to the Quality Committee and then to the Board in December 2020. The Executive Director of Nursing and Allied Health Professionals said that she met regularly with the IPC Team to discuss and monitor the delivery of IPC across the city to ensure consistency. New investment to boost staffing in the IPC was now in place and a recruitment exercise was underway. In response to a question from Non-Executive Director (RG), the Executive Director of Finance and Resources said that he was satisfied that the NHS supply chain for PPE was robust enough to cope with a surge in Covid-19 infection rates and systems locally and nationally were well set up. He added that the city wide command and control PPE group had been re-instated. The Board agreed that regular updates to the Quality Committee and the Board would be welcome. **Outcome: The Board:** • The Board noted the content of the updated report.	
2020-21 (75)	**Operational priorities update** The Executive Director of Finance and Resources introduced the Operational Plan priorities update report. The report provided an overview of the Trust's	

	priorities at the end of month five for 2020/21 which were developed prior to phase one of the Covid-19 pandemic and approved by the Trust Board in March 2020. In response to a question from Non-Executive Director (JM), the Executive Director of Operations confirmed that the formation of a Business Logistics Team had ensured the implementation of the detailed action plans which underpinned each priority. **Outcome: The Board:** • noted the assessment of delivery of work planned in relation to the Trust's 2020/21 priorities at the end of month five and the impact of the Covid-19 response • noted the focus of work planned for the remainder of the financial year.	
2020-21 (76)	**Digital strategy update** The Executive Director of Finance and Resources introduced the report which provided an update on the progress on the implementation of the Digital Strategy. He said that the outline plans and timescales which were part of the Digital Strategy approved in December 2019 had been affected by the Trust's response to Covid-19 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 'Reset and Recovery' work was gaining momentum and the Digital Strategy Implementation Group (DSIG) had devoted time to consider how digital projects would be prioritised in order to support the new ways of working which were emerging, balance capacity and availability of technical resources to support all of the initiatives. Non-Executive Director (RG) observed that excellent work was being done to ensure that staff were fully engaged in the process and that what was being planned worked well. A Non-Executive Director (JM) noted that progress to engage with staff around information governance (IG) awareness, policies and training was behind schedule and whilst recognising that the priority focus had been elsewhere in recent months, she suggested that IG awareness must remain a high level priority. The Executive Director of Finance and Resources provided assurance that the engagement with staff teams to raise IG awareness had been significant and it remained a high level priority for the Trust. **Outcome: The Board:** • noted the progress made against the Digital Strategy actions.	
2020-21 (77)	**Workforce strategy update** The Director of Workforce, System Development and Organisational Development presented the report which provided the Board with an update on progress made on the delivery of the Trust's Workforce Strategy during the period April 2020 to September 2020. The Board noted that the priorities of the Workforce Strategy had been reviewed as part of the Workforce Directorate's reset and recovery approach and in the context of the Covid-19 pandemic and the newly released NHS People Plan. The review had identified Resourcing, Health and Wellbeing and	

	Diversity and Inclusion as three priorities to be amplified for the remainder of the Workforce Strategy's lifespan. The Trust Chair said that the review and re-positioning of the plan together with the intention to amplify some of the priorities was a positive development. **Outcome: The Board:** • noted the progress which had been made against the priorities set out in the Workforce Strategy 2019-2021 and noted their 'on-target' status • supported the intention to focus particularly on Resourcing, Health and Wellbeing and Diversity and Inclusion during the Workforce Strategy's lifespan.	
2020-21 (78)	**Engagement strategy update** The Executive Director of Nursing and Allied Health Professionals presented the bi-annual update on the implementation of the Engagement Strategy to the Board. She explained that the focus for the first year of the strategy was on embedding efficient and fit-for-purpose processes and focussing on establishing the right relationships. The report to the Board in March 2020 had provided an update on the first three priorities; Culture of engagement, Working with others and Leadership. This report provides an update on the three remaining objectives; Listening to everyone's voice, We are All experts and How we do what we do. The Trust Chair said that it was important for the strategy to strike the right balance between engaging with patients and with communities and he felt that progress so far was rather light on the community focus. The Executive Director of Nursing and Allied Health professionals said that engaging with communities would be an area of focus for the future. She added that work to capture wider community engagement had already begun in terms of the work on the Third Sector Strategy and the new focus for the Charitable Funds work. The Chief Executive said that there were some excellent examples about how services in the Trust had strengthened engagement and she suggested that some vignettes should be included when the Strategy was next updated. The Chief Executive suggested that the Trust Chair or a non-executive director should review a sample of complaint letters on a regular basis. This would be followed up by the Executive Director of Nursing and Allied Health professionals. **Outcome: The Board:** • noted the progress of the year one implementation plan against the objectives of the Engagement Strategy.	
2020-21 (79a)	**Workforce Disability Equality Standard (WRES) Annual Report 2019/20 and action plan 2020/21** The Director of Workforce, Organisational Development and System Development (JA) presented the Annual Report and action plan for 2020/21. She said that the Trust was committed to promoting fairness and equality of opportunity for the diverse workforce it employed. The Annual Report reported on the Trust's activity between 1st April 2019 and 31st March 2020 which in turn had the opportunity to address any issues in the form of an action plan for 2020/21.	

	She said that the aim was to follow a similar roadmap to that associated with the work on Race and she described some of the initiatives being undertaken in the Trust aimed at addressing disability in the workplace. The Board noted that some progress had been made within the WDES arena in the last year but acknowledged that the work in this area was less mature than that associated with Race. In response to a question from Non-Executive Director (JM), the Director of Workforce, Organisational Development and System Development said that 5.1% of the Trust's staff had declared a disability. She said that one of the impacts of Covid-19 had been to increase the focus on disability. The Chief Executive said that the Trust should be proud of the work that had been done to raise the profile of mental health issues and the work around deafness. **Outcome:** The Board • approved the WDES Annual Report and revised WDES Action Plan.	
2020-21 (79b)	**Workforce Race and Equality Standard (WRES) Action Plan 2020/21** The Director of Workforce, Organisational Development and System Development (JA) presented the Action Plan for 2020/21. She said that the Action Plan had been refined to take account of the disproportional impact of Covid-19 on Black, Asian and Minority Ethnic (BAME) staff. She took the opportunity to remind the Board about the significant progress which had been made during 2019/20 and some of the initiatives which had led to a critical movement of BAME staff feeling supported and encouraged to speak openly about what was important to them and share what they needed from the Trust. **Outcome:** The Board • approved the WRES Action Plan for 2020/21.	
2020-21 (80)	**Quality Account** The Executive Director of Nursing and Allied Health Professionals presented the final version of the Quality Account report for 2019/20. A Non-Executive Director (HT) said that the report had been reviewed by the Quality Committee on 21 September 2020 and recommended to the Board for approval. She observed that it was excellent to see the positive comments from Healthwatch Leeds and NHS Leeds CCG which were included in the Quality Account. **Outcome:** The Board • approved the Quality Account 2019/20 for external publication.	
2020-21 (81)	**Infection control and protection: Annual Report 2019-20** The Executive Director of Nursing and Allied Health Professionals presented the report which informed the Board of the achievements in 2019-20. The report covered the period 1 April 2019 to 31 March 2020 and included information on the IPC activities undertaken within the organisation and collaboratively with partners across the healthcare economy inclusive of the co-operation agreement and additional commissioned services.	

	Outcome: The Board • noted the content of the Infection Prevention and Control Annual Report for 2019-2020 and approved its publication.	
2020-21 (82)	**Health Education England 2020' Education and Training Self-Assessment Return** The Executive Medical Director presented the report and explained that in line with their National Quality Framework Health Education England (HEE) required the Trust to complete an annual 'Education and Training Self-Assessment Report (SAR)' as the placement provider for trainees in all professional groups. It was agreed that the links to the SAR would be shared with the Board for review before final submission to HEE. **Outcome:** The Board • agreed that subject to a review of the detail in the links to the SAR • the report was approved for release to Health Education England.	
2020-21 (83)	**NHS England Annual Organisational Audit (Medical appraisal** The Executive Medical Director presented the Annual Organisational Audit (AOA) report for 2019/20. She explained that the report provided assurance to the Board that all medical appraisals have been completed in line with NHSE guidelines. **Outcome:** The Board • accepted the 2019/20 NHS England Annual Audit as the current position for the Trust • approved the report for release to Health Education England.	
2020-21 (84)	**Approved minutes for noting** The Board received the following final approved committee meeting minutes and notes presented for information. 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 **Outcome: The Board:** • noted the final approved minutes and notes.	
2020-21 (85)	**Board workplan** The Chief Executive presented the Board work plan (public business) for information. **Outcome**: The Board noted the work plan.	
2020-21 (86)	**Close of the public section of the Board** The Trust Chair thanked everyone for attending and concluded the public section of the Board meeting.	

	Closed at 12noon.	

Date and time of next meeting
Friday 4 December 2020, 9.00am – 12.00noon
Boardroom, Trust Headquarters, Stockdale House, Victoria Road, Leeds LS6 1PF

V2 13/10/2020

Agreed by the Chair:
Date: 4 December 2020

AGENDA ITEM 2020-21 (90b)

Leeds Community Healthcare NHS Trust
Trust Board meeting (held in public) actions' log: 4 December 2020

Agenda Number	Action Agreed	Lead	Timescale	Status
Meeting 2 October 2020				
	None to note			

Actions on log completed since last Board meeting on 2 October 2020	
Actions not due for completion before 4 December 2020; progressing to timescale	
Actions not due for completion before 4 December 2020; agreed timescales and/or requirements are at risk or have been delayed	
Actions outstanding as at 4 December 2020; not having met agreed timescales and/or requirements	

Leeds Community Healthcare NHS Trust

Agenda item 2020-21 (93a)

Report to: Trust Board 4 December 2020
Report title: Audit Committee 16 October 2020: Committee's Chair assurance report
Responsible Director: Chair of Audit Committee **Report author:** Company Secretary
Previously considered by: Not applicable

Summary

This paper identifies the key issues for the Board arising from the Audit Committee 16 October 2020.

Internal Audit

The Committee noted slow progress was being made against the 2020/21 internal audit programme, with only two audits having been completed to date. These were presented to the Committee. The Recruitment and Selection audit received substantial assurance, and the Duty of Candour audit received reasonable assurance. Both reports were still to be reviewed at the Business Committee and Quality Committee respectively.

The Committee discussed the potential challenges to completing the full internal audit programme in the light of COVID response focus within the Operations directorate particularly, and asked that the Executive Director of Finance and Resources discuss with TIAA options for re-planning the audit programme for the remainder of the year, to ensure that sufficient assurance work can be successfully completed ahead of the year end and with audit scopes that would provide most value to the organisation during this period. The Committee offered a few suggestions that they thought could be considered and asked that the Executive Director of Finance and Resources would report back to the next meeting of the Committee with a proposal.

The Committee also discussed an updated approach, under 'reset and recovery', to a previous internal audit action concerning an efficiencies programme and suggested that it would be useful for there to be a wider discussion about the proposed approach at Business Committee.

Charitable Funds annual report and accounts

The Committee was provided with the Leeds Community Healthcare Charitable Trust and Related Charities draft annual report and accounts for 2019/20 together with the findings of the independent examination. The independent examiner noted there were no significant weaknesses and the Committee will recommend the adoption of the accounts by the Charitable Funds Committee at its next meeting.

Information Governance

The Committee was advised that for 2020/21 there was no longer a requirement to conduct a mid-year baseline assessment for the Data Security & Protection Toolkit (usually submitted at the end of October each year). The Committee was advised that there would be a further update on the toolkit at the next Audit Committee meeting.

COVID Assurance Framework

The Committee was updated on the progress being made by SMT in documenting activities, decisions and actions in a COVID assurance framework. The Committee was advised that this

document would continue to be reviewed and revised during the next phase of the pandemic however It was anticipated that a version of the framework would be received at Quality and Business Committees for scrutiny in November and proceed to Board in December 2020.

Board Assurance Framework – review of BAF risk 2.4

BAF risk 2.4 (… maintaining the security of its IT infrastructure…) is assigned to the Audit Committee and it reviewed the sources of assurance (largely Committee papers and minutes) that it currently receives for this BAF Risk to determine if the sources were of sufficient variety, focus, depth and frequency to enable the Committee to form an opinion of the level of assurance they provided. The Committee agreed that these sources provided only a limited picture of assurance and tasked the Executive Director of Finance and Resources with identifying additional sources of assurance to be added to the BAF and to the Committee's work plan for review.

Risk Appetite Statement review

The Trust's Risk Appetite Statement is reviewed annually by the Senior Management Team and any changes are advised to the Audit Committee. The Committee discussed the current risk appetite levels and agreed with SMT that these remained appropriate in the environment in which the Trust is currently working. Some minor changes were proposed by SMT to include recognition of the importance of other health providers in the system; these were approved by the Committee. In addition the Committee agreed to remove the phrase (operating in a) 'competitive healthcare market' and replace it with 'challenging environment' as the NHS is shifting away from market competition and towards collaboration.

NHS
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AGENDA ITEM 2020-21 (93bi)

Report to: Trust Board
Report title: Quality Committee 26 October 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. The meeting was held by MS teams as a reduced business meeting due to escalating Covid-19 pressures.

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:** The Committee heard about the rapidly changing current situation. Whilst the demand on LCH services remains static, the Executive Director of Nursing & AHPs and Executive Director of Operations reported an increased number of Covid-19 positive patients within the Acute Trust and now pressure to discharge patients back in to the community more rapidly. In addition, the Committee heard of the increasing number of outbreaks within Care Homes and three Neighbourhood Teams impacted by outbreaks in addition to some corporate outbreaks. Voluntary redeployment has been requested to date, however this is likely to be expedited soon. In addition, four staff have volunteered to support the potential opening of the Nightingale at Harrogate, with two healthcare assistants still required. The returning VAT requirement on PPE was raised, with an agreement across Leeds until March 2021 for PPE to be provided across the system, however this may have a concerning impact at a future point.
  Leeds CCG have agreed increased funding to extend the night service to provide an additional team to support hospital avoidance overnight and also to support patients to return home safely from A&E until 10pm. The Committee also heard how the Trust are actively recruiting to an additional 30 non registered staff to support the Neighbourhood Teams.
  The Committee heard how the staff flu campaign is underway and currently at 42% of clinical staff vaccinated. In addition, a Covid vaccination programme for Leeds has been asked to commence from December 2020, led by the Executive Director of Operations for LCH. This will be supported by a regional training programme for new vaccinators to support the mass vaccination following the initial targeted clinically vulnerable population.

- **Little Woodhouse Hall:** The Executive Director of Nursing and AHPs provided an update on the continued challenging position of LWH but noted continued progress to embedding improvements. Currently there are 3 young people on the unit, 2 of which are awaiting transfer to alternative beds within the secure environment. Committee members asked about the increasing incidence of restraint, it was confirmed that SMT receive this data weekly and was asked that Board also have sight of this data. Overall the Committee felt this paper provided a position as of today with an increasingly assured position toward reasonable assurance. Committee agreed this remained at limited assurance however noted that a further update will be received by the Committee before the December Board.

- **Re-set :** The Executive Director of Operations gave an oversight of the reset work to date. The

Podiatry waiting list has been a concern for some time. This is now in a significantly improved position with 300 patients still to be assessed, all of whom have appointments booked. This paper was received as a positive and comprehensive update to Committee. Committee heard intentions to provide the re-set dashboard on a regular basis. The proposed inclusion of more information on harms to patients caused by service pressures and patient outcomes was welcomed. In response to a question of how the Trust will try to reduce health inequalities as part of the reset work, it was acknowledged that ongoing work in IAPT will be helpful in understanding disparity of recovery outcomes amongst some groups within the community, to influence future work.

- **Breach of Category 4 Pressure Ulcer target**: The Executive Director of Nursing provided a verbal update to inform Committee the Trust have breached the zero tolerance for Category 4 pressure ulcers with lapses in care. One concluded investigation, in Yeadon NT identified missed opportunities for specialist intervention for the management of contractures and actions are being taken to address the learning. In addition the Trust have also reported a further Category 4 pressure ulcer as a serious incident with potential lapses in care at South Leeds recovery hub, this investigation is ongoing.

Assurance levels agreed by Committee:

Can the Committee assure the Board on the following strategic risks?	Agenda items reviewed:	Overall level of assurance provided:	Additional comments:
RISK 1.3 **Is the Trust maintaining and continuing to improve service quality?**	• Covid-19 update • Podiatry verbal update • LWH assurance update • Reset update • CCG Clinical Quality Review Group meeting minutes • Quality Assurance and Improvement Group minutes	Reasonable	The Committee recognised the improving situation at Little Woodhouse Hall inpatient unit. It was agreed that this only provided limited assurance as there was further action required.

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AGENDA ITEM 2020-21 (93bii)

Report to: Trust Board
Report title: Quality Committee 23 November 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. The meeting was held by MS teams as a reduced business meeting due to escalating Covid-19 pressures.

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:

Whilst the Committee was quorate the following items were discussed:

Covid-19: The Committee heard about recent changes with the number of Care Homes with Covid-19 outbreaks having reduced slightly and LCH remaining at OPEL level 3 with a couple of 'hot spots' in Podiatry and Adult Speech & Language Therapy. The Executive Director of Nursing & Allied Health Professionals (AHPs) informed Committee of an urgent meeting for Directors of Nursing being held regarding the potential opening of the Nightingale hospital.
It was reported that the annual Flu campaign was continuing with an anticipated increase in staff numbers vaccinated. Discussion took place regarding strategies to increase the current achievement with updates provided on the weekend clinics, attendance at bases for those teams struggling to attend the existing clinics and communications reiterating the continued importance of flu vaccination in the context of Covid-19.
The Executive Medical Director provided an update on the roll out of asymptomatic staff testing, commencing later this week with a short early adopter phase. Updates will be provided as this evolves.
Staff health and wellbeing was discussed following questions from Committee. The Executive Director of Operations acknowledged the ongoing health and wellbeing support offer however also acknowledged the challenge of increasing demand on services with reduced capacity and the additional risk to capacity associated with the introduction of asymptomatic staff testing which may increase staff required to isolate. This is being monitored through silver command.
The Executive Director of Operations reported the continued anticipated delivery of the Covid vaccine week commencing 7th December. It was confirmed that Stockdale will be used as the LCH vaccination base to facilitate the vaccination of 20,000 staff including LCH staff, care home staff, 3rd sector and voluntary sector staff. The detail of the campaign is awaiting the licensing information.

- **Little Woodhouse Hall:** The Executive Director of Nursing & AHPs presented the paper and the plans for new admissions over the next few weeks. Overall there is evidence of positive improvements and outcomes as increasing assurance. In addition conversations are also taking place between LCH and LYPFT Executive Director of Nursing in preparation for the transfer of the service.

- **Internal audit:** The report for the Duty of Candour was discussed and acknowledged and accepted to be providing reasonable assurance. The Executive Director of Nursing & AHPs confirmed assurance

and evidence has been provided in relation to the one action and compliance in October was 100%.

- **Performance Brief:** The Executive Director of Nursing & AHPs presented the paper and acknowledged the pressure ulcer incidence in excess of the Trust target. Learning in relation to systems and processes was discussed and the Executive Director of Operations acknowledged that the required SystmOne improvements are within the digital strategy priorities and is within the risk register. Delayed progress with this critical improvement was acknowledged and therefore Quality Committee will raise this concern to Board.
  The data in relation to safe staffing fill rates was acknowledged. The Executive Director of Nursing & AHPs reported this was related to a reduction in children requiring respite in Hannah House due to Covid-19 and therefore associated reduction in staffing levels which needs to be reflected more accurately in future reports. It was also reported that bank and agency staff have continued to be accessed for Little WoodHouse Hall however safe staffing levels have been maintained.

- **Patient Group Directions (PGD):** The report was presented by the Executive Medical Director and the Committee ratified the three PGDs presented.

The remainder of the Committee was held as an informal discussion due to the Committee not being quorate:

- **Clinical Governance Report:** The Executive Director of Nursing & AHPs presented the report and acknowledged the changes that will be coming in relation to Patient Safety Specialist role. The recruitment to a Learning Disability lead post was recognised. The Paediatric Dental situation was discussed acknowledging the aim for LTHT support with assessments. Committee requested an update in January 2021 to provide clarity on the position and plan for the Dental Service.

- **CQC Improvement plan**: The Executive Director of Nursing &AHPs confirmed the position presented in the paper with the outstanding actions being in relation to final assurance. This is expected to be completed by January 2021. Committee requested the final update position to January Committee.

- **NICE guidance report**: The report was presented by the Executive Medical Director who acknowledged the work going on through QAIG to answer the question of how we provide assurance in the current climate given the ceasing of previous assurance processes. This will feed in to future Committees through QAIG.

- **Audit report:** The report was presented by the Executive Director of Nursing & AHPs who acknowledged the work going on through QAIG to answer the question of how we provide assurance in the current climate given the ceasing of previous assurance processes. This will feed in to future Committees through QAIG.

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AGENDA ITEM 2020-21 (93ci)

Meeting: Trust Board 4 December 2020	**Category of paper** *(please tick one)*	
Report title: Business Committee Chair's Assurance Report (28 October 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 28 October 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

Covid update
The Committee was provided with the latest update on the impact of Covid on the local health system, including a surge in the numbers of patients being admitted to hospital with Covid and that routine elective procedures were being cancelled. The Committee was also advised of the current escalation levels of the Trust in general and of the neighbourhood teams, of which some teams had high levels of Covid-related sickness and self-isolation. Unlike the first wave, there was no national framework for standing down services during the second wave. Local decisions were being made however the guidance was that health visitors and school nurses should not be redeployed.

Reset and recovery
The Committee received an update on the reset and recovery status of the services. It was advised that in some services the national rules had been interpreted in different ways and this had affected how waiting lists had been calculated. Business Intelligence was now checking this information and the Admin review was an opportunity for ensuring consistency in future. The plan is to clear the backlog whilst predicting future capacity and considering productivity levels. The Committee was provided with details of the Podiatry Service's innovative approach to successfully reducing their waiting lists and restructuring their service into small, supportive hubs. It also heard about a small number of services where there were particular concerns about waitlists: CAMHS (for autism diagnosis), CUCS (numbers are increasing, not reducing), and Wound Management (as staff have been redeployed).

Electronic Patient Records
The Committee received a presentation on the Electronic Patient Record (EPR) project. It was advised that the project team's capacity had been reduced as some staff had been redeployed into other important projects because of the pandemic. Progress had still been made and in some areas, ICAN for example, the pandemic had escalated the speed at which change had been accepted. In the ICAN service, the clinicians ability to e-prescribe had received positive feedback from families. The Committee welcomed hearing about the benefits that EPR had brought to a number of services

that were described in the presentation. In connection with this, the Committee noted the newly recorded risk on the risk register concerning the lack of capacity and resource required to make substantial improvements to particular aspects of the EPR.

Digital Strategy – plan on a page

The Committee was provided an update on the implementation plan for the Digital Strategy. The Committee was advised that the implementation plan and next steps have been developed through a series of workshops which had engaged large numbers of clinical services to identify the levels of priority attached to each workstream. The Digital Strategy Implementation Group was overseeing the work, which was being closely aligned with the work on reset and recovery. It was recognised that it also needed to connect with estates, workforce and organisational development. The Committee requested that the principles of decision-making should be defined so that it was clear how the 29 digital projects had been prioritised. The Committee recognised that the programme was complex in terms of appetite for change, resource required, funding and deliverability.

Performance Brief

The Committee was advised of the improving situation with IAPT access rates and that it was forecasting achieving its target by Quarter 4. There was further work to be done to ensure that there were improved recovery rates for patients. The Committee heard that rapid referrals for paediatric services had increased significantly and was having an impact on waiting times. There was concern that in some areas of the business, the means of calculating waiting times was not consistent and this was being reviewed. The Committee noted there had been 36 complaints during the reporting period and requested that for future reports there should be an indication of any complaint themes. Sickness levels for staff were slowly increasing whilst turnover rates were very low. Statutory and mandatory training and appraisal rates were below target and the Committee explored why more was not done during the brief reprieve between the first and second wave of Covid.

Workforce report

The report described how the Resourcing, Health & Wellbeing and Diversity & Inclusion priorities within the Workforce Strategy would be amplified, at the Board's request, as well as the anticipated impact on some specific Workforce Strategy objectives' timelines, linked to the Covid-19 pandemic. The Committee requested measures that would indicate the effectiveness of health and wellbeing initiatives,

The Committee was asked to consider an alternate way of calculating staff turnover within the first 12 months of service, as the current approach was not the most appropriate way of obtaining an accurate figure. The current denominator was the total number of staff leaving the Trust within the same period, whereas a more accurate denominator was the overall number of staff starting at the Trust within the same period. The Committee agreed to the proposed revised method of calculation.

Quarterly finance report

The Committee received an update on the national finance regime for the second half of the year, the ICS approach, the LCH financial plan and the position across Leeds. The current understanding of the funding envelopes is that that Leeds as a Place has had a net reduction in overall funding (after the COVID related costs have been excluded) and this may impact significantly on the Health Inequalities reduction agenda across Leeds if not corrected. Work is ongoing with the Regional Finance Team to quantify this in order to help inform 2021-22 allocation discussions.

Internal Audit

The Committee reviewed the recruitment and selection audit (substantial assurance) and the delayed actions for the statutory/mandatory training audit and received assurance that training was going ahead, however improvements were needs in the systems that recorded compliance. This work had been stalled during Covid but was now progressing again.

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

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**?	• Digital strategy update (plan) • Reset and Recovery • Electronic Patient Record update	Reasonable	EPR project has progressed but there is a risk that further improvements to the system could be slow due to resources.
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 • Waiting lists	Reasonable	The Committee was assured by the progress made in tackling waiting lists. It remained concerned about getting on track if the Covid and Flu situations deteriorate.
RISK 2.5 Is the Trust delivering the **income and expenditure position** agreed with NHS Improvement?	• Financial regime (Oct 2020 - Mar 2021) • Performance brief and domain reports	Reasonable	
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) • Quarterly workforce report including strategy priorities • Recruitment and selection audit	Reasonable	The Committee is currently assured by the low sickness absence and vacancy factor but recognised and were concerned in the event that sickness levels get worse.
RISK 3.2 Is the Trust addressing the **scale of sickness** absence?	• Performance brief and domain reports (Well-led) • Quarterly workforce report including strategy priorities	Reasonable	
Risk 3.6 Is the Trust maintaining **business continuity** in the event of significant disruption?	• Emergency preparedness update • Waiting lists • Reset and recovery	Reasonable	

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (93cii)

Meeting: Trust Board 4 December 2020	**Category of paper** *(please tick one)*	
Report title: Business Committee Chair's Assurance Report 25 November 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 25 November 2020 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

Covid update
The Committee received updates on the current infection rates, the latest information on the vaccination programme and on the impact of the pandemic on the workforce in terms of health and wellbeing, resources and capacity**.** A similar update will be provided to the Board.

Sustainable development management plan
Business Committee received the second draft of the plan, having previously reviewed it in September 2020. Comments from the previous review had been incorporated in the current draft version, with more emphasis on specific objectives. Information about financial resource had also been included. The Committee heard that despite the impact the pandemic was having on everyone's lives, the management plan demonstrated that staff continued to be engaged in and committed to the sustainability agenda. The Committee felt the plan could go further in terms of defining measurable aims and these will be considered further however the Committee will recommend that the Board approves the current draft plan when it meets in December 2020, with a view to the plan being further updated as required.

CAMHS Tier 4
The Executive Director of Finance and Resources and Executive Director of Operations provided an update on progress with transferring responsibility for the CAMHS Tier 4 new build project and the current service to the Leeds and York Partnership NHS Trust. The Committee heard that the new build was progressing well and was on schedule to open in November 2021. There were some issues still to be resolved concerning CQC registration of the transfer of the current service.

Reset and Recovery
The Executive Director of Operations presented the Committee with an update on the Reset and Recovery Programme. She described the 15 service areas that had exceeded the previous year's activity levels, the 8 areas that were progressing well and the 14 that remained a concern. Next steps included Improving analysis and addressing data quality issues and then developing clear narratives and plans to address the backlog if required.

Performance Brief:
Well Led
The Committee noted the high level of workforce stability, with turnover at 9.5% this month. The Committee agreed that whilst the turnover of staff leaving in the first 12 months of employment was below the target, the Trust should maintain a focus on this and ensure that new nurse starters were well supported.

Finance
The Trust is in its first month of the new finance regime and the plan was to be in balance at the end of the year. Expenditure plans are weighted towards the fourth quarter.. Funds are available to support waiting list recovery plans but there were concerns that the staffing resource and external capacity may not be available. The Executive Director of Finance and Resources provided the Committee with an overview of the ICS financial picture including best and worst case scenarios.

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

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 2.2 Is the Trust delivering **contractual requirements**	• Performance brief and domain reports (contractual penalties and waiting times) • Operational and non-clinical risks register • Reset and Recovery	Limited / Reasonable	The Reset and Recovery presentation and Performance Brief indicated the service areas currently not meeting required activity levels however commissioners have currently suspended contractual requirements.
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) • Workforce update	Reasonable	The Trust is working in a challenging environment but there is a sharp focus on workforce requirements and the finance is available to support this.
RISK 3.2 Is the Trust addressing the **scale of sickness** absence?	• Performance brief and domain reports (Well-led) • Workforce update	Reasonable	Sickness absence levels are currently manageable. It was noted that staff uptake of counselling services had increased.
Risk 3.6 Is the Trust maintaining **business continuity** in the event of significant disruption?	• Reset and recovery • Covid update • Workforce update	Reasonable	The Committee was assured that local and regional plans to manage the pandemic were aligned and deliverable.

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AGENDA ITEM 2020-21 (94i)

Meeting: Trust Board – 4 December 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 – 18th November 2020 Quality Committee - 23rd November 2020 Business Committee – 25th November 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

In order to relieve pressure on corporate teams a less intensive approach to the Performance Brief for October KPIs reporting into this month's Committee/Board cycle. The KPIs have been produced as usual, but the narrative is briefer and focuses on key items for escalation.

Recommendations
The Committee is recommended to:

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

Performance Brief – October 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 – 18th November 2020
Quality Committee – 23rd November 2020
Business Committee – 27th November 2020
Trust Board – 4th December 2020

Recommendations

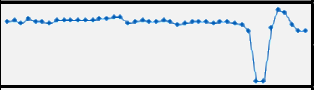
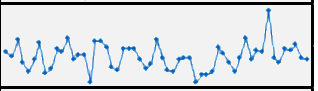
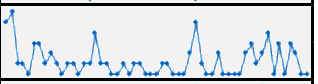
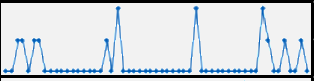
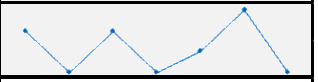
Committees and the Board are recommended to:

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

Safe – October 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	Q2	Oct	Time Series
Overall Safe Staffing Fill Rate - Inpatients	SL	>=97%	-	●	2020/21	100.7%	94.0%	82.1%	
					2019/20	94.7%	97.1%	97.7%	
Patient Safety Incidents Reported in Month Reported as Harmful	SL	1.06 to 1.73	2.20	●	2020/21	2.27	2.20	2.00	
					2019/20	1.18	1.40	1.28	
Serious Incident Rate	SL	0 to 0.1	0.06	●	2020/21	0.05	0.06	0.05	
					2019/20	0.04	0.04	0.05	
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	6	8	●	2020/21	3	5	0	
					2019/20	2	0	0	
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	2	●	2020/21	1	1	0	
					2019/20	0	0	0	
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	9	8	●	2020/21	4	4	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%	58%	-	

Issues for consideration

This month there have been 2 incidents progressed to Serious Incident (SI) Investigation, which have some correlation to Covid-19. These are:

- A delay of 11 weeks referring a Diabetic patient with an ulcer to his great toe, which involved both the GP and Middleton Neighbourhood Team (NT). This investigation has concluded and identified there was a lack of qualified nurse review due to the absence of personalised care. Additional contributory factors were the existing staff vacancies which were amplified through the Covid-19 pandemic with additional staff absence and staff shielding. It was also identified that staff in the NT were unclear about which elements of Podiatry remained open through Covid-19 because they had redeployed Podiatry staff within the team and there was an identified lack of awareness of the foot care pathway.

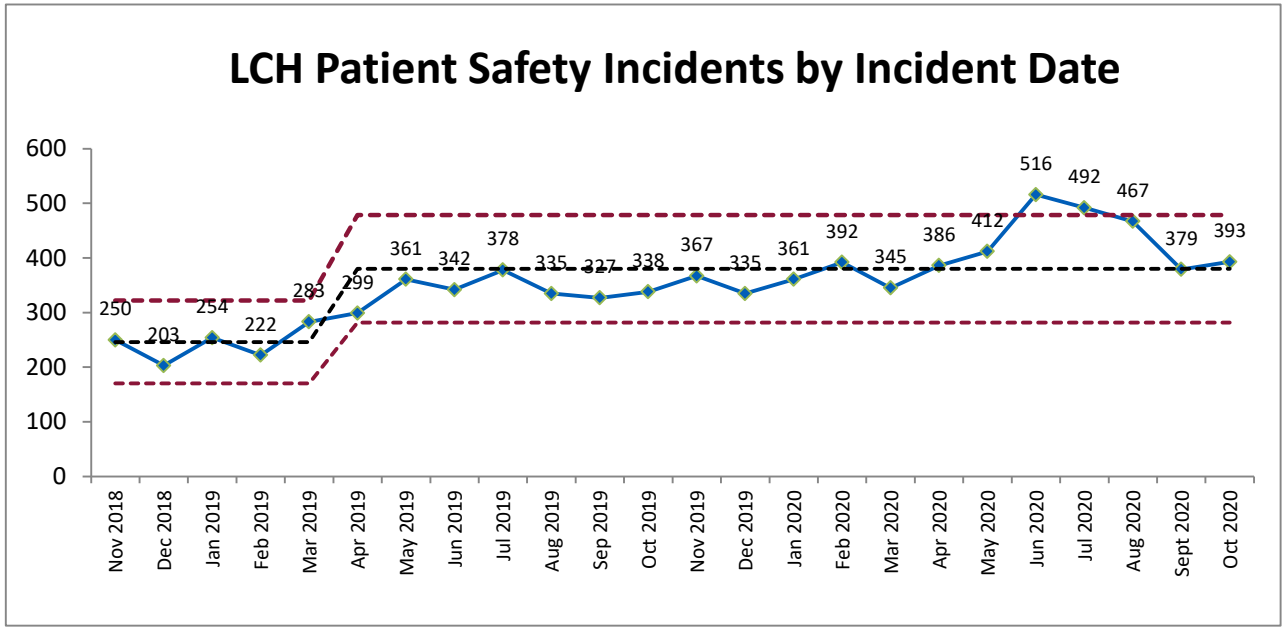
- A delay in diagnosis of cervical cord compression for a patient within the MSK service occurred in October. Early findings were that the patient was not seen face to face for several months due to Covid-19 service restrictions. This has been resolved as the service has re-set. This incident is still under investigation and is due to conclude in December 2020.

Safer Staffing

The safe staffing figure is low for October but this does not mean that we have compromised patient care, and safe levels of staffing for the cohorts of children both in Hannah House and Little Woodhouse Hall have been maintained. The figures appear low because of the reduction in children requiring respite in Hannah House and staffing levels being reduced accordingly.

In Little Woodhouse Hall there have been challenges with staffing due to sickness and staff having to self-isolate due to Covid-19 and therefore increased numbers of bank and agency staff have been used, however, minimum staffing levels were maintained at all times.

Trend of LCH Patient Safety Incidents by Month



- The above SPC shows incident activity within normal variation. There has been an increase again in the number of self-harm incidents occurring within Little Woodhouse Hall (99 in October compared to 49 in September). These have occurred following the admission of a new young person to the unit, and almost half of these incidents are related to that individual.

- There has been a 55.5% reduction in major harm incidents reported from 9 in September to 4 in October. This will be considered further as the incidents are investigated and any anomalies or concerns reported in a future Performance Brief.

Update of Serious Incidents (SIs) signed off in month

In October, two SI's were signed off; one was found to have lapses in care the other found to have no lapses in care and therefore de-logged as an SI. These incidents were:

- A patient under the care of the Meanwood NT who sustained a fractured neck of femur from a fall. The full investigation identified that although the fall occurred when the patient was acutely unwell (which the NT were not aware of) the appropriate clinical risk assessments had not been completed beforehand, and therefore it was not possible to conclude that all risks had been identified and mitigated against. Actions are being taken to improve the triage process and the consistency and thoroughness of clinical risk assessments to reflect clinical need of individual patients.
- The de-logged incident was related to a 73 year old patient under the care of the Seacroft NT who developed an unstageable pressure ulcer to his left hip. The investigation evidenced appropriate clinical reviews; clinical care; clinical risk assessments; pro-active pressure relief / offloading advice and appropriate pressure prevention equipment and expediting of this to reflect the patient changing needs. Learning was identified in relation to the recording of clinical observations and this is being discussed with the palliative care lead to ensure a sensitive balance between end of life care and the undertaking of clinical observations.

Incidents Occurring in October 2020

There were 701 incidents recorded in Datix in the month, of these 393 (56.1%) were recorded as LCH patient safety incidents, comparable to the 379 (56.3%) in September. The breakdown of LCH patient safety incidents by month and level of harm is depicted in the table below:

Month	LCH Patient Safety Incidents by Severity			Total
	Low and No Harm	Moderate Harm	Major Harm	
October	357 (90.8%)	32 (8.1%)	4 (1.0%)	393*
September	334 (88.1%)	36 (9.5%)	9 (2.4%)	379
August	421 (90.1%)	41 (8.8%)	5 (1.1%)	467
July	443 (90.6%)	37 (7.6%)	9 (1.8%)	489
June	433 (87%)	53 (11%)	9 (2%)	495
May	354 (91%)	30 (8%)	4 (1%)	388
April	351 (91%)	31 (8%)	2 (1%)	384

**October figures may be subject to slight change as incidents occurring in this month can be reported within the start of November and are still subject to review and possible amendments.*

Summary of moderate harm incidents (occurring in October)

32 Moderate harm incidents were reported in the month. Incident categories are broken down below:

- 24 x Pressure Ulcers
- 2 x Falls
- 2 x Self Harm
- 2 x Medication
- 2 x Traumatic skin damage (meatal tears). A standardised process is being looked at collectively by the Wound Prevention Service & CUCS for the reporting and investigation of meatal tears to ensure appropriate scrutiny and consistency.

Summary of major harm incidents (occurring in October)

4 major harm incidents were reported in October, all of which were falls with harm. These have all been discussed at Serious Incident Decision Meetings (SIDM) and have all concluded to have no lapses in care.

- 2 falls occurred a few days after referral to the NT. On both occasions holistic assessments had been undertaken on the day of the referral, falls advice provided and patients had either declined or were considering further referrals and therapy intervention.
- 1 fall resulted from a trip. All appropriate mobility aids, assessments and therapy intervention had been provided prior to this. The patient used her call pendant to seek assistance. She was found to be anaemic on admission to hospital which is likely to be a contributory factor.
- 1 fall occurred in a patient who had post Covid-19 fatigue and deconditioning and was having physiotherapy and respiratory team input. Despite positive rehabilitation progress the patient tripped and fell on the stairs, however had all appropriate risk assessments, advice and intervention in place.

On all occasions there was evidence of pro-active falls assessments prior to the incident which identified individual patient risk factors and mitigation of these risk factors were put in place.

Category 4 Pressure Ulcer update

The Trust has a target of 0 ‘avoidable’ Category 4 Pressure Ulcers. To date we have had 6 Category 4 pressure ulcers reported. All of these have been progressed through the 72 hour report and SIDM process, and 2 of these 6 have been reported as an SI. One of these investigations has concluded and the other one is under investigation, due to conclude early December.

The concluded investigation related to a Category 4 pressure ulcer to a clavicle that was acquired under the Yeadon NT**.** This identified two root causes: 1) Inadequate pressure relief specifically related to complex anatomy and contractures following Cerebrovascular Accident and 2) Lack of awareness of specialist interventions available to support complex contractures. Actions are progressing with involvement of the Neurology Team in relation to both these issues.

The ongoing investigation relates to a deterioration of a Category 4 pressure ulcer to a sacrum which occurred in the Community Care Beds. Initial findings concluded appropriate pro-active pressure prevention care however this has progressed to a serious incident due to the lack of planned bowel care which is believed to have caused the deterioration.

SIDM Outcomes in October

42 incidents were heard at SIDM meetings in October, the outcome of those incidents is depicted below.

Total no.	No lapses in care & no further investigation required	Progressed to Internal Investigation	Progressed to comprehensive RCA as potential lapses in care (SI)	Further details required
42	33(78%)	2(5%)	5 (12%)	2 (5%)

Of the 42 incidents discussed, five incidents heard in October were progressed to serious incident investigations, these are detailed below:

- Pressure ulcers (1 Unstageable, and 2 Category 3)
- Self-harm (overdose) reported by LWH
- Delay in diagnosis reported by MSK

In addition, a further incident progressed to internal concise RCA investigations in relation to a meatal tear. A 2nd incident was initially progressed however was subsequently downgraded to moisture damage.

To what extent did LCH follow the duty of candour procedure?

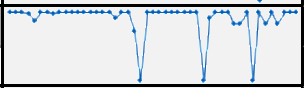
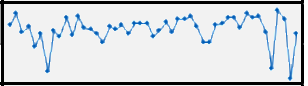
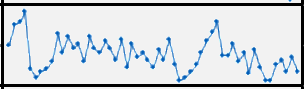
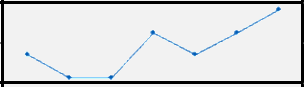
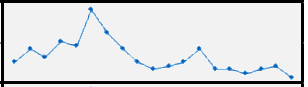
In each of the incidents that met the criteria of a safety notifiable incident, LCH carried out a 72 hr review to understand the initial facts in relation to what happened, what went wrong and what we could have done better. LCH informed the people affected, apologised to them, provided an explanation of how we would investigate and explored if they wished any specific questions to be answered within the investigation. This process was followed in all five cases (100%). Of these cases all 5 progressed to a Serious Incident investigation to identify individual and organisational learning and subsequent action / improvement plans.

Of these five cases, all (100%) have been provided with a letter confirming the initial discussion within the LCH standard of 10 days.

Caring – October 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	Q2	Oct	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%	96.6%	91.8%	
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Inpatient Care (FFT)	SL	>=95%		●	2020/21				
					2019/20	85.7%	90.7%	100.0%	
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)	SL	>=95%		●	2020/21				
					2019/20	96.7%	96.6%	91.7%	
Total Number of Formal Complaints Received	SL	No Target	62		2020/21	19	35	8	
					2019/20	62	59	20	
Total Number of Formal Complaints Received Related to COVID-19	SL	No Target	9		2020/21	1	5	3	
					2019/20	-	-	-	
Number of Formal Complaints Upheld	SL	No Target	24		2020/21	14	9	1	
					2019/20	19	37	12	
Number of Formal Complaints Responded to within timeframe	SL	No Target	46		2020/21	20	17	9	
					2019/20	33	50	23	
Number of Compliments Received	SL	No Target	467		2020/21	148	244	75	
					2019/20	-	-	-	

Complaints, Concerns and Claims

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

Feedback	October 2020 Received
Complaints	8
Concerns	28
Compliments	75
Clinical Claims	2
Non-clinical Claims	1

- 100% (8/8) complaints received in October were acknowledged within 3 working days.
- 100% (9/9) complaints were responded to within 180 days
- There were 22 active complaints on the caseload in October.
- There have been 2 Clinical Claims received in October:
  - Failure to recognise that prolonged bisphosphonate use leads to an increased risk of atypical femoral fracture. Failure to refer back to GP for prolonged bisphosphonate use with a letter describing the inconsistencies and to request a referral to orthopaedic surgeons. Claim that this has resulted in deterioration in the patient's symptoms which could have been avoided and patient is now suffering PTSD.
  - Claim that LCH failed to provide care to prevent pressure damage to patient following skin damage caused by moisture in February 2020.
  - There has been 1 non-clinical claim received in October:
  - Family claiming on behalf of the estate of the deceased as alleged to meet the criteria of victim status in relation to the claim of breaches under ECHR as per s.7 (1) of the human rights act.

Covid-19

There have been 3 Covid-19 related complaints received in the month of October. The subject of these is waiting list management, delays in receiving care and how changes have been communicated. The complaints have been received by Podiatry, CAMHS and Leeds Mental Wellbeing Service respectively.

There have been 7 Covid-19 related concerns; we have received 3 concerns related to the Health visiting teams from patients or family members who had raised concerns about their baby's weight and not being able to access the service to weigh their babies and get support. Work is ongoing in the service to provide information and signposting to support, including the introduction of the online 'FaceMums' support group.

2 concerns received relate to delay in treatment and assessment in CAMHS. PET are working closely with the Children's Business Unit to provide consistent response around waiting times and treatment provision.

PET continue to receive contact relating to delays in receiving care or not being able to access the service due to the impact of COVID-19. This is regularly being fed back to services, and into the reset and recovery project team to highlight the need for clear and consistent communication.

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

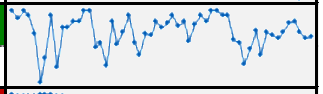
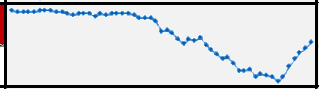
Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Q2	Oct	Time Series
CAMHS T4 - Percentage of inpatients admitted who have had a Care and 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%	

Information in the Effective Domain is presented quarterly and will be included in subsequent reports.

Responsive – October 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	Q2	Oct	Time Series
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	81.8%	●	2020/21	88.7%	76.5%	75.7%	
					2019/20	99.3%	98.7%	97.1%	
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%	26.9%	●	2020/21	24.1%	19.4%	25.9%	
					2019/20	100.0%	94.1%	97.9%	
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	74.1%	●	2020/21	69.2%	71.9%	72.7%	
					2019/20	97.9%	98.4%	97.8%	
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	99.3%	●	2020/21	99.3%	99.3%	99.1%	
					2019/20	99.9%	99.3%	98.2%	
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	51.5%	●	2020/21	37.9%	58.1%	68.4%	
					2019/20	57.4%	48.0%	41.1%	

Performance against the 18-week referral to treatment standard is below expectations. The standard is met in all specialties except Paediatric Audiology and Paediatric Neuro Disability 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). Investigations are underway to understand if children are being inaccurately double-counted against this standard and the 6-week diagnostic standard.

The Paediatric Neuro Disability 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 working on recovering the waiting time performance in both these areas.

	Sep 2020						Oct 2020					
Specialty	**Pct Currently Waiting Under 18Weeks**	**Total**	**Waiting Over 18Wks**	**Average Wait (weeks)**	**Median Wait (weeks)**	**95th Percentile**	**Pct Currently Waiting Under 18Weeks**	**Total**	**Waiting Over 18Wks**	**Average Wait (weeks)**	**Median Wait (weeks)**	**95th Percentile**
CH - P AUD	64.9%	675	237	13.7	13.0	26.5	64.2%	735	263	14.5	14.4	28.6
CPC (CHICS)	93.3%	119	8	6.3	4.7	21.2	90.8%	141	13	7.0	4.3	21.3
GAN	100.0%	3	0	1.0	1.0	1.9	100.0%	5	0	3.2	3.4	5.2
Gynaecology	100.0%	155	0	7.6	7.3	10.9	100.0%	128	0	10.7	10.4	13.4
MSK												
PND	86.9%	221	29	8.7	6.9	22.9	88.5%	243	28	9.3	6.6	24.1
Total	**76.6%**	**1173**	**274**				**75.7%**	**1252**	**304**			

Whilst not mandated nationally the Trust uses the same 18-week wait standard for non-reportable waits and the Trust is performing at 74.1% 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 sites are now operational and the service has extended clinic times to assist in working through the waiting list. Recruitment over the last month will result in the service being fully established in the next four weeks.

Whilst not mandated nationally the Trust uses the same 18-week wait standard for non-reportable waits and the Trust is performing at 76% against this standard.

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. The Trust is currently breaching this target.

In terms of IAPT (Improving Access to Psychological Therapies) referrals are now exceeding the previous year's levels. In August the service received 12% more referrals than in the same month last year and in September this had further increased to 20%. At the end of Q2 the number of people entering treatment had exceeded contractual targets and the service is now well placed to reach the 22% access target required by commissioners

	Apr-20	May-20	Jun-20	**Q1 Target 15%**	Jul-20	Aug-20	Sep-20	**Q2 Target 16%**
IAPT	1428	887	1124	**15.3% achieved**	1176	1109	1406	**17.9% achieved**
PCMH	162	164	244		350	269	388	
Total	1590	1051	1368		1526	1378	1794	

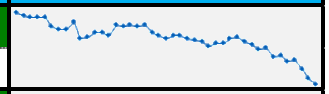
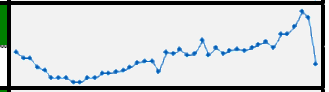
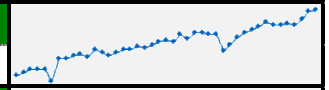
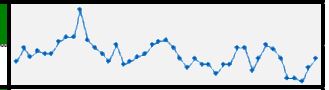
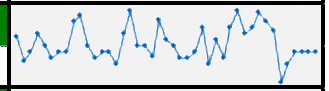
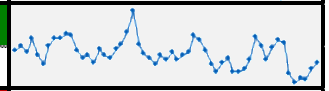
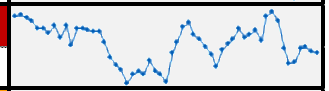
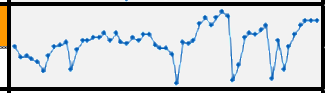
The service has met the standard to ensure people begin treatment within 18 weeks (99.3%). Of patients entering therapy now 99.7% are beginning treatment within 6 weeks (target 75%), this appears to contradict the figure in the table above because the reported figure is heavily lagged as it measures the wait experienced by people who **completed** treatment in month. This performance is also improving month on month and stood at 62.7% in the month of September.

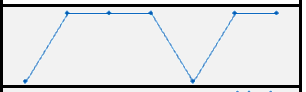
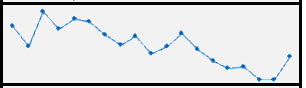
In August the service launched the Airelogic algorithm based screening tool; this enables large numbers of clients to receive an immediate treatment recommendation based on their responses on the screening form, rather than waiting for the screening to be reviewed by a clinician. The early findings are very positive, with over 60% of clients receiving an immediate treatment recommendation. Whilst referrals in September were 20% higher than the previous September, the waiting time for screenings to be reviewed was 1 week.

Well-Led – October 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	Q2	Oct	Time Series
Staff Turnover	LS/JA	<=14.5%	-	●	2020/21	11.4%	10.0%	9.5%	
					2019/20	13.1%	13.0%	13.3%	
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	-	●	2020/21	21.6%	24.9%	14.8%	
					2019/20	20.1%	17.3%	17.8%	
Stability Index	LS/JA	>=85%	-	●	2020/21	88.6%	89.9%	90.1%	
					2019/20	87.6%	85.7%	86.4%	
Short term sickness absence rate (%)	LS/JA	<=2.2%	-	●	2020/21	1.0%	1.4%	1.7%	
					2019/20	1.5%	1.5%	1.5%	
Long term sickness absence rate (%)	LS/JA	<=3.6%	-	●	2020/21	3.3%	3.5%	3.5%	
					2019/20	3.9%	3.4%	3.9%	
Total sickness absence rate (Monthly) (%)	LS/JA	<=5.8%	-	●	2020/21	4.3%	4.9%	5.2%	
					2019/20	5.4%	4.9%	5.3%	
AfC Staff Appraisal Rate	LS/JA	>=95%	-	●	2020/21	81.8%	83.6%	83.3%	
					2019/20	84.6%	85.6%	86.2%	
6 universal Statutory and Mandatory training requirements	LS/JA	>=95%	-	●	2020/21	91.3%	93.2%	93.2%	
					2019/20	93.8%	90.9%	91.5%	
Medical staff appraisal rate (%)	RB	100%	-	●	2020/21				
					2019/20	100.0%	100.0%	100.0%	

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Q2	Oct	Time Series
Percentage of Staff that would recommend LCH as a place of work (Staff FFT)	LS/JA	>=52.0%	-		2020/21		71.0%	Staff Survey	
					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			Staff Survey	
					2019/20	73.3%	61.2%		
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target	5		2020/21	2	2	1	
					2019/20	-	-	-	
WRES indicator 1 - Percentage of BME staff in the overall workforce	LS/JA	No Target	-		2020/21	10.9%	10.7%	10.8%	
					2019/20	9.8%	10.0%	9.7%	
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	LS/JA	No Target	-		2020/21	4.1%	3.9%	3.8%	
					2019/20	3.3%	3.7%	3.6%	
Total agency cap (£k)	BM	2511	1562		2020/21	1562	550	262	
					2019/20	1158	1220	358	
Percentage Spend on Temporary Staff	BM	No Target	6.2%		2020/21	5.0%	3.9%	4.5%	
					2019/20	6.2%	6.2%	5.8%	

Summary

- Sickness absence has increased slightly during October at 5.2%, although remains lower than the same period last year. Key changes are an increase in Operations, Corporate and Specialist sickness absence. (Of note, is that Adults Business Unit has experienced a 0.4% reduction in sickness absence during this period). HR Business Partners continue to work closely with Managers in all areas.
- There continues to be a strong and significant focus on supporting staffs health & wellbeing.
- Turnover has reduced again this month at 9.5%, stability rate is 90.1% and staff leaving within the first 12 months of employment is now reporting at 14.8%, following a re-calculation of this standard. Cumulatively, these areas give high levels of overall workforce stability, which we continue to monitor and work pro-actively on.
- Overall Compliance levels for Statutory & Mandatory training remains steady at 93.2%.
- There has been a marginal decrease in overall Appraisal rate from previous month, 83.3%

  Where services are experiencing pressure due to the ongoing Covid19 pandemic, appraisals, statutory and mandatory training will be deferred, which will have a resultant impact on subsequent compliance levels.

Retention

The overall trend continues to be positive with turnover continuing to reduce to 9.5% which is below the 2020/21outturn target of 14.5%. This is the lowest rate recorded since the trust was established. The stability rate is 90.1% which is positive and above the target of 85%.

Staff leaving within the first 12 months of employment has been a cause for concern. Further analysis was undertaken to understand this in more detail, resulting in changes made to how this is calculated, which we continue to monitor and work proactively on. Turnover for staff leaving within the first 12 months of employment was at 14.8% as of the 10th November. This is below the target of 20%.

Sickness Absence

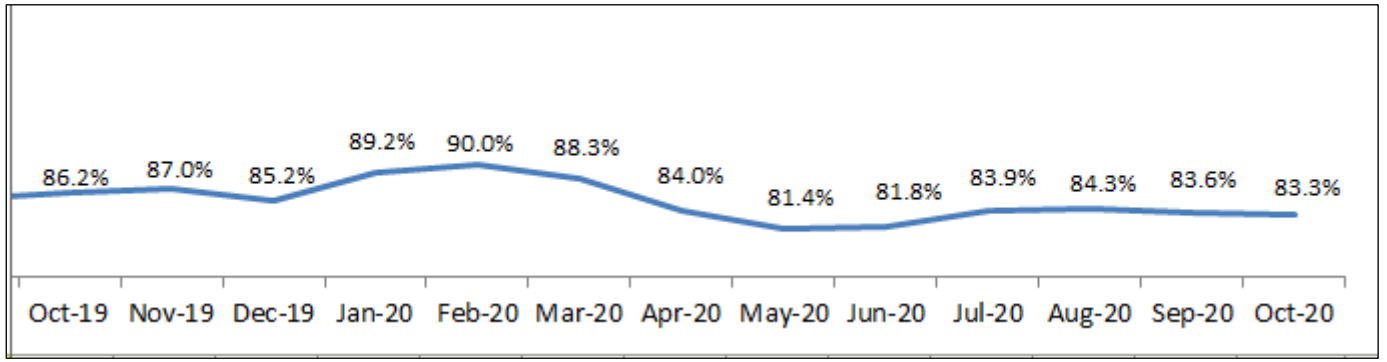
We are starting to see a slight increase in the overall sickness absence rate, at 5.2% (short-term absence 1.7% and 3.5% long term absence), although this is 0.4% less than same period last year. This is due to a 1.8% increase in Operations absence, 1.4% increase in Corporate teams and 0.8% in Specialist Business Unit. Interestingly Adults Business Unit has experienced a 0.4% reduction in sickness absence during this period. The HR Business Partners are continuing to work closely with managers in having supportive Health and Wellbeing conversations with staff.

The strong focus around staff health & wellbeing, with particular emphasis on mental health wellbeing continues, as we support staff during the second phase of the Covid-19 pandemic.

Appraisal

The Appraisal position for October shows a slight decrease of 0.3% from September to 83.3%.

Overall Trust Wide Appraisal Rate –October 2020

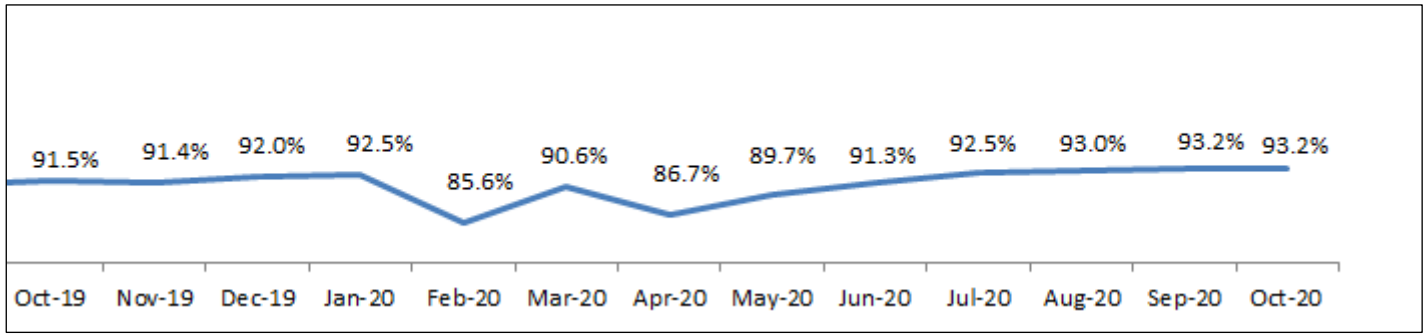


- The position in Children's & Specialist business units remains steady: 87.1% and 85.4%
- Performance has declined in Adult Business Unit by 0.5% to 79.2% - this is expected as ABU is facing significant service delivery pressures and authorisation has been given to suspend appraisals temporarily if required
- Performance across Corporate teams has improved to 80.1% - an increase of 1.2%. There is a continuing focus within Corporate teams to ensure appraisals are undertaken and to improve recording.

Statutory and Mandatory Training

The overall Statutory & Mandatory training rate once again remains steady during October at 93.2%

Overall Trust Wide Statutory & Mandatory Training Rate –October 2020



Due to the ongoing Covid-19 pandemic, appraisals, statutory and mandatory training will be deferred, where services are experiencing pressure, which will have a resultant impact on the overall compliance levels.

Finance – October 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	Q2	Oct
Net surplus (-)/Deficit (+) (£m) - YTD	BM	-0.8	-0.9		2020/21	0.0	0.0	-0.9
Capital expenditure in comparison to plan (£k)	BM	1129	887		2020/21	417	518	-48
CIP delivery (£k)	BM	1527	933		2020/21	399	401	133
COVID specific costs identified and submitted (£k)	BM	No Target	1006		2020/21	570	357	79

Financial Performance to the end of October 2020

The October reporting reflects the revised financial regime for the second half of 2020/21. The Trust has submitted a revised plan to NHS England/Improvement for October through to March 2021. This takes into account the current expenditure and income run rates and planned service and waiting list initiatives. Covid-19 costs that have been incurred by the Trust this year are built into the plan. Under this regime the Trust must breakeven on income and expenditure by the end of March. There is no funding or costs in the plan for the impact of the Covid-19 vaccination programme; it is expected these costs will be dealt with by additional allocations to providers.

Overall the Trust had a small underspending at the end of October of £69k against the revised plan.

Income is £0.3m more than planned for October and pay expenditure is £0.2m more. There are £1m of Covid-19 for the year to date included in the expenditure. There were 12 vacancies in October. Non-pay expenditure is overspent against plan this is offset by reserves.

Capital expenditure is in line with plan however this includes £0.3m expenditure on IT equipment in respect of the Covid-19 response to support remote working that wasn't in the original plan. The Trust expects the Covid-19 expenditure to be funded centrally. The Trust has a revised forecast

capital expenditure for 2020/21 of £3.106m. The Trust's capital resource limit, permission to spend on capital, needs to be revised to reflect the current forecast.

The Trust has £47.3m in cash at the bank at the end of October; £10m of this is due to the interim financial regime which is paying organisations in advance of need.

This position was reported to NHS England/Improvement.

Detailed financial tables were available to the Business Committee for its consideration of the Trust's financial performance and are available on request to the Director of Finance.

Income & Expenditure (I&E) Summary

Under the interim financial regime (table 1) for 2020/21 the Trust's actual I&E surplus or deficit has been adjusted back to balance for the first six months of the year, although that adjustment is subject to NHS England validation. Effectively this means the Trust starts Month 07 with a breakeven position as all income and expenditure variances to the end of Spetember have been balanced off to zero.

This month's reporting reflects the revised plan for the remainder of the financial year and includes the forecast position which is a planned breakeven by the end of March 2021. The system of retrospective correction to the in-month surplus/deficit has now ended and the Trust cannot spend more than the income it will receive until the end of March.

Income will be accounted for equally over the 6 months to March. Expenditure is expected to be initially less than income and but increasing to exceed income as the year progresses as service and waiting list initiatives are implemented.

Accordingly, a £804k surplus was planned for October; this was exceeded by £69k.

Within the cost base, pay expenditure is £0.2m more than planned including £0.7m of Covid-19 related costs. There were net 12 vacancies in October. Non-pay expenditure is £0.4m more than the revised plan for October however there are sufficient reserves to mitigate this. The largest increases include outsourced clinical services and mobile data charges. Non-pay expenditure in respect of Covid-19 was £0.3m.

Income

The Trust is receiving nationally calculated block payments from NHS Leeds CCG, NHS Wakefield CCG and NHS England commissioners. These do not reflect current contractual expectations but are based on historic values adjusted for the Trust's estimated expenditure for the latter half of the year. Income risk from contract penalties is negligible as commissioners have currently suspended sanctions.

The NHS contract income is £0.9m less than planned as NHS England continued to pay the top up income in October; this is categorised as other non-patient income rather than contract patient income from NHS England. There is an additional £0.2m contract income from Leeds City Council in respect of the Track and Trace service which was back-dated to July. There is a small over performance on other income to the end of October.

Pay and Non-pay Expenditure & Vacancies

Pay expenditure is £0.2m more than planned, the plan includes the Covid-19 related expenditure. The pay forecast outturn is an underspending of £0.6m, there is funding within reserves for additional pay costs in respect of service initiatives. This will be issued to budgets as the schemes are implemented and costs incurred.

There were a net 12 WTE vacancies for October, 7 of these were in the Adult Business Unit.

Agency staffing costs in October were £262k bringing the total for the year so far to £1.6m. As an indicator, this would be well within the agency cap that was set pre-Covid.

The plan for remainder of the year includes the current run rate on pay plus the additional pay in respect of service initiatives. The Trust will be seeking to ensure that the recurrent contract with the CCG is adjusted to reflect the new services agreed in year.

Non-pay is £371k overspent at the end of October this includes £308k of Covid-19 related costs. There has been an increase in the run rate as services begin to reset. The main area of overspending in table 3 is in other expenditure where the unidentified and historic CIPs sit. The Trust has reserves to support service and waiting list initiatives as these are implemented.

Delivery of Cost Improvement Plans

The national calculated income for the Trust assumes delivery of a 1% CIP for the second half of the year. This will be assumed to be delivered if the Trust achieves its target financial position.

Capital Expenditure

The Trust has a revised capital resource limit (CRL) requirement of £3.106m for the year. This includes:

- the initial Board approved capital expenditure plan of £2.55m
- £105k of Covid-19 related capital expenditure already incurred
- a prospective Covid capital bid of £370k for additional IT kit required this year to maintain remote service delivery
- £61k approved for critical infrastructure expenditure following a national initiative.

The approved CRL currently only stands at £2.028m. There is a significant delay approving bids and/or issuing formal documentation in support of capital funding decisions. This does present some risk of the Trust breaching it approved CRL but management of capital spend and a current £0.3m slippage on the Trust's original capital programme means the risk is low.

Cash

The Trust's cash position remains very strong with £47.3m 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 October.

NHS
Leeds Community Healthcare
NHS Trust

AGENDA ITEM 2020-21 (95)

Meeting: Trust Board 4 December 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 and Safety 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, as do the risk register themes.

Main issues for consideration:

The strongest theme found across the whole risk register is staff capacity, the second strongest theme is CAMHS, and the joint third strongest themes are staff safety and functionality of IT software. There is also a theme of delays in providing services due to COVID 19 based on the risks currently recorded on the risk register and additional risks that are currently being assessed with a view to being included on the register.

There are two risks with a current score of 15 (extreme):

- Risk 1016, managing the complexity of young people admitted to CAMHS Tier 4 Inpatient Unit.
- Risk 1002, Coronavirus (Covid 19) increase in infection rate (this has been recently escalated from 12 due to the current increase in cases)

There are eleven risks scoring 12 (very high), Two of these have been recently added to the risk register:

- Risk 1017 Configuration of the Electronic Patient Record
- Risk 1019 Long waiting list for patients for type 2 diabetes structured education

Recommendations

The Board is recommended to**:**

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

Significant Risks and Board Assurance Framework (BAF) report

1.0 Introduction

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

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

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

1.4 It provides a description of risk movement since the last register report was received by the Board (October 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 strategic risks, 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 Levels of assurance have been provided for ten out of the 19 strategic (BAF) risks during September and October 2020, with a reasonable assurance level being given to all ten. The Business Committee concluded reasonable assurance for BAF risks 3.1 and 3.2 (staff capacity and staff sickness) however it was cognisant of increasing staff absence levels. Quality Committee concluded reasonable assurance for BAF risk 1.3 having reviewed a number of sources of assurance, although it agreed that the information provided about improvements being made to the CAMHS inpatient unit currently only provided limited assurance.

3.0 Risks by theme

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

3.2 Themes within the current risk register are as follows:

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

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

Specifically: nine risks are related to staff capacity due to an increase in service demand; seven 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 joint third strongest themes are related to

a) staff safety

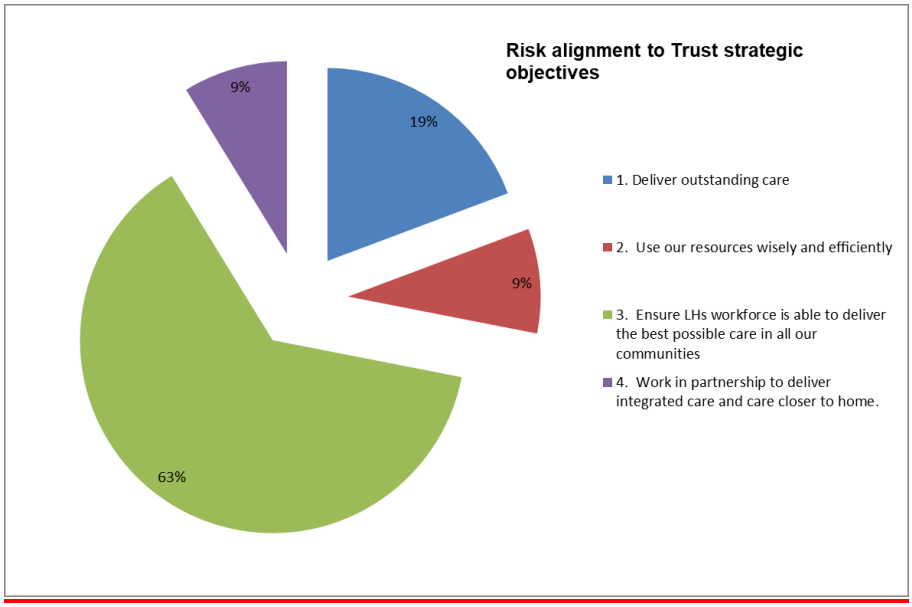
- COVID 19 (personal protective equipment and at risk staff)
- Working environment (lone working, violence and aggression, manual handling and storage)
- Inadequate procedures (oxygen storage and transportation)

b) IT systems which are not sufficient to meet the requirements of the Trust or services which use them, including

- ESR use across the Trust
- Electronic Patient records for Neighbourhood Teams
- OrderComms and Lille for Leeds Sexual Health
- Inability to printing Pathology labels
- Potential data breaches due to Zoom

3.2.5 There is also a theme of patient safety risk because of delays in providing services due to the impact of the pandemic. This is based on the risks currently recorded on the risk register and additional risks that are currently being assessed with a view to being included on the register. The additional risks under assessment include reduced staff capacity due to testing and self-isolation, and staff capacity when resources are required to be diverted to the vaccine programme.

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



Risk alignment with strategic objectives

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

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

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

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

4.0 Risk register movement

4.1 There are two risks with a current score of 15 (extreme) or above on the Trust risk register as at 5 November 2020

Risk ID	Risk description	Risk score	Risk movement
Risk 1016	Managing the complexity of young people admitted to CAMHS tier 4 inpatient unit	16 (extreme)	⟷
Risk 1002	Coronavirus (COVID 19) increase in infection rate	15 (extreme)	↑

5.0 New or escalated risks (scoring 15+)

5.1 No new risks scoring 15+ have been added to the risk register.

5.2 One risk has been escalated to a score of 15+ since October 2020

Risk 1002	Previous risk score **12** (high)	Current risk score **15** (extreme)
Title: Coronavirus (Covid-19) increase in infection rate **Description:** 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:** The situation has deteriorated again in Leeds, with command and control arrangements being reinstated in the hospital and will likely follow shortly in LCH. Rising cases in hospital with high numbers in beds including critical care beds, request to mobilise again to potentially open the Nightingale hospital and rising outbreaks in care homes and LCH teams. Neighbourhood teams currently affected with 3 having outbreaks causing a significant impact. In addition LCH has experienced outbreaks in a number of corporate teams as well.		

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

6.1 No risks have been closed, consolidated or deescalated below 15 since October 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)
859	CAMHS inpatient unit risk – environmental concerns	12
874	Sickness levels – Neighbourhood Teams	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
999	Absence of defined audit tool and process in Adolescent Inpatient services	12
1004	Risk to LCH fulfilling contract with NHSE due to the subcontractor offering a reduced CAMHS service	12
1006	Concern with ongoing patients safety incidents within one of the Neighbourhood Teams	12

1015	Delays in treatment for podiatry patients due to COVID 19	12
1017	Delay to improving the Electronic Patient Record system (EPR)	12
1019	Long waiting list for patients for type 2 diabetes structured education	12

8 New or escalated risks (scoring 12)

8.1 Two new risks scoring 12 have been added to the risk register since October 2020

Risk 1017	Initial risk score **12** (high)	Current risk score **12** (high)	Target risk score **3** (low)

Title: Delay to improving the Electronic Patient Record system (EPR)

Description: The design of the Electronic Patient Record (EPR) interface and functionality does not assist staff with recording or retrieving data as it is a complex and timely process. Due to a lack of capacity and resourcing, there is a risk that improvements to the EPR system will continue to be delayed. This could impact on the quality and completeness of data being recorded; staff's ability to carry out serious incident investigations efficiently and to the expected standard in order to identify corrective actions to reduce patient harm; negatively impact on the efficient use of staff time due to the complexity of the system and have a detrimental impact on staff welfare.

Risk score rationale based on:
There has been no progress made to improving the functionality of the Electronic Patient Record (EPR) on SystmOne. The current layout of the EPR does not provide an efficient or effective way for clinical staff to record evidence based practice and subsequently does not provide good quality data and governance. Information required for serious incident investigations is difficult to obtain resulting in at worst, less robust investigations, or at best a more lengthy process for staff.

Controls in place:
- Staff are trained in the use of the EPR system
- User guides are available to assist with navigation
- Incident investigation training has been reviewed and bespoke training has been delivered to Neighbourhood Teams
- Business Intelligence reports highlight missing evidence based data
- Good practice from other organisation has been identified –including templates

Actions include:
- The EPR improvement plan to be actioned, prioritising the review and updates to the Adult Business Unit EPR unit via the Digital Strategy Implementation Group
- Identify and allocate funding and resources
- Identify the system changes required and make necessary amendments to ensure data collection is suitable and sufficient, readily accessible, ensuring functionality reduces time spent recording information and supports staff to easily document information
- Business Intelligence support required to ensure reporting is fit for purpose
- Review an amendment of user guides
- Staff training to be carried out on the new EPR system once complete

Expected date to reach target: 31/03/2021

Risk 1019	Initial risk score 15 (extreme)	Current risk score **12** (high)	Target risk score **2** (low)

Title: Long waiting list for patients for type 2 diabetes structured education
Due to COVID 19, the structured education for type 2 Diabetes was suspended in March 2020. This has resulted in an increasingly large waiting list. There is a risk that patients will have to wait an extended amount of time before they receive structured education. This could result in the deterioration of patients' health, reputational damage and additional pressures being put onto staff to meet the increasing demand.

Risk score rationale based on:
There is Commissioner pressure to resume service.
At the point the risk assessment was completed (9 September 2020) 555 people were on the waiting list. Patients have been waiting since January 2020 and new referrals continue to be received (approx. 10/week) so the waiting list is increasing.

Controls in place:
- Patients were sent a letter at the start of the Covid response (April 2020) advising them that the service was suspended.
- A link to information from Diabetes UK website was included to support self-management

Planned actions:
- Structured education offered from October 2020
- A virtual platform will be used so that large numbers of patients can be advised simultaneously so that the waiting list will be resolved within 2 months.

Anticipated closure date: 27/03/2020

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

Risk 874	Previous risk score **9** (high)	Current risk score **12** (high)

Title: Sickness levels - Neighbourhood Teams

Description: As a result of higher than target sickness levels in a number of Neighbourhood Teams there is a risk that available capacity will not be sufficient to meet demand leading to care not being delivered as planned. This may affect patient experience, outcome and staff satisfaction and wellbeing.

This risk is a subset of the organisation-wide risk regarding sickness absence in key teams/services.

Reason for escalation:

Score increased to reflect impact of COVID-19 related sickness.

9.0 Risk profile - all risks

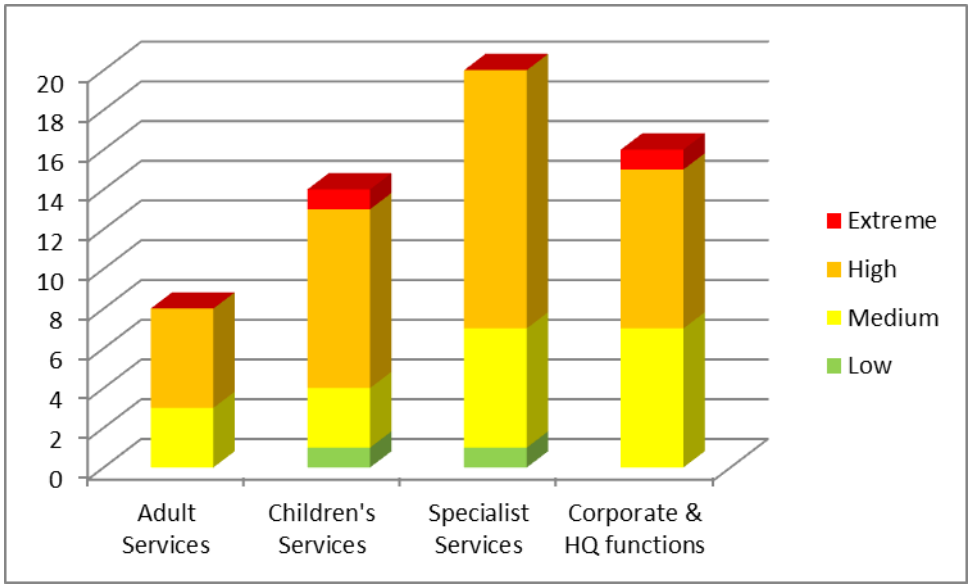
9.1 There are 17 open clinical risks on the Trust's risk register and 40 open non-clinical risks. The total number of risks on the risk register is currently 57. This table shows how all these risks are currently graded in terms of consequence and likelihood and provides an overall picture of risk:

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	1	1	0	5
3 - Moderate	2	13	16	10	1	42
2 - Minor	0	2	4	3	1	10
1 - Negligible	0	0	0	0	0	0
Total	2	18	22	13	2	57

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 5 November 2020. There are two extreme risks 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**:**

- 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					
Strategic Goal	Risk	Responsible Director	Responsible Committee	Likelihood	Consequence	Risk Score	Risk score movement	No	Limited	Reasonable	Substantial	Strength of 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**				✓		4 agenda items reviewed by Sept Quality Committee	
	Risk 1.2 If there are insufficient clinical governance arrangements put in place as new care models develop and evolve, the impact will be on patient safety and quality of care provided.	RB	QC	3	3	**9**							
	RISK 1.3 If the Trust does not maintain and continue to improve service quality, the impact will be diminished safety and effectiveness of patient care leading to an increased risk of patient harm	SL	QC	2	4	**8**				✓		11 agenda items reviewed by Sept Quality Committee and 6 items reviewed in October. Overall conclusion was reasonable assurance each time. The CAMHS inpatient unit action plan was progressing but this only provided 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**				✓		4 items reviewed by the Sept Quality Committee	
	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, sub-optimal outcomes for patients and complaints to the Trust.	RB	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**				✓		4 items reviewed by Business Committee in Sept and 3 in October.	
	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**				✓		3 items reviewed by Business Committee in both Sept and Oct.	
	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**				✓		3 items reviewed by Business Committee in both Sept.	
	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**				✓		2 items reviewed by Business Committee in October.	

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.	JA/LS	BC	4	4	**16**				✓		2 items reviewed by Business Committee in Sept, 3 reviewed in Oct. The low vacancy and sickness absence levels provided reasonable assurance, however the committee was cognisant of the increasing signs of the impact of the pandemic on staff capacity.	
	RISK 3.2 If the Trust fails to address the scale of sickness absence then the impact may be a reduction in quality of care and staff morale and a net cost to the Trust through increased agency expenditure.	JA/LS	BC	3	3	**9**				✓			
	RISK 3.3 If the Trust does not fully engage with and involve staff then the impact may be low morale and difficulties retaining staff and failure to transform services.	TS	BC	3	3	**9**							
	RISK 3.4 If the Trust does not invest in developing managerial and leadership capability in operational services then this may impact on effective service delivery, staff retention and staff wellbeing.	JA/LS	BC	3	3	**9**							
	Risk 3.5 If the Trust does not further develop and embed a suitable health and safety management system then staff, patients and public safety maybe compromised, leading to work related injuries and/or ill health. The Trust may not be compliant with legislation and could experience regulatory interventions, litigation and adverse media attention.	BM	BC	4	3	**12**							
	Risk 3.6 If the Trust is unable to maintain business continuity in the 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**				✓		3 items reviewed by Business Committee in October.	
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 (96i)

Meeting Trust Board 4 December 2020	**Category of paper**	
Report title Health Inequalities Update	**For approval**	
Responsible director Executive Medical Director **Report author** Executive Medical Director	**For assurance**	√
Previously considered by Quality Committee	**For information**	√

Purpose of the paper

This report summarises the current position and ambition regarding tackling health inequalities by the Trust following the expectations set by NHSE in July 2020, and provides information regarding the next steps planned.

Main issues for consideration

A summary is provided of the Board Workshop on 4th September and the key priorities that were identified regarding the Trust's ambition and direction for tackling Health Inequalities.

An update is provided regarding the current position and ambition of the Leeds Health Inequalities Group, of which the Trust is a member.

Examples of our current work to-date on tackling health inequalities are included, incorporating examples from Reset & Recovery, patient engagement and the clinical outcomes program.

An outline of the next steps for the Trust and anticipated timelines.

Recommendation

Board is recommended to:

- Receive and note this report.
- Confirm if they wish to oversee the health inequalities work directly, or for Quality Committee to oversee this work program
- Confirm the proposed timeline for the draft health inequalities strategy and future reports

1. Aims

1.1 To provide a summary of the Board workshop on 4th September regarding the city and Trust approach to health inequalities.

1.2 To detail our responsibilities under the requirements for the "Third Phase of the Response to COVID-19"

1.3 To update Board regarding the current Trust position and work regarding health inequalities

1.4 To provide an outline of the next steps for the Trust and anticipated timelines.

2. Background

2.1 Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing'.[1]

2.2 The Leeds Health & Wellbeing Strategy (2016-2021) encapsulates our vision as a city to be "a healthy and caring city for all ages, where people who are the poorest improve their health the fastest".

2.3 The international COVID-19 pandemic during 2020 has further emphasized the impact our health and care system can make to health inequalities, and in addition has had a disproportionate impact on certain sections of our population. These include those living in the most deprived neighbourhoods, BAME communities, older people, males, those with obesity and other long-term health conditions, and those in certain occupations.

2.4 On 31st July 2020 NHSE/I wrote to all NHS providers, outlining the "Third Phase of the Response to COVID-19"[2]. The key priorities within this are identified as:

A. Accelerating the return of non-Covid health services, making full use of the capacity available in the window of opportunity between now and winter
B. Preparation for winter alongside possible Covid resurgence
C. Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including support for our staff, action on inequalities and prevention

2.5 Within this Trusts are asked to work collaboratively with our local communities and partners to take urgent action to increase the scale and pace of progress of reducing health inequalities, and regularly assess this progress. This includes a requirement to strengthen leadership and accountability, with a named executive Board member responsible for tackling inequalities in place in September in every NHS organisation.

3. Board Workshop 4th September 2020

3.1 The Board heard initially four key presentations:

- What do we mean by health inequalities and what is the overall picture like in Leeds? (Lucy Jackson, Chief Officer Consultant in Public Health Leeds City Council)
- Local Care Partnerships: tackling health inequalities in practice (Kim Adams, Programme Director, LCP Partnerships Development Team)
- How do we currently look at health inequalities in our services (Iona Elborough-Whitehouse, Clinical Outcomes Measures Project Lead, LCH)
- Commissioning for Health Inequalities in Leeds (Sam Prince, Director of Operations LCH)

3.1.2 Those present were then asked to consider two key questions in smaller breakout groups:

1. What are the issues that any such strategy should consider and what are the priorities – bearing in mind that "everything" cannot be a priority
2. In particular in September 2021 what would be the indicator that the Trust is being successful in doing more to tackle health inequalities?

3.1.3 The outputs from the discussions can be summarised as follows:

1. What are the issues that any such strategy should consider and what are the priorities – bearing in mind that "everything" cannot be a priority
   - Staff awareness: of population health management, of the health inequalities agenda, how this relates to their role and team
   - Data: accurate, complete, sensitive to different populations, available and understandable to front line staff and used to drive change
   - Research: linking research projects underway within the Trust to local population data and the health inequalities agenda
   - Working together: across sectors, with communities and the third sector as well as our patients and those who do not access our services
   - Understanding what our services feel like from a marginalised community perspective, always using this to drive change

2. In particular in September 2021 what would be the indicator that the Trust is being successful in doing more to tackle health inequalities?
   - Improved access through better communication – information accessible standards plus
   - Better conversations with front-line staff who understand PHM and HI and how to use the data
   - More research projects being undertaken by staff studying at postgraduate level linked to local data
   - Specific outcome measures in areas being linked to the data
   - Complete data sets e.g. for protected characteristics
   - Review and response to service access in comparison the to make up of the community

- Areas of excellence/Beacons as models of good practice

4 Current Trust position

4.1 The Trust has named the Executive Medical Director as the Board member responsible for tackling inequalities. An early working group has been established, linking the work done by the Patient Engagement & Experience Team, Reset & Recovery, Clinical Outcome Measures and Equality & Diversity. The post of Health Inequalities Lead has been advertised and is due to be appointed to shortly, reporting directly to the Executive Medical Director.

4.2 The Trust is an active participant in the Leeds Health Inequalities Group, which has developed a framework, Terms of Reference and key steps to tackling health inequalities in the city (Appendix 1). In November it was agreed that these will form the basis of a single city-wide Health Inequalities strategy, linked to the Leeds vision and articulating key principles and priorities that all providers will agree for the next 5 years. Each organisation's health inequalities strategy will sit within this context, recognising that the greatest impact for the population that we serve will be achieved by the provider network working to the same key aims over this time period.

4.3. Reset & Recovery

4.3.1 <u>Protected characteristic Data</u>

4.3.2 The Phase 3 implementation plan included a number of actions for all organisations to analyse the quality and accuracy of data held on patient's ethnicity and protected characteristics. High data quality in these areas will provide greater insight into the patients' needs and also help us to identify emerging inequalities where services have reset and beyond.

4.3.3 The specific request to review the completeness of ethnicity data set has been undertaken: PCMIS has the most complete Ethnicity (98% complete) data. In SystmOne Community, 91% of patients have complete ethnicity and SystmOne Prison Unit 50%. Analysis of the data held in the clinical information system for Community Dental Services; Software of Excellence as a stable data flow is not yet in place. Work is ongoing to stabilise the data flow so the Information Team can extract the information from the system.

4.3.4 Further protected characteristics data sets have been analysed including those from the Equality Act and a further 10 set out in the Phase 3 letter. Some data sets are universally complete including age and residing in a deprived neighbourhood, the latter is derived from the recording of a postcode. Other data sets have anomalies; these include gender where the terms sex and gender are used interchangeably by data systems, marital status and learning disabilities which are infrequently recorded. Other identified health inequalities do not presently have a function within some of our databases to record e.g. obesity and long term health conditions.

4.3.5 Further work is required into understanding the different capabilities in the clinical systems to record ethnicity and protected characteristics data, also to enhance the quality of these data sets and compliance with recording across services. Despite

the incomplete data set there is a focussed piece of data work underway in CAMHS and IAPT to provide targeted mental health support to those who have been disadvantaged due to the pandemic.

4.3.6 Work is planned to also concentrate on recording functions within clinical systems for communication preferences for our patients. This may include interpretation requirements, communication adaptations for those with hearing difficulties or visual impairment but also digital access needs.

4.3.7 Many of our services have reset adopting a digital first option for consultations. Having the intelligence in our systems to extract this data could help in assessing any emerging health inequalities from the changes to service offer. Early analysis of the dataset around the patients from the system pause in MSK services during the first wave of the COVID19 pandemic suggests this is a real concern. A large scale digital opt-in mechanism (mypathway) was utilised for Trust MSK services and we have started to analyse this to understand whether this may have resulted in a disproportionate impact on particular patient groupings or areas within the city. Initial results from this show:

- There are 14,751 unique paused patients, of which 4,088 (27.7%) signed up to mypathway AND responded YES to support AND 3,831 had at least 1 contact appointment in data set 1 (26.0%)
- 24.3% of the paused patients live in the 10% most deprived parts of the City
- 21.9% of all the patients who engaged with mypathway live in the most deprived parts of the City
- This is the lowest uptake across the city when we look at this by IMD Decile
- The highest uptake is in the least deprived areas.

4.3.8 This data was received the week of compiling the paper; therefore next steps are still to be determined.

4.4 <u>Equality Impact Assessments</u>

4.4.1 A key focus of the reset and recovery work is to ensure all services have ongoing reviews of the equality of service delivery to our patients. The enhanced digital offer of consultations across many of our services has the potential to create inequalities in both access and outcomes and services must be creative and adaptable to meet the varying needs of our population.

4.4.2 Learning is being taken from the medical student elective placement project which looked at DNA/CNA rates for different populations in cardiac, diabetes and respiratory services when clinic sites were reduced during the first wave of the pandemic. The Trust is considering how we could utilise this data set for all clinic based services to better understand whether our provision is disproportionately impacting on particular aspects of the communities we serve.

4.5 Patient engagement and experience

4.5.1 A review of the methods by which changes to service provision were communicated during the first lockdown period is ongoing. Healthwatch Leeds have been commissioned to speak to patients/carers from MSK, Podiatry, Falls, Audiology and Community Dental. The work aims to understand people's experiences of how services were paused; how people found out about service changes, how they managed their conditions during lockdown, and suggestions for improvement. The learning from this engagement piece will help inform future means of communication and feed into service reset.

4.5.2 The Patient Experience Team have met with 11 services to-date in order to complete the engagement proforma. This is useful in supporting services to consider the impact of service delivery throughout Covid-19 and service reset on health inequalities, in addition to thinking proactively around accessibility in line with the Accessible Information Standards. The process is encouraging services to understand 'who' their patient/carer groups are; what can we understand about these groups, and to identify gaps. Insights, experiences and understanding of the needs of community groups on a city wide level are incorporated, to be able to relate this to the data that we have in LCH, and identify areas for action.

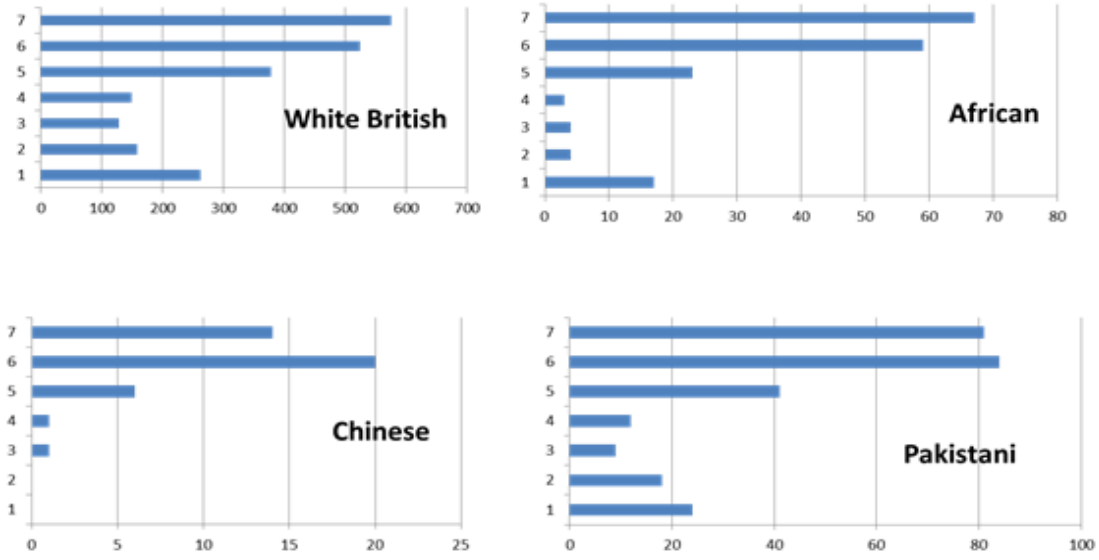
4.5.3 Work is ongoing with the Communities of Interest network & Inclusion for All action hub to link insights from these with the data we capture to better understand and interpret clinical outcomes, and implement changes to support improved outcomes for specific communities. It is suggested that this should include priority system updates to capture protected characteristics (ethnicity, age, geography), communication needs (including Learning disability), and contact method to include reasoning for when this is not digital.

4.5.4 A priority is to understand how communication methods for key messages may impact on different communities: data analysis from a relatively small sample during the first lockdown suggested that patients from particular areas in Leeds and from predominantly BAME communities were not engaging in some healthcare appointments. It could be determined that key messages from services had not always reached these communities, nor were they presented in an accessible way for these people. Work to sustain clear communication channels through the communities of interest, create narrated videos, update website documentation, contact via video/phone/written form continues. Key to this is consistently recording key patient information to guide communication formats for individuals, and to develop communication plans incorporating the lessons learnt.

4.5.5 The Trust is working to understand the impact of Digital Exclusion: understanding the barriers (Poverty, Age, Literacy & communication preferences, Skills & motivation, Precarious lifestyles, Privacy, Disability & specific conditions, Trust in IT) that could be present for communities and that can lead to digital exclusion from healthcare. A tool to support digital decision making for both staff and patients is in development.

4.6. Clinical Outcomes

4.6.1 The Clinical Outcomes team have been able to use existing data to understand the difference in clinical outcome between groups. Using MSK data we were able to compare trends in outcome pattern between ethnic groups (all groups evaluated, four shown for demonstrative purposes here):



4.6.2 This was done using data collected through service reporting, but needed to be collated manually. The ambition is to move towards routine collation. It is appreciated that seeing this data raises more questions than it answers but can be used in broader conversations with the patient experience team and community groups.

4.6.3 The Clinical Outcome Improvement Network (COIN) has been established as the key way in which the clinical outcome measures team support service teams through reset and recovery. One key aim of the network is to build capability at service level of key areas of consideration when using clinical outcome measures: there is significant focus on understanding health inequalities relevant to each service; the link between service outcomes and the public health management agenda; the importance of collecting accurate demographic information (and in particular around the protected characteristics) and the role that services have in contributing to this; using health inequalities data to drive improvement projects in services.

4.7 Workforce

4.7.1 The Phase 3 letter has a separate section regarding workforce priorities, led for the Trust by the Workforce Directors and incorporated within the Trust Workforce Strategy and People Plan. There is a specific workforce element in relation to tackling inequalities, specifically “Each NHS board to publish an action plan showing how over the next five years its board and senior staffing will in percentage terms at least match the overall BAME composition of its overall workforce, or its local community, whichever is the higher.” The Equalities & Diversity representative from the Workforce Directorate is a member of the small initial group formed to bring together the different aspects of tackling inequalities work already underway within

the Trust. The Executive Medical Director and Director of Workforce are liaising in regards to how this element of tackling inequalities is best presented to Board, to prevent duplication with Workforce papers.

5. Next steps

5.1 Appointment of Health Inequalities Lead, anticipated November 2020

5.2 Clarification regarding city-wide Health Inequalities principles and priorities

5.3 Health Inequalities strategy and Trust priorities to be drafted and brought to Quality Committee and Board for approval in June 2021, with opportunity for prior discussion at Quality Committee and a Board workshop.

6. References

1 NHSE definition of health inequalities: https://www.england.nhs.uk/ltphimenu/definitions-for-health-inequalities/

2 Implementing phase 3 of the NHS response to the COVID-10 pandemic. https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/20200731-Phase-3-letter-final-1.pdf

7. Board is recommended to:

7.1 Receive and note this report.

7.2 Confirm if they wish to oversee the Health Inequalities work directly, or for Quality Committee to oversee this work program

7.3 Confirm the proposed timeline for the draft Health Inequalities strategy and future reports

8. Appendices

1. Leeds Health Inequalities Group (LHIG) framework.

Leeds Health and Care Tackling Health Inequalities Framework

Our ambition: Leeds will be the best city now and for future generations, where people who are poorest improve their health the fastest

Our declaration: As a Leeds health and care system we commit to working differently, together and with people, to tackle health inequalities. We will be bold and honest, ensuring every decision and action we take impacts positively for people of Leeds who will benefit the most.

Connecting to
- Other Strategies
- Networks
- Boards

Driven by
- Leeds Health and Wellbeing Strategy
- Health and Care organisations

Connecting to
- Other Plans
- Groups
- Programmes

Applying our Partnership Principles in all that we do — We start with people | We deliver | We are Team Leeds

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society.

Prioritising: working with people at severe or higher risk of poverty and poor outcomes

We use **Premature Mortality** and **Healthy Life Expectancy** alongside **people outcomes** to inform our work and to know we're making a difference.

Understanding

Use data, evidence, clinical viewpoints, and the voices and experiences of people who have been excluded or marginalised to understand the impact of inequalities on lives lived in Leeds

Planning

Decision makers, Communities of Interest and people work together to design solutions, direct resources and create conditions for people to achieve outcomes that matter most to them.

Acting

Decisions and actions reverse the effects of deprivation and tackle the widening inequalities gap, reaching every part of Leeds to ensure no one is left out

Evaluating

Being transparent about actions taken, their impact, and where improvements can be made. Holding each other to account and asking people if we have listened and acted correctly.

Our approaches

Coordinate work and reduce duplication of effort	Invest in prevention and community based care	Shift resources to where they are needed the most	Intelligence and Population Health Management led

Steps to reduce our negative impact on health inequalities in the health and care system in Leeds

1. Strategic planning
How our organisations and partnerships embed tackling inequalities in all they do

Examples include

- Use evidence to spot where there are gaps or 'leaks' in provision
- Address who and how many people are not being served by the mainstream
- Focus on inequalities in planning rounds, reviews and reporting
- Inequalities embedded within the focus of strategic or governing meetings

2. Commissioning
Where and why our individual and collective (Leeds £) funding is directed and evaluated

Examples include

- Commission from the margins - services designed and commissioned to be inclusive - in particular for those often marginalised by mainstream services and society
- Disproportionate investment (% protected)
- Increasing resilience and sustainability of organisations contributing to reducing health inequalities
- Maximise influence by joint commissioning / pooled resources between CCG and Public Health,

3. Service delivery
How and where services are designed and delivered to reduce inequalities

Examples include

- Access to and availability of services (including targeted service provision / delivery)
- Organisations better align service delivery around shared priorities in order to reverse the effects of deprivation and inequalities.
- Use our existing community models - LCPs, Clusters, Hubs to support impact locally and be more responsive to local needs

4. Accelerating change
How we remove the barriers that restrict access to better outcomes

Examples include

- Work with Communities of Interest Network
- Adoption of the Accessibility Information Standard and other inclusion practices
- Increasing means of promoting and embedding digital inclusion
- Targeted communications to raise awareness of available and appropriate services and support
- Health and Care orgs as employers, building on Anchor Institutions and connecting to Community Anchors work.

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (97)

Meeting: Trust Board December 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, October 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 e.g. PPE usage, triaging prior to visit. Fundamentally this part of the resetting. Checklists in place for each service to complete to identify gaps, as well as resetting training for staff members • 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	Liaise with BI to identify performance data demonstrating an increase in virtual/telephone consultations. Due to current capacity IPC have been unable to complete the full programme of environmental audits.	• 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

	• Flowchart in CCBs to direct cohorting, in line with national recommendations • Daily communication via IPC team to facilities (care homes or LCH sites) where there are confirmed cases and care is being provided. This provides expert advice and guidance on management of patients. • Cleaning schedules adapted as outlined in national guidance • 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 • Agreed flow chart with LCC for discharge to Community Care Beds		arrangements to ensure that infection control arrangements offer a safe environment for staff and patients. • Purchase of electronic audit platform to improve the audit cycle and enhance assurance mechanisms. • Reset checklist for services to complete to identify concerns within the environment • Space management group
• 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 • Citywide Bronze and silver meetings for CCB's / Care Homes in place to ensure there is a citywide agreement in place. • 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	We currently do not have an identified mechanism to record consistency of this.	Completion of Datix for any discharge not following the specified guidance. Each case would then be subject to a review.

	support service if required around discharge. Frequent communication and support provided from IPC Team • Identified hot, warm and cold sites throughout LCH • Flowchart and statement from LCC/LTHT/LCH supporting discharge of Covid positive, negative and contacts to CCBs and care homes. • Reopening guidance shared with providers to enhance the reopening if facilities to aid system flow.		
• Patients and staff are protected with PPE, as per the PHE national guidance	• Public Health England (PHE) message reiterated throughout midday briefs, previous messages archived on intranet • Ensured consistency by following PHE advice rather than individual professional bodies • Posters in place • VLOGs by the Director of Nursing and AHP's and Senior Nurse for IPC • Online IPC training • Table 4 PHE guidance is being followed • Decision log from Bronze Command detailing discussions around use of PPE • LCH PPE silver command group notes and decision log • Leeds command and control PPE group chaired by Cath Roff, Leeds City	• Challenging environments with third party involvement such as Adel Beck and WYOI: IPC and wider system involvement have 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.	• Staff returning to practice through resetting to receive virtual training to discuss Covid-19, PPE and national guidance to be followed. • Risk assessments in place which are reviewed.

	Council (LCC) • Grid identification for each service outlining relevant PPE required updated monthly or when guidance is released		
• 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, evidenced in action log and minutes		
• Risks are reflected in risk registers and the Board Assurance Framework where appropriate	• As above • Covid-19 Risk assessment detailing multiple potential hazards including PPE		
• Robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	• Partnership agreement in place with LCC detailing proactive measures around preventative work in reduction of Health Care Associated Infections (HCAI's) • Post Infection Review (PIR) process for MRSA/C. Diff in place working with partners throughout the system to identify learning. These have continued throughout the pandemic. • GNBSI E-coli pro-active work to identify ways in reducing infection rates • PPM+ citywide communication process for HCAI's: Clostridium difficile, MRSA • Monitoring Data Capture System (DCS) for all recordable HCAI's • Policies and guidelines in place • LCH training – face to face and online statutory and mandatory training. • Clinical risk assessments on SystmOne record for individual patients e.g. Catheters • Educational study days on HCAI and	• 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 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	• 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 usage

	Sepsis awareness • Market stalls and preventive health promotion work with public health	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 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 in July / August as well as prior to the pandemic. • 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 Covid-19 training being provided as part of reset and recovery.		

	• IPC e-learning averaging 92% frontline line uptake. Content of IPC training ensures staff have appropriate training • November: Initial roll out of asymptomatic lateral flow testing for front line members of staff. Evidenced by daily sit rep of positive / negative rate. • Included as part of reset and recovery programme		
• 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. Cleaning audited completed. • Staff have access to Clinell disinfectant wipes, are also aware of the need to follow manufacture guidance and recommended contact times. • Cleaning teams have been trained on use of Chlor-clean, dilution methods and contact time. Evidenced in attendance records and environmental cleaning audits • CCBs, LWH, WYOI, Adel Beck not LCH responsibility for cleaning – assurance measures gained from cleaning providers: schedules, audits, COSHH regulations.		

• 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 and assurances gained from external companies that provide cleaning services to facilities such as Reginald Centre, LWH and St Georges – including schedules and audits. • 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.		

	• Outbreak flow chart in place for teams who experience a staff or patient outbreak and those that need to be informed for example cleaning services and estates, FES etc.		
• 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 audits and service resetting checklist to identify signage.

• 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 • Purchase of electronic audit platform MEG to increase assurance mechanisms around cleaning and the environment. Direct action plans can be sent to estates or teams depending on the outcomes	• Due to the pandemic ipc have been unable to complete IPC environmental audit schedule.	• Frequent IPC visits to locations and follow up visits made to monitor cleaning schedules and solutions used are in line with national guidance. • Checklist completed by services identification of problems • Safe space management group in place • Health and safety and Water Safety meetings being held.
• 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 on intranet site • Resetting measures and checklist available and completed by services identifying gaps • IPC online training and resetting virtual offer of Covid 19 training for staff member providing information and training on cleaning of surfaces. • 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 on intranet site • Midday brief information and audit trail of advice provided • IPC Training encouraging all mobiles, laptops, hot desks, phones to be cleaned with a Clinell disinfectant wipe (contact time 60 seconds) and S cleaning method • 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. • Safe space management group to discuss concerns raised will action log and audit trail • Information posters displayed and updated when new guidance is available highlighting disposal route • Staff FAQ explaining disposal route dispending on setting. • Virtual resetting training highlighting		

	safe disposal route of PPE		
• 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	• Citywide responsibility for AMR • Prescribing formulary on Leeds Health Pathways • Clostridium difficile Root Cause	• AMR multi agency meeting on hold – recommenced September 2020 • PR agency commissioned via LCC not actively providing marketing	Compared to primary care, there is minimal prescribing of antibiotics within LCH. The exception is Sexual Health – however, a main part of their remit

maintained	Analysis (RCA) and PIR process to identify lapses in prescribing 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.	around AMR. • There have been no recent 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.	is treatment of sexually transmitted infections, so you would expect them to use antimicrobials. There is no expectation form the city that this should reduce. All usage is in line with national 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	• NHS England / Improvement have not announced national targets for gram negative blood stream infections, however we are working from a reduction on last years figures	• Continued with completion of PHE Data Capture System and root cause analysis for healthcare associated infections.

	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.	• Guidance shared with units on visiting and reviewed regularly. • Worked with community care beds and commissioners about a flow chart for discharge into CCB's and how this may impact visiting if positive. • Information shared on EDAN from LTHT if patient positive.
• 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	• Areas cohorted if patients are tested as positive. CCB's with hot bays / areas have correct signage – reviewed when visited by IPC as part of outbreak visit. Checklist discussed over the phone in initial outbreak contact.		

• 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. • System wide flow chart agreed for patients discharged into community care beds. Patient information identified on EDAN.		
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	• Flow chart for CCBs, WYOI, Adel Beck, LWHH, Hannah House • For patients receiving home visits if they		•

COVID-19 are segregated and promptly retested instigation of contract tracing as soon as possible	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 and information • 7 day IPC service • Defining local track and tracing system. IPC support teams should an outbreak be identified or a breach in PPE / social distancing has occurred.		
• 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 environment is safe	• 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. • 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	• Donning and doffing videos shared with staff members and available on intranet. Emphasis on its

		of September to Business Units (CBU, ABU and SBU)	ok to ask colleagues about their PPE. Peer to peer support.
• Staff regularly undertake hand hygiene and observe standard infection control precautions	• Prior to Covid-19teams completed Essential Steps which captured in hand hygiene audits • Monthly hand hygiene audits were completed at inpatient facilities • Essential Steps to be restarted which will capture hand hygiene observations • Hand hygiene kits available to all clinical staff • A good supply of alcohol gel and soap available through PPE logistics • Discuss with Clinical Leads as part of Clinical Bronze Meeting	• Outstanding hand hygiene and PPE audits from Business Units, as highlighted previously this is an ongoing piece of work.	• Purchased electronic auditing platform for a phased roll out to all services to upload audit figures and show outcomes.
• 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 • Resetting training for staff members	• 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		

	Supporting evidence / documents: Evidence of interface with IPC and advice provided. Engagement with PHE if further advise required.		
• 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.	Cleaning schedules in place and regular interface with LCC.
• 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. **Supporting evidence / documents:** Evidence of training Standard Operating procedure Shared Evidence of attendance on virtual training of swabbing and transportation of swabs to the lab Regular engagement and minutes of citywide testing group Regular interface with LTHT lab manager to identify potential problems e.g. specimen leakage, incorrect labelling		
• 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. **Supporting evidence / documents:** • Flow charts available • Staff engagement with IPC and swabs taken through local lab capacity		

	reported back through IPC		
• 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 **Supporting evidence / documents:** Reportable organisms through Leeds Health Records Learning identified from post infection reviews Training records		
9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure that: • Staff are supported in adhering to all IPC policies, including those for other alert organisms	• There are processes in place to support staff in adhering to IPC policies, including staff induction, IPC mandatory training and appraisal • Evidence and minutes from staff team meetings • Policies on Elsie, Leeds Health Pathways 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 • Virtual Q&A session and online Covid-19 specific training for staff that will be involved in having their services reset **Supporting evidence / documents:** Vulnerable staff member risk assessment Competency Frameworks Evidence of staff appraisal's ESR Training records Quality Challenge / Quality Walks Evidence identified in Post Infection Reviews Relevant coding on Sys1 e.g. adherence to PPE, staff follow aseptic technique		

• 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 with representation from IPC • Midday brief • Information available on Elsie • Leaders Network • Regular VLOGs **Supporting evidence / documents:** Minutes / action log from PPE group and Joint Bronze / Silver		
• 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 **Supporting evidence / documents:** Identified on the risk register, PPE portal ordering system and delivery to each base.		
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 • Identified on the risk register **Supporting evidence / documents:** IPC hold staff training records as well as identification of filter changes	• 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 • Recording of filters to be added onto ESR	• Staff fit tested on reusable FFP3's as stock variation increases on disposable.
• 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. • Evidence in staff e-rostering • Where possible a reduction in staff cross over on sites such as Adel Beck and WYOI, to reduce the possibility of transmission • Implement asymptomatic staff swabbing and daily sitrep of reporting of results		
• All staff adhere to national guidance on social distancing (2 metres) wherever possible, particularly if not wearing a	• National guidance available on Elsie • Posters displayed in all staff areas highlighting social distancing measures • PPE guidance if working less than 2		

facemask and in non-clinical areas	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. • Staggered break times for staff. • Checklists completed by areas a		
• 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 2020-2021 (98)

Meeting: Board 4 December 2020	**Category of paper**	
Report title: Q2 2020/21 Mortality Report	**For approval**	
Responsible director: Executive Medical Director **Report author: Deputy Medical Director & CCIO**	**For assurance**	√
Previously considered by: Quality Committee	**For information**	

Purpose of the report:

To provide the Board with assurance regarding the Mortality figures and process within Leeds Community Healthcare NHS Trust in Quarter 2 2020/21.

Main issues for consideration

The Board is advised to note:

- The continuous rigorous review of adult deaths with a greater level of assurance with data being pulled centrally
- The Control Total Charts for Neighbourhood teams, available on the Trust's Performance Information Portal (PiP) is enabling the assurance that we can recognise and investigate any apparent significant changes to deaths in a particular population or demographic
- CBU is continuing to engage in the citywide processes for learning from child deaths and have shown further examples of this learning being disseminated
- COVID19 has been a challenge for everyone, not least the neighbourhood teams engaged in caring for people who are dying

Recommendations

The Board is recommended to:

- Receive the assurance provided regarding the Trust mortality process
- Acknowledge the high demands that were placed on the teams who were still able to provide excellent care

Mortality Report

1.0 Purpose of this report

1.1 To provide the Committee with assurance regarding the Mortality figures and processes within LCH NHS Trust in Quarter 2 2020/21.

2.0 Background

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, 2020 (currently under revision and awaiting ratification) details our Trust response to both and clearly articulates our assurance process and governance surrounding mortality reviews and shared learning throughout the Trust and the wider system.

3.0 Current position

3.1 The Quality Assurance & Improvement (QAIG) Group have met regularly and are quorate.

3.2 Meetings of the Adult Mortality Governance Group (jointly with Specialist) and Child Mortality Governance Group have taken place regularly.

3.3 The Trust remains in contact with other providers of community care to share learning regarding the mortality review processes and whether benchmarking can be incorporated.

3.4 In particular, Derbyshire Community Healthcare Foundation NHS Trust have improved on their system of data capture and presentation, which we are reviewing.

3.5 <u>Adult and Specialist Business Units</u>

3.5.1 Mortality Data ABU

	2018/19	2019/20	2020/21		
Total Reported Adult deaths	Total	Total	Q1	Q2	YTD
EPaCCs deaths	1665	1012	664	501	1165
Datix reported unexpected deaths	335	133	71	50	121
Datix reported Expected deaths	83	1256	587	376	963
Total of deaths*	**2073**	**2226**	**987**	**687**	**1674**
Total Level 1 reviews undertaken	1011	1270	658	426	1084
Total Level 2 review also undertaken	187	206	134	129	263
Deaths of patients with Learning Disability	Not collected	2	2	0	2
Deaths of patients with Serious Mental Illness	Not collected	2	0	0	0
Death of patients in Community Care Bed		12	4	2	6
Deaths managed as a Serious Incident		0	0	0	0
Deaths within 30 days of hospital discharge			New in Q2	3	3

3.4.2 **Mortality Data SBU**

	Totals 2019-20	**Total deaths 2020-21**		
Total Reported Adult deaths		Q1	Q2	YTD
	40	14	13	27
Unexpected deaths	17	5	9	14
Expected deaths	21	9	2	11
Death Managed as SI	0	0	0	0
Death with Serious Mental Illness	4	0	0	0
Death with Learning Disability	1	0	1	0

3.4.2 The Specialist Business Unit mortality review process is aligned with that of the Adult Business Unit, resulting in greater consistency and reduced duplication of deaths reporting. Where both Business Units have been involved with a patient a joint review of the death is undertaken. Mortality Review meetings continue to have been held jointly.

3.4.3 The total number of deaths (*) is the sum of deaths from all the Neighbourhood teams (NT). Other totals are subsets of that total. There is some overlap between those groups.

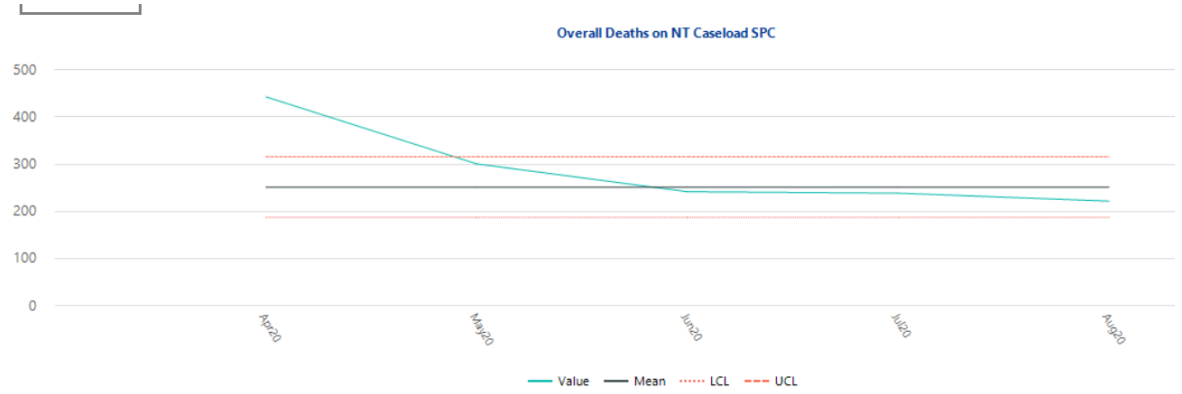


Figure 1. Monthly deaths in NT Apr - Aug 2020

3.4.4 The COVID-19 pandemic led to a marked increase in mortality during Quarter 1 (Q1) and there is a below average level of death during Quarter 2 (Q2). See figures in the ABU/SBU flash report (Appendix 1).

3.4.5 Overall figures show significantly more deaths in the community during the current year to-date than would be normal for the equivalent quarters of previous years. The total for number of deaths in the community during Quarters 1 and 2 is nearly 80% of the number we would experience on average for a full year.

3.4.6 There has been a substantial reduction in the numbers of COVID-19 related deaths in Q2 compared to Q1 for the Neighbourhood Teams. The increase in COVID-19 levels in the North of England experienced during Quarter 3 (Q3) means we are expecting this to rise again for this time period.

3.4.7 The two Neighbourhood teams, which broke the upper control limit in Q1, have returned back within the control limits throughout Q2. No NT is towards the upper control limit during Q2. No other trends were noted over this time frame.

Kippax

	Oct19	Nov19	Dec19	Jan20	Feb20	Mar20	Apr20	May20	Jun20	Jul20	Aug20	Sep20
Number of Death	27	28	20	14	21	28	49	15	22	16	17	25
Mean	21.314285	21.314285	21.314285	21.314285	21.314285	21.314285	21.314285	21.314285	21.314285	21.314285	21.314285	21.314285
UCL	34.448035	34.448035	34.448035	34.448035	34.448035	34.448035	34.448035	34.448035	34.448035	34.448035	34.448035	34.448035
LCL	8.180535	8.180535	8.180535	8.180535	8.180535	8.180535	8.180535	8.180535	8.180535	8.180535	8.180535	8.180535

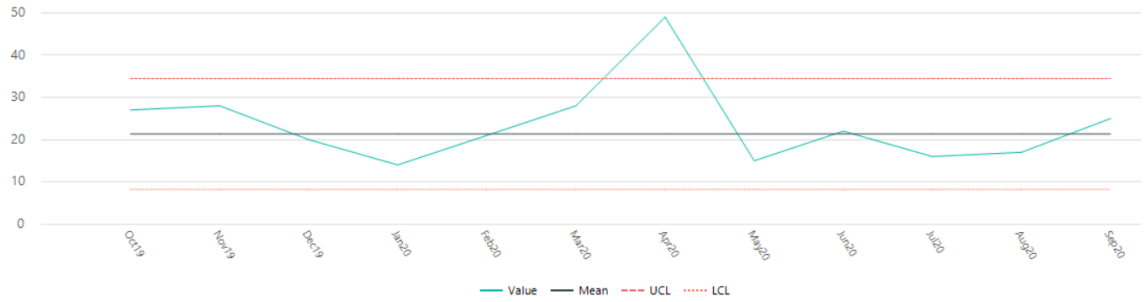


Figure 2 Kippax Mortality data Apr - Sep 2020

3.4.8 Palliative care activity increased by 33% in Q1 as people elected to stay at home or did not want to be admitted into hospital and returned to within the normal control limits during Q2.

3.4.9 An increasing number of frail older adults continue to choose to avoid admission to hospital or as a hospital discharge are choosing not to go into care homes or a hospice, favouring returning home.

3.4.10 The numbers of care home deaths have reduced to below the average in Q2 and whilst there was a reduction in deaths at home it was not of the same proportion.

3.4.11 The number of deaths occurring within the Leeds care homes is now below the average for Q2 and the number of unexpected deaths on the Neighbourhood Team caseload remained with control limits. The increase seen in Q1 of level 2 reviews continued in Q2 is due to the temporary additional to the level 1 review template the requirement to report a death related to COVID-19 or in a patient symptomatic of COVID-19. This triggers the requirement to complete a level 2 investigation. This ensures we can review all COVID-19 deaths occurring on a NT caseload. A higher proportion of deaths reviewed in the Mortality Review meetings in Q2 and Q3 have a Covid-19 diagnosis.

3.4.12 There were no End of Life (EoL) related serious incidents reported during Q2 2020. One case reviewed on behalf of the non-Alliance CCBs is being reviewed as a multi-agency level 2 review with LTHT, as the case linked back to a lack of adequate post lower limb fracture VTE prevention.

3.4.13 It is not possible to reliably account for the causes of the excess deaths in Quarter 1. LCH is reliant on primary care to record cause of death in the record. This doesn't occur consistently and were it does it exists as free text. Apart from a manual audit of the records there is no possibility of reporting. Business Intelligence is looking at home we might improve this. The deputy Medical Director is working with colleagues in the city to either be able to bring the data into our system to report or have colleagues try to capture manually cause of death at the level 1 stage, as we do for SMI & LD.

3.4.14 There is a significant percentage of ethnicity data is unknown (10%), which causes any analysis of data to be unreliable. Ethnicity data from EMIS practices is not visible for example and has to be re-asked and coded. System alerts do exist to prompt teams. A small number of people prefer not to say but this represents only a very small percentage (0.6%).

3.4.15 The age ranges which showed are marked increase in Q1 for people over the age of 70 has returned to its pre-COVID levels as seen in the figure below.

Age Group	Apr20	May20	Jun20	Jul20	Aug20	Sep20
19 - 25 years				1		
26 - 59 years	15	20	20	17	22	21
60 - 69 years	42	37	23	30	16	30
70 - 79 years	95	66	55	53	53	54
80 - 89 years	177	88	83	92	76	81
Over 90years	114	90	61	46	55	41

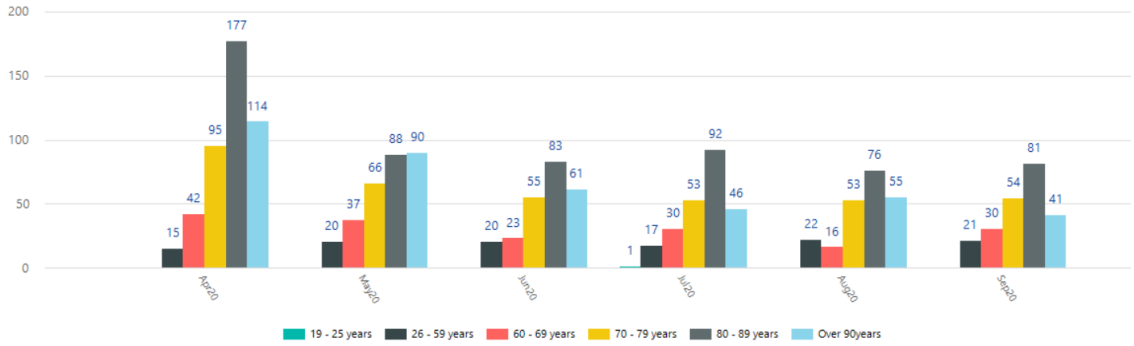


Figure 3 Deaths by age band Apr - Sept 2020

3.4.17 Learning themes and actions taken

- The requirement for ongoing support and individual clinical supervision to staff providing the COVID-19 related EoL care is better understood and continues to be provided. We are continuing to review and work to provide effective support to staff throughout the pandemic.

- SBU have identified from the Q2 mortality reviews that further work is required with the Long-Term Condition (LTC) teams to develop the advanced care planning processes with patients approaching the EOL.

- There is continued evidence of lack of advanced care planning, with less than expected use of ReSPECT and completion of EPaCCS template within the SBU.

- Training for the Cardiac Team has been delivered by a Palliative Consultant supporting the management of difficult conversations around EoL care. There is more work / discussion required, as the patients can be generally feeling well and coming to terms with a new diagnosis like Heart Failure, but it is important to start discussions early regarding future planning. The team are supporting patients to learn how to self-manage and live with their LTC.

- A meeting has been arranged in November between ABU and SBU of the Clinical and Quality Leads with Sarah McDermott to discuss End of Life Service Delivery Framework approach to supporting SBU LTC patients as they approach their EoL stages.

3.4.16 Action taken to policy/procedure or protocols

- The PL368 Mortality Review and Responding to Deaths Policy has been updated and is awaiting SMT ratification. A key change is that DATIX reporting will not be needed for all deaths, only those that are an *incident*. There are checks throughout the Level 1 & 2 process that will create a DATIX as necessary.

- The ABU and SBU Learning from Deaths and Mortality Review SOP will be reviewed in Q3 in response to the change in the Trust Mortality Review Guidance

- The support approaches developed earlier in the year have been maintained via face to face and virtually, and tools to monitor resilience are being evaluated.

- In Q3 and Q4 the SBU Quality Leads will offer presenters support in case presentation prior to coming to the Adult MR, in order to reduce the anxiety of attendance and support them in seeing this as a learning opportunity

- A joint ABU SBU report is being developed by Business Intelligence (BI) and will be available for Q3 reporting.

- BI have been asked to monitor the weekly mortality data for early signposting to BUs and QPD of any changes to the EOL/ Mortality data in Q3 and Q4

- We are monitoring our stock of syringe drivers to maintain adequate supply to maintain effective EoL care. There are national issues regarding battery life and reliability which is causing further stress on supplies.

3.5 Childrens Business Unit

3.5.1 Mortality Data
Deaths within Children's Business Unit cohort

	2019-20	**2020-21**		
Total Reported Children's deaths	YTD	Q1	Q2	YTD
	24	4	4	8
Unexpected deaths [SUDIC]	12	2	2	4
Expected Deaths [CDOP]	12	2	2	4

3.5.2 There are established robust processes within Children's Services around unexpected deaths via the Sudden Unexpected Death in Childhood (SUDIC) process and Child Death Overview Panel (CDOP).

3.5.3 Children Mortality Group meetings have been arranged every 2 months since late 2019. They link to the Leeds CDOP process and the QAIG. The last meeting was 23rd September 2020.

3.5.4 LCH continues to be represented at the Leeds Child Death Overview Panel

3.5.5 A key theme in Q2 has been the impact of reducing face to face contact with families due to the COVID-19 pandemic restrictions. Learning from this is contributing to the reset programme.

3.5.6 Despite the restrictions, services have continued to provide support for families and from September are increasing as our estate resets and restrictions have changed.

3.5.7 Learning points and actions

- All learning shared and specific actions documented on the meeting minutes with named leads
- Posters are circulated with briefing notes for professional issue meetings within services
- Team has contributed to the PL368 policy review and Standard Operating Procedures have been also updated.
- Following the death by trauma of a child, initial learning is influencing the resetting programme within PHINS. Further discussions will take place as the investigation process progresses.

- Following discussion group members shared with all services following discussion at CBU Quality Meeting
    - Public health messages emphasising importance of pre-school immunisations
    - To continue promoting with families the early warning signs of meningitis at all contacts.

4 Resources

4.1 The number of deaths investigated by the Adult Business Unit, and the proportion of deaths requiring Level 2 review requires a substantial amount of work by the senior clinical leadership team in the Business Unit.

4.2 The capacity within the Adult Business Unit team conducting the mortality reviews on behalf of the Leeds CCG will need to be carefully monitored to ensure that they can continue to conduct the number of reviews required to a sufficient quality and consistency. This has been highlighted recently when a key senior member was unavailable due to illness, and with the COVID19 pandemic.

5 Next steps

5.1. Ongoing work with the Business Intelligence team to further refine the processes we must centrally report data, whilst using any focussed manual work to cross check for further assurance.

5.2 We plan to work with our partners in the city, particularly the Primary Care Networks to establish a more holistic review across organisational boundaries.

5.3. The PL368 Mortality Review and Responding to Deaths Policy has been updated and is due to be ratified in November 2020. The Business Units have updated their Standard Operating Procedures.

5.4. Consideration is being made with discussions with the Library Service regarding how we could improve the disseminate learning both internally and externally. One view has been to collate learning to publish as a Mortality Quarterly Review. Contact is being made with colleagues in Primary Care and with the Coroner's Office.

6 Recommendations

6.1 The Board is recommended to:

- Receive the assurance provided regarding the Trust mortality process
- Acknowledge the high demands that were placed on the teams who were still able to provide excellent care

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (99)

Meeting Trust Board – 4 December 2020	**Category of paper** *(please tick)*	
Report title Q2 2020-21 Serious Incident Summary Report	**For approval**	
Responsible director Executive Director of Nursing and AHP's **Report author** Incident and Risk Assurance Manager	**For assurance**	✓
Previously considered by: N/A	**For information**	

Purpose of the report

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

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

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

Main issues for consideration

The Trust identified 25 new serious incidents (SIs) in Q2 2020-21 which initially appeared to meet the SI criteria. 2 of these 25 reported incidents were requested to be de-logged from StEIS following investigation as it was concluded that they did not meet the SI criteria. Therefore details for the remaining 23 Serious Incidents are included in this report.

Of the 23 incidents included in this report, 6 occurred in Q1 and the remaining 17 occurred in Q2.

The Trust had no never events in Q2 2020-21.

Recommendations/Actions

The Board of Directors are recommended to:

- Receive and note the contents of this paper

1. Introduction

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

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

2. Serious Incident Decision Meeting (SIDM) Outcome Q2 2020-21

2.1 All moderate and major harm LCH incident reviews are now being held virtually and have continued throughout the Covid-19 pandemic in-line with LCH incident process. In Q2 a total of 157 LCH patient incident were discussed; 52 in July, 67 in August and 38 in September. *Appendix A, table 2* shows the severity (post review) and incident sub-category by month SIDM held.

2.2 In Quarter 2 we identified the need to improve the quality of our 72 hour reports writing to ensure all key points are covered within the report to ensure an accurate outcome. The implementation of a 72 hour report writing training for all staff has taken place to support this.

3. StEIS reportable Serious Incidents in Q2 2020-21

3.1 Over this reporting period, the Trust declared 25 serious incidents in Q2 2020-21 which were StEIS reported. Two were requested for de-log from StEIS following further review as they did not meet the SI. 23 of these continued through to full SI investigation.
Due to the Covid-19 pandemic the requirement to request extensions beyond the expected 60 days for completion of the investigation has been relaxed, however LCH is continuing to aim to maintain the 60 working day timeframe for completion.

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

Incident Sub-Category	July 20	Aug 20	Sept 20	Total
Abusive or self-harming behaviour	0	6	3	9
Slips, trips, falls and collisions	1	2	0	3
Pressure sore / decubitus ulcer	3	3	4	10
11 week delay in referral (podiatry)	0	1	0	1
Total	**4**	**12**	**7**	**23**

3.2 As of 23/11/20, nineteen of the above remain under investigation 11 of these have gone outside of the 60 day timeframe. 4 have been signed off; 3 remain with confirmed lapses in care, one is now updated as no lapses in care. Action plans are agreed for all 4.

4. StEIS Reporting Timeframe in Q1 2020-21

4.1 All SIs are identified at the Serious Incident Decision Meeting and reported on the StEiS database within 2 working days of the decision being made that the incident meets the serious incident criteria. In Q2 20 (87.0%) were reported on STEIS within the 48 hours. The remaining 3 were reported at 21, 23 & 113 days respectively. The initial 2 delays were related to delays in manual processes, both within the patient

safety team and the clinical teams. A review of workload has taken place in the patient safety team to allocate more dedicated resource to these processes.

The incident with the maximum delay occurred for an incident reported at Wetherby YOI (ID 63931). Initially this complex incident, which was assault against a member of staff, was believed to be an incident external to LCH. On further investigation learning was identified for LCH and therefore this was progressed through the incident management process. The complexity of the case, alongside involvement of multiple partner organisations caused confusion and therefore delays in reporting. It is to be noted however that this did not delay the commencement of the investigation. .

5. Duty of Candour compliance

5.1 During this reporting period all incidents that meet the criteria of a safety notifiable incident, LCH carries out a 72 hr review to understand the initial facts in relation to what happened, what went wrong and what we could have done better. LCH informs the people affected, apologise to them, provides an explanation of how we would investigate and explore if they wished any specific questions to be answered within the investigation. A letter confirming the initial discussion within the LCH standard of 10 days is then sent. The patient safety team with the support of the DDON have provided some additional support to one service that had undertaken DOC but not sent the letters within the LCH timeframe within September data and performance brief. The October report shows 100% compliance and this will continue to be monitored.

6. Themes and Learning from SIs in Q2 2020-21

6.1 The top categories of root causes and contributing factors as identified at investigation include:

Root Causes – Q2 closed SIs
Communication breakdown within LCH Services or Team
Communication breakdown with external services
Risk assessments not completed or patient risks not identified
Lack of effective case management or senior review
Inadequate record keeping
Incorrect provision / use of equipment
Patient Concordance

Contributing Factors – Q2 closed SIs
Lack of or inadequate staff training
Failure to follow pressure ulcer policy or other agreed procedure/framework
Communication breakdown within LCH Services or Team
Patient Capacity
Patient Concordance
Delay in Datix reporting
Staff - Capacity Issues
Inaccurate completion of risk assessments
Communication breakdown with family or patient
Inappropriate clinical judgement or reasoning

6.2 Measures to address these recurring themes are a focus of the pressure ulcer Steering Group, the dissemination of the OMG leaflet to all relevant teams and the quarterly patient safety summits which commenced in September 2020.

6.3 Alongside the dissemination of learning via the leaflet for learning, themes are identified and triangulated against sources such as the ABU and Clinical Governance quality performance review meeting, complaints, feedback and staff involvement. Posters capturing the themes and learning have been produced and shared via Elsie, Business Unit governance meetings, safety huddles and the Trust risk bulletins to encourage a wider sharing of learning.

7. Continued Improvements

7.1 In Quarter 2 a review was undertaken of the internal Serious Incident training to ensure this was aligned with the implementation of a multidisciplinary 72hr review process for all moderate and above harm incidents and a review of investigation templates. This has resulted in the training being condensed to a 3 hour session and available via MS teams to ensure this is more accessible for clinical staff. Since this change, 61 LCH colleagues have undertaken the training. This has included targeted sessions for the 13 Neighbourhood Teams and Little Woodhouse Hall.

8. Coroners Inquests

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

APPENDIX A

Table 1 LCH Patient Safety Incidents in Q2 2020-21 by level of harm

LEVEL OF HARM	NUMBER OF INCIDENTS
NO INJURY SUSTAINED	559(41.8%)
MINIMUM HARM	641 (48.0%)
MODERATE	111 (8.3%)
MAJOR	25 (1.9%)
TOTAL	**1336***

*Excludes 5 reported deaths

Table 2 Incidents by category and level of harm post 72 hour review in Q2 2020-21

Current Severity / Sub-Category	Jul-20	Aug-20	Sep-20	Total
Major Harm	10	13	9	32
Accident caused by some other means	2	0	0	2
Pressure sore / decubitus ulcer	1	3	1	5
Slips, trips, falls and collisions	7	10	8	25
Moderate Harm	37	45	23	105
Abuse	0	0	1	1
Advice	0	0	1	1
Appointment, Admission, Transfer, Discharge	1	1	0	2
Device Related Pressure Ulcer	1	4	0	5
Injury caused by physical or mental strain	0	1	0	1
Possible delay or failure to Monitor	2	0	0	2
Pressure sore / decubitus ulcer	18	27	13	58
Self-harm in primary care	2	0	1	3
Self-harm during 24-hour care	0	5	0	5
Slips, trips, falls and collisions	12	5	7	24
Some other medical condition	0	1	0	1
Traumatic Skin Damage (tear)	1	1	0	2
Minimal Harm	3	5	4	12
Accident caused by some other means	0	0	1	1
Deep Tissue Injury	0	2	1	3
Device Related Pressure Ulcer	0	1	0	1
Other Skin Damage	2	0	0	2
Pressure sore / decubitus ulcer	0	0	1	1
Self-harm during 24-hour care	0	1	0	1
Slips, trips, falls and collisions	0	1	0	1
Transfer	1	0	0	1
Traumatic Skin Damage (tear)	0	0	1	1
No injury sustained	2	4	1	7
Abuse - other	0	1	0	1
Discharge	0	1	0	1
Other Skin Damage	1	0	0	1
Self-harm in primary care	0	1	0	1
Self-harm during 24-hour care	1	1	0	2
Slips, trips, falls and collisions	0	0	1	1
Unexpected Death (Community)			1	1
Other	0	0	1	1
Total	52	67	38	157

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (100)

Meeting Trust Board 4 December 2020	**Category of paper**	
Report title Reducing Restrictive Interventions – Little Woodhouse Hall	**For approval**	
Responsible director Executive Director of Nursing and Allied Health Professionals **Report author** CAMHS Service Manager, CBU Clinical Lead	**For assurance**	
Previously considered by Not applicable	**For information**	√

PURPOSE OF THE REPORT

This paper is to highlight the incidence of restrictive interventions at Little Woodhouse Hall for Q1 and 2 2020.

MAIN ISSUES FOR CONSIDERATION

The report highlights the restrictive practice in the unit, including the numbers of restraints and seclusions and the decisions regarding blanket restrictions.

The report also highlights the actions being taken by the unit to reduce restrictive practice as much as possible.

RECOMMENDATIONS

The Board is recommended to:

- Receive the information provided in this report.

1.0 Introduction

1.1 The Mental Health Act Code of Practice (2015) set an expectation for mental health services to commit to reducing restrictive interventions. These interventions include the use of restraint, seclusion and rapid tranquilisation, but also wider practices, for example imposing blanket bans that restrict a person's liberty and other rights, such as stopping them from accessing outdoor space.

1.2 This paper highlights the Q1 and Q2 restrictive interventions used in Little Woodhouse Hall. There is a weekly clinical review of all restraint, rapid tranquilisation, and seclusion incidents that occur and this is shared with the Trust Senior Management Team.

1.3 Restrictive interventions should only be utilised when necessary, and should be proportionate and justifiable and only used to prevent serious harm.

2.0 Incidents of Restraint and Rapid Tranquillisation

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	TOTAL
Number of Restraint Incidents Recorded	4	3	9	13	9	3	**41**
Number of Restraint Incidents for Young People on a MHA Section	4	3	9	13	9	3	**41**
Physical Restraint - Prone	0	0	0	1	0	0	**1**
Physical Restraint - Excluding Prone	4	3	9	12	9	3	**40**
Rapid Tranquillisation	0	0	0	0	0	0	**0**
Number of Patients Restrained	3	3	5	5	4	2	**22**

2.1 The higher numbers of restraint incidents reflect individual patients who required intervention from Psychiatric Intensive Care Units (PICU) or low secure settings.

2.2 31 of the 41 incidents in this period lasted for 10 minutes or less. There have been no incidents lasting over 10 minutes since the end of July. This coincides with stepping up the work on managing the high levels of self- harm on the unit and in particular the unit approach to managing ligatures.

2.3 There was one prone restraint which lasted 5 minutes, this was to manage a young person who was in bed and had a ligature tied which was removed by staff. The patient was already laid on her front.

2.4 There were no incidents of rapid tranquillisation (sedation administered via an Intramuscular injection) on the unit during this reporting period.

3.0 Incidents of Seclusion

	Apr -20	May -20	Jun -20	Jul -20	Aug -20	Sep -20	TOTAL
Number of Seclusion Incidents Recorded	0	0	0	2	0	0	**2**
Number of Seclusion Incidents for Young People on a MHA Section	0	0	0	2	0	0	**2**
Number of Patients Secluded	0	0	0	1	0	0	**1**

3.1 The only seclusion incidents occurred in July and as with the restraints reflect an individual patient who was awaiting an admission to PICU.

3.2 They occurred for 20 and 30 minutes and were on consecutive days. Staff were with the young person at all times and she was secluded in a defined area of the unit away from peers to ensure their safety.

4.0 Blanket Restrictions

4.1 Current blanket restrictions on the ward are locked doors (including slam lock doors) which prevent young people having unsupervised access to rooms that contain other risks e.g. accessing a beverage point with a kettle and ceramic mugs and batteries on the unit e.g. in remote control, clock.

4.2 During Q1 access to the large lounge was able to be opened up by ensuring that all fixtures were anti-ligature and the door fitted with an anti-barricade mechanism. This now allows young people to use this room unsupervised. This was noted as good practice by the CQC during their annual Mental Health Act inspection in July 2020. Similar work is now underway in the Mind, Body and Soul room.

4.3 The blanket restriction of batteries was introduced due to young people ingesting them on the unit. This is next due to be reviewed by the Clinical Team on 30th November 2020. The outcome of this review will be shared with SMT and a decision agreed.

5.0 Developments introduced to reduce restrictive interventions

5.1 Safe wards approach which is a national programme of work recommended by NHSE.

5.2 Introducing safety huddles with support from the Quality Improvement Academy.

5.3 Training and support on care planning and risk assessments and management plans.

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (101)

Meeting: Trust Board Report 4 December 2020	**Category of paper**	
Report title: Freedom To Speak Up Guardian report	**For approval**	
Responsible director: Chief Executive **Report author:** Freedom To Speak Up Guardian	**For assurance**	✓
Previously considered by N/A	**For information**	

Purpose of the paper

This paper provides an overview of the Freedom To Speak Up Guardian (FTSUG) work, basic activity data and the future direction on this work stream. The report covers the period from 3rd August 2020 to 4th December 2020.

Main issues for consideration

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

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

During the period covered 14 LCH staff members have met directly with the FTSUG and formally raised concerns. There have also been informal consultations.

Recent FTSUG work includes developing work with the BAME Network, with staff who are clinically extremely vulnerable and work offering psychological support to staff. Work with the BAME network has resulted in the creation of 10 BAME Speaking Up Champions to work with BAME staff colleagues and has been co-designed and is being co-delivered with the BAME Network.

LCH has been named a finalist for the HSJ Awards for Freedom To Speak Up Organisation of the Year.

Recommendation

The Board is recommended to:

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

Freedom To Speak Up Guardian report

1.0 Introduction

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

2.0 Background

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

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

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

3.0 Current position

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

3.2 The FTSUG work at LCH continues to develop. The FTSUG attends the Freedom To Speak Up Regional Network for Yorkshire and the Humber. The FTSUG works with the National Guardian Office in developing Speaking Up in General Practice and also individual projects.

3.3 There is significant interest in the FTSUG work at LCH from outside the Trust. There was a request from Leeds Teaching Hospitals NHS Trust (LTHT) to offer a peer review of their FTSUG service following our successful peer review work last year with another neighbouring trust. This has now been completed and submitted to LTHT. There are requests from other trusts for conversations and support. The FTSUG and a BAME LCH staff member have featured in the new national films on Speaking Up which will be offered to all NHS Trusts.

3.4 There is ongoing FTSUG work with staff most impacted during Covid. This includes BAME colleagues, staff who are clinically extremely vulnerable and staff with mental health and psychological issues.

4.0 Activity data

4.1 The table below shows the volume and type of activity with which the FTSUG has been engaged between August 2020 and December 2020. The table also indicates the nature of the issues raised with the FTSUG. The cases are all in progress with some elements resolved.

Business Unit	Method of contact	Numbers of staff	Issue
Adults	Emails	3	The effects of moving Neighbourhood Team staff to Seacroft Neighbourhood Team. Concern over re-banding and HR responses.
Children and Families	Emails	5	Issues of clinical care for service users, staff morale, leadership and how teams work together.
Corporate	Emails	2	Issues with HR work.
Specialist	Emails	4	Issues of staff reporting racial discrimination, issues of leadership and an issue of psychological effects of work during Covid on frontline staff.

4.2 15 LCH staff members have spoken with the FTSUG and had a concern formally raised with the Chief Executive. This includes a staff member who raised a concern about NHS pensions and long service award. This wasn't a

LCH issue and the staff member has written to NHS England about this. These figures do not include staff in informal work with the FTSUG.

4.3 Two staff colleagues who formally raised concerns are from BAME communities and one of these concerns was related to BAME issues. The issue was a concern over racial discrimination.

5.0 Themes

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

- HR process – three staff raised concerns about this.

- There is a pattern of staff speaking about BAME issues and raising concerns around themes of inclusion and equity, which is to be welcomed.

- Leadership and teams. Two staff raised patient care issues.

- Working during Covid and the challenges psychologically.

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

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

5.3 The following are current plans and events.

- The work to develop the FTSUG role in General Practice in Leeds in collaboration with the Leeds GP Confederation is one of the national vanguards for this work. This has been an interruption in this work during Covid but the work has now resumed and we are seeking to build a network of Guardians in Leeds General Practice.

- The work with the BAME Speaking Up Champions is ongoing and quality work has ensued. A LCH staff member (who is a non BAME colleague) has asked to be a Speaking Up Champion and we will start to build with them Speaking Up Champions work at LCH

- There are invites from the RCGP, RCN and ACAS to present the LCH work.

6.0 Conclusions

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

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

- The FTSUG role allows staff voices to be heard in the trust. The role continues to illustrate the importance of workplace culture and leadership. It also has a strong focus on psychological and emotional support for staff.

- The FTSUG work supports our reset work in building new ways of working.

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

7.0 Recommendation

7.1 The Board is recommended to:

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

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (102)

Meeting Trust Board 4 December 2020	**Category of paper** *(please tick)*	
Report title Quarterly Report of the Guardian of Safe Working Hours	**For approval**	
Responsible director Dr Ruth Burnett, Executive Medical Director **Report author** Dr Turlough Mills, Guardian of Safe Working Hours	**For assurance**	√
Previously considered by N/A	**For information**	

Purpose of the report

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

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

Main issues for consideration

- No exception reports submitted.
- Work continues to facilitate improved engagement with trainees across all specialities across the Trust, in conjunction with the JDC Staffside Chair and Executive Medical Director.
- Liaison with LTHT in relation to paediatric on-call rotas is ongoing but has been affected by covid-19.
- A new GfSWH has been recruited - Dr Chhaya Pandit Consultant in Child And Adolescent Psychiatry who takes up post on the 1st December

Recommendations

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

Quarterly Report of the Guardian of Safe Working Hours

1.0 Purpose of this report

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

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

2.0 Background

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

3.0 Quarterly Report of Guardian of Safe Working Hours

There are 16 Junior Doctors employed throughout the Trust (in different specialities) as detailed in the table below. Doctors are mostly employed through honorary contracts.

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

QUARTERLY OVERVIEW

Vacancies		There is 1 vacancy in the CAMHS Specialty Trainee (ST) establishment. LCH produce and populate an ST 2nd on call rota in CAMHS.					
Rota Gaps (number of nights uncovered)		August		September		October	
		CT	ST	CT	ST	CT	ST
	Gaps	n/a	24	n/a	22	n/a	24
	Internal Cover	n/a	24	n/a	18	n/a	24
	External cover	n/a	0	n/a	4	n/a	0
	Unfilled	n/a	0	n/a	0	n/a	0
Exception reports (ER)		0	|0	0	0	0	0
Fines		None.					
Patient Safety Issues		None					
Junior Doctor Forum		17th September 2020					

Rota gaps
The CAMHS ST rota is not fully recruited to. 1 FTE post is unfilled. 2 trainees are in LTFT posts and 1 LTFT trainee is not on the on-call rota.

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

The Trust has provided 24 hour CAMHS on-call cover (including consultant cover) despite the challenges associated with the covid-19 pandemic.

Implementing the role of GSWH

Exception reports
No exception reports submitted.

Feedback from trainees
No trainees attended the September JDF.

Update from the BMA
No new updates.

Fines
No fines levied by the GfSWH.

Challenges

Engagement

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

The GfSWH and the Deputy Medical Director have met to discuss how to effectively liaise with LTHT. This process has been disrupted by the impact of covid-19 but can be carried on by the new GfSWH.

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

4.0 Impact

4.1 Quality

4.1.1 This report has been informed by discussions with trainees and supervisors in Leeds Community Trust along with meetings with guardians of safe working hours from other trusts, human resources and guidance received from NHS employers and Health Education England.

5.0 Recommendations

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

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (103i)

Meeting: Trust Board 4 December 2020	**Category of paper** *(please tick)*	
Report title: Annual Workforce Equality and Diversity Report	**For approval**	√
Responsible director: Director of Workforce **Report author:** Assistant Director of Workforce and E&D Facilitator	**For assurance**	√
Previously considered by: SMT	**For information**	

PURPOSE OF THE REPORT

The purpose of this report is to outline the Workforce E&D actions and progress made over the last 12 months, in meeting the requirements of the Equality Act 2010 Public Sector Equality Duties (PSED), the NHS standard contract and the Trusts aspiration to be an inclusive employer and provider of services to every community it serves, by being a truly inclusive place to work and receive treatment.

This report outlines the progress made to advance workforce equality, diversity and inclusion (EDI) at LCH during 2019-20, a year like no other.

During that time, we have engaged with our workforce and responded to the needs of staff with lived experience, be that as a Carer, working parent, living with a disability or a BAME member of staff. We have listened, but not in the traditional face to face way. These unprecedented times require an unprecedented response, which we have done by holding a series of “virtual” open conversation sessions for staff to share their experiences, and offer peer support to each other.

We have been able to work more closely with our BAME staff network group, who continue to thrive and grow as a network, meeting with the CEO and Director of Workforce on a weekly basis to look at ways to enable better conversations to take place about race. It was through this partnership that a decision was made to create a BAME Allyship programme, which was launched in November.

The Covid-19 pandemic has brought a heightened awareness to the wider EDI agenda and for us, the importance of continuing this work. Highlights include, continuing with the 3rd cohort of BAME Reverse Mentoring, launching of the “I can be Me” campaign, introduction of BAME ambassadors and launch of Rainbow badges initiative.

Covid-19 has challenged the NHS, our staff, patients and communities in ways we never imagined, but throughout this period, LCH has sought to embody its Values and Behaviors in its approach.

MAIN ISSUES FOR CONSIDERATION

- Evidence of LCH paying due regard to the Equality Act general duties by protected characteristic, specifically;

  Race
  Disability
  Sexual Orientation
  Gender

- Workforce Equality & Diversity Audit - TiAA (Internal auditors)

- Top 50 Inclusive Companies submission

RECOMMENDATIONS

The Trust Board is recommended to:

- Note the progress made over the last 12 months and to confirm they are assured that the requirements of the Equality Act 2010 Public Sector Equality Duties (PSED) and the NHS Standard Contract are being met.

LCH Annual Workforce Equality and Diversity report 2019-20

1. Background

1.1 In society the largest disparity amongst single protected characteristic groups from COVID-19 found was by age. Among people already diagnosed with COVID19, people who were 80 or older were seventy times more likely to die than those under 40.

1.2 In June, the Office for National Statistics Data revealed that almost 60% of deaths from coronavirus in the UK have been people with disabilities

1.3 Disabled women are 2.4 times more likely to die from Covid-19 and men with disabilities 1.9 times more likely to die. These risk levels rise to 11.3 times for disabled women aged under 65 and 6.5 times for men.

1.4 Risk of dying among those diagnosed with COVID-19 was also higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups.

1.5 The full impact of COVID-19 on LCH workforce by protected characteristic group is yet to be fully understood, work continues to progress understanding on Race, Disability, Age, Sex and Gender through the completion and reviewing of individual LCH Risk Assessments for Vulnerable Staff and Exposure to COVID-19.

1.6 LCH continues to aspire to be an inclusive employer and provider of services to every community it serves, the content of this report lays out the activity, achievements and continuing challenges that LCH faces to become a truly inclusive place to work and receive treatment.

1.7 To meet statutory and contractual reporting requirements of the Equality Act 2010 Public Sector Equality Duties (PSED) to publicise our work, and comply with the NHS standard contract, the Trust Board receives an annual update on progress and future actions around equality and diversity, at the December formal Board meeting.

2. Race

2.1 The challenge of achieving race equality in the workplace is real, and one that is not unique to the NHS. To meet this challenge, the Workforce Race Equality Standard (WRES) programme was established in 2015. It requires LCH, as part of the wider 1.4 million NHS workforces, to demonstrate progress against nine indicators of staff experience; and support continuous improvement through robust action planning to tackle the root causes of discrimination.

2.2 The inclusion of the WRES in the NHS 10 year plan provides a clear message that any increase in overall BME representation of the workforce will be a gradual one. BME representation will increase over a number of years, in parallel with the continued improvement of current BME staff's experience and equality of opportunity.

2.3 NHS England's "A Model Employer" report sets out a strategy for increased representation of black and ethnic minorities at senior levels in the NHS, the national WRES team will be publish a detailed plan later in 2020.

2.4 We are the NHS: People Plan for 2020/2021 – action for us all, references both the WRES & A Model Employer, when focusing on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce, train our people, and work together differently to deliver patient care.

2.5 Between December 2019 and early March 2020 there was extensive work with our BAME colleagues, as part of the continued focus on Race equality within the Trust framed by the comprehensive Workforce Race Equality Standard (WRES) action plan. In April 2020 the reported disproportionate impact of Covid-19 on BAME communities prompted significant concern and a desire to take supportive action.

2.6 In April 2020, an open letter from the LCH Chief Executive and Chair of the LCH BAME Network, acknowledging the disproportionality of impact was published, inviting open conversations and initiating opportunities for significant conversations in forums including the weekly BAME Network and the weekly Leaders Network.

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

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

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

2.10 Throughout the pandemic period, the LCH BAME Network has been invaluable in sharing its perspectives, suggestions and hands-on support, one such example is the review of the WRES action plan was conducted by the BAME staff network and EDI team, a revised WRES action plan was presented and agreed at the Trust Board meeting on the 2nd October 2020

2.11 The continued influence of the Network in key decision-making processes has been a critical component in enabling LCH to provide support to BAME colleagues in a way that we hope and believe is appropriate, responsive and caring.

Staff shared their experiences of good supportive conversations happening in LCH, examples of these were:

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

Kulvant Sandhu, BAME Network Chair, June 2020

2.12 In September, to coincide with National Inclusion Week the LCH BAME staff network launched the ‘I Can Be Me’ Campaign. Whilst a member of the BAME network designed the badge, the campaign is for all staff and asks everyone to speak up and be their authentic self. The meaning of the campaign is for colleagues to pledge:

* I am open to conversation
* I have a commitment to equality and inclusion
* I will play my part in bringing us all together

Colleagues who make the pledge can then wear the badge with pride

3. Workplace Race Equality Standard (WRES)

3.1 As part of the monthly organisational performance report, the Business Committee receives information around the WRES metric 1 - *Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce*.

3,2 The representation of BME staff in LCH is 10.7%, this is less than the mid-term population census estimate of 19% BME in the city of Leeds.

3.3 The WRES data 2020 highlighted that the Trust has 4.1% (Clinical) and 1.6% (Non clinical) BME staff at Bands 8-9.

3.4 LCH continues to be part of the WRES *National culture change pilot*, launched in January 2020 the NHS E/I WRES team presented the pilot at the Trust Board workshop in August 2020. As a result of COVID19 the pilot has been paused due to the redeployment of NHS E/I WRES staff to other parts of the business.

3.5 The LCH Allyship Programme was launched in November 2020, consisting of 2 cohorts the programme consists of 6 facilitated sessions over a 12 week period. It is planned that an LCH Allyship network will be set up to share learning & experience and keep up momentum of the programme to help drive cultural change in LCH.

Evaluation, utilising the Kirkpatrick model as a framework, will take place at all stages of the programme to gather evidence to assist in measuring the cultural change in LCH.

3.6 On the 17th September 2020 the LCH Reverse Mentoring initiative continued at a pace with the launch of Cohort 3, bringing the total of participants to 40, all have had or continue with those important cultural conversations. Plans are in place to launch Cohort 4 in March 2021.

3.7 OD and the BAME staff network are continuing the development of The BME talent management WRES action as part of the wider LCH talent management strategy.

3.8 Members of the BAME staff network continue to be integral in the recruitment and selection process for senior manager appointments, demonstrating LCH commitment to the WRES and transparency in the recruitment and selection process. This has resulted in growing confidence by BME staff that LCH is committed to the WRES & BME staff through increased membership of the BAME network and positive verbal feedback from BME colleagues to the network Chair.

3.9 Analysis of the Recruitment & Selection process for 2019/20 was carried out as a requirement of the WRES action plan, action #10.

Recruitment for the 1/4/19 – 31/3/20 period, comprised of;

- 10314 applications resulting in 539 appointments
- 75% of those appointed defined themselves as White
- There was a 10% decrease in representation of BME candidates between the application and shortlisting stage and a 2% decrease in representation of BME candidates between the shortlisting & recruitment stage
- Four categories of ethnicity that fared well, with an representative percentage increase at each stage of the process;
  - *White British*
  - *Black or Black British – Caribbean*
  - *White Irish*
  - *Other ethnic origin – Chinese*
- Asian or Asian British – Pakistani and Asian or Asian British – Bangladeshi decrease in representation at each stage is disproportional compared to other ethnic categories.

4. Disability

4.1 LCH subscribes to several initiatives, aimed at addressing disability in the workplace;

- Disability Confident – Employer (*Leeds City Council (Disability Confident - Leader) is currently peer reviewing the LCH Level 3 – Leaders application, prior to submission to the Department of Work & Pensions*)
- Inclusive Top 50 Employer (currently 14th)
- Time to Talk pledge
- Mental Health First Aid Programme
- Employee Assistance Programme

4.2 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 LCH to complete risk assessments for accessibility and also work closely with the Communications team to promote events and training specifically aimed at staff with disabilities.

4.3 Since the outbreak of COVID19 in March 2020 LCH has taken a more targeted and bespoke approach to health & wellbeing support. This approach has been based on research on human responses to traumatic events and, more locally, responding to the support needs expressed by the LCH workforce themselves. Examples of this include:

- Psychological Support - A series of psychological support workshops have been developed by LCH's own clinical psychologists in conjunction with the OD&I team. To date these sessions have focused on topics including psychological wellbeing, burnout and resilience. Almost 200 LCH employees have attended at least one session.
  Recognising the vital importance of psychological wellbeing, particularly in a time of pandemic, we are securing ongoing clinical psychology expertise to support the LCH workforce for a further period of 6 months. Consideration is being given to how psychological support can be woven into the long term LCH Health & Wellbeing agenda.

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

- Support for shielding staff – In excess of 75 LCH staff are known to have been shielding during these first four months of the pandemic, with the majority of these working from home.

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

- Recognising and responding to the particular needs of shielding staff, a Shielding Workshop was designed by an LCH Allied Health Professional with specific expertise in relation to shielding, with support from the OD&I team and LCH clinical psychologists. The workshop, which took place in early July, was well attended and has been followed up by targeted Shielding Guidance aimed at assisting shielding staff, their managers and colleagues, as they respond to the recent Government announcement that shielding is to paused in early August 2020.

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

I took a phone call from XX last week who wanted to share with me how fantastic the XX NT have been with her to allow her to continue working from home despite the fact she has to shield. She feels that a difficult time has been made so much easier by the support and care she has been shown by her whole team including managers and frontline staff alike. She says it has kept her sane to be able to maintain her clinical work and has also given her a sense of purpose especially on the days she has felt guilty about not being able to do her usual job.

She thinks the team and LCH as a whole is amazing and is very grateful she works for LCH.

I just wanted to share this with you and thank you for ensuring this staff member is supported but equally the patients she is supporting are as well.

Steph Lawrence, Director of Nursing & AHPs, July 2020

5. Workplace Disability Equality Standard (WDES)

5.1 The current WDES performance was reviewed and the WDES action plan was agreed at the Trust Board meeting on the 2nd October 2020.

5.2 Declaration Rates - It is important to note that the latest anonymised NHS staff survey showed more clinical staff declaring their disability compared to those that have declared at recruitment in ESR data. A campaign to raise awareness on the benefits of staff declaring is currently being designed to further improve the rates.

5.3 Recruitment - HR and the Recruitment team have been reviewing concerns raised around fairness of recruitment processes. One of the significant changes has been a push for Independent assessors on interview panels with diverse backgrounds and characteristics

5.4 Staff network - LCH continues to promote staff networks as they have a key role in developing and overseeing the implementation action plans. LCH's disability and wellbeing forum is in its infancy but does have a number of individuals who contribute and share their lived experiences which are published on the LCH intranet.

5.5 Training and development - LCH has recently funded a permanent EDI Officer role.

6. Sexual orientation

6.1 LCH has 604 colleagues visibly showing that Leeds Community Healthcare believes that workplaces where all LGBT employees are accepted without exception and providing open, non-judgemental and inclusive care for all people, including children & young people accessing LCH who identify as LGBT+.

6.2 Rainbow badge holders have come together, as Rainbow Ambassadors in February 2020 to celebrate of LGBT history month at the Old Gipton Fire Station then virtually in June and September.

6.3 On the 19th June 2020, a number of Rainbow Ambassadors enjoyed the glitz, glamour, disco music and home-made animated Pride parade at the very first NHS virtual pride event.

6.3 LCH continues to promote LGBT equality through the inclusion of the NHS Rainbow badge on social media platforms, NHS jobs and personal electronic signatures.

7. Gender Pay Gap Reporting

7.1 LCH has met the Gender Pay Gap reporting requirements for 2019 data and narrative has been published on LCH's external website.

Mean and Median Percentages		2018	2019
1	The mean gender pay gap	10.7%	7.75%
2	The median gender pay gap	2.4%	-0.5%
3	Percentage of males receiving a bonus payment	1%	1.5%
4	Percentage of females receiving a bonus payment	0.3%	0.4%
5	The mean gender bonus gap	-17.9%	10.7%
6	The median gender pay gap	-210.4%	-176%

A negative value indicates bonus payments which are in favour of females,
i.e. females' are paid 17.8% more than their male counterparts

	Female Headcount	Male Headcount	Female %	Male %	Female £	Male £	Mean Pay Gap (%)
1 (Lowest)	616 (617)	113 (88)	84.5 (87.5)	15.5 (12.5)	10.01	9.72	- 2.9 (-3.3)
2	632 (580)	85 (79)	88.1 (88)	11.9 (12)	13.05	12.91	- 1.1 (-1.1)
3	673 (675)	69 (73)	90.7 (90.2)	9.3 (9.8)	16.92	16.88	-0.3 (-1.27)
4 (Highest)	604 (587)	126 (118)	82.7 (83.3)	17.3 16.7)	23.45 (23.3)	25.43 (27.2)	8 (14.3)

7.2 Analysis of the Gender Pay Gap data and subsequent report for 2020 will be produced in Q4 2020/21 to meet the 31st March 2021 deadline.

8. Workforce Equality & Diversity Audit – TIAA

8.1 The TIAA audit was carried out in May 2019 as part of the planned internal audit work for 2019/20 and focussed on Workforce Equality and Diversity, the current arrangement to mitigate risk provides the Trust with "*Reasonable assurance*"

8.2 The audit action - *Management to monitor recruitment to ensure applicants with protected characteristics are represented* has been completed. An Equality Analysis has been conducted on applicants for vacancies in 2019/20, as this is the first time it has been completed it is not statistically significant. It is planned that analysis will be conducted on a quarterly basis.

8.3 A process in now in place to meet the requirement of the audit action *Management to monitor the attendance of training participants by protected characteristic to identify whether the attendance rates are comparable* for Long Course funding and the Leading LCH programme. As this is the first time it has been completed it is not statistically significant. It is planned that analysis will be conducted on a quarterly basis.

9. Inclusive Companies

9.1 The Inclusive Top 50 (IT50) UK Inclusive Companies is a definitive list of UK based organisations that promote inclusion across all protected characteristics, through each level of employment within their organisation

9.2 In August the LCH provided a strong Top 50 UK Inclusive Companies submission with the clear intent of improving on the 2019 position (14th), and has been successfully shortlisted with the final positions being announced at the virtual Inclusive Top 50 UK Employers awards ceremony on the 2nd December 2020.

10. Next steps for LCH (E&D) 2020/21

- Achieve and retain the Disability Confident Leaders accreditation
- Increase the staff declaration rate for all protected characteristics recorded on ESR:
- Deliver the actions in the WRES, WDES and GPG actions plans

Leeds Community Healthcare NHS Trust

Agenda Item 2020-21 (104i)

Meeting: Trust Board 4 December 2020	**Category of paper** *(please tick)*	
Report title: Sustainable Development Management Plan and 2020 – 2022 Implementation Plan	**For approval**	√
Responsible director Executive Director of Operations **Report author** Peter Ainsworth/ Mahliqa Nisar	**For assurance**	
Previously considered by Senior Management Team	**For information**	

Purpose of the report

To obtain approval and final sign off from the Trust Board on the development of the Trust's first Sustainable Development Management Plan and 2020 - 2022 Implementation Plan.

Main issues for consideration by Trust Board:

1. The Sustainability plan was shared with the Business Committee in September, and some useful suggestions were made around some of the language used in the plan, the context of a post covid-19 scenario and some of the emphasis around the specific objectives. This final draft has incorporated all of these comments.
2. The finance section has been re-written after discussion with finance colleagues, to make it more clear what initial resources are required to mobilise the plan, and to also describe the process for future invest to save schemes.
3. The implementation plan has been slightly updated to reflect some slippage due to winter pressures and the Covid vaccination programme.
4. If approved a formal launch of the plan will take place in January 2021.
5. The first quarterly review and first annual report will be brought to Business Committee in April/ May 2021.

Recommendations

Trust Board are recommended to:

- Review the Sustainable Development Management Plan and Implementation Plan and approve if felt adequate to commence in January 2021.

Leeds Community Healthcare
NHS Trust

Sustainable Development Management Plan 2020-2022

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Foreword

Leeds Community Healthcare NHS Trust (LCH) has always prided itself on being an innovative, inclusive and pro-active Trust that puts both patient and staff at the heart of all the decisions it makes as a health care provider. Climate change is one of the most prominent and urgent issues of our time and the effects would be far reaching for the population of Leeds and those who we deliver care to. Here at LCH we recognise the importance of sustainability and how the decisions we make now will influence generations to come. The NHS and the general health and social care system is facing the biggest changes of a generation following the Covid-19 pandemic, and the opportunities to reduce the Trust's carbon output and become a more sustainable organisation have never been greater. We now are more aware than ever that we must focus our efforts into a variety of areas such as reducing unnecessary travel for our staff and patients, reducing our waste, ensuring we recycle and reuse as best as possible to be as efficient as possible. If LCH can adapt to these changes this will not only have a positive effect on our sustainability and longevity as a Trust but also will have short term and long term financial benefits which is imperative in an age with increasing financial pressure and demand.

Our Sustainable Development Management Plan (SDMP) will explore key areas where we feel real improvements can be made across our Trust. As a large multi-faceted organisation which delivers many different varieties of treatments and intervention across the whole of Leeds we recognise that the impact of reducing our carbon output and waste output could be significant. We will work collaboratively with our partners across both the social and health care sectors of Leeds to collectively ensure our combined efforts and effects are maximised and united in one vision of protecting the population we serve. We will strive to adhere and achieve the targets set out both nationally and locally taking a pragmatic and realistic approach to change.

The future is in our hands and as a Trust we understand that everyone has a part to play across all departments from board members, clinicians, administrators and domestics. This SDMP highlights how all the employees of our trust should work collectively to achieve our goals which ultimately the benefits will be for everyone, not only in our trust and Leeds but spanning across the whole country for generations to come.

Thea Stein
Chief Executive

Sam Prince
Sustainability Lead Director

Sustainability Is Everybody's Business

LCH will ensure that there are clear lines of communication by establishing a management framework outlining responsibilities and accountability so that the all Trust employees are aware who is involved at each level, all the way from front line staff to board members.

At the heart of the governance structure will be a new quarterly sustainability board, led by the Executive Director of Operations who will become the Sustainability Lead Director. The Sustainability Board will review performance against the action plan, escalate and resolve any issues impacting on performance and help prepare the mid-year and annual review for Senior Management Team, Business Committee and Trust Board.

Sustainability Lead Director:

The role of the Sustainability Lead Director is to oversee the Sustainability plan, modifying the arrangements in line with ongoing developments. The Lead Director will:

- Chair the Sustainability Board and ensure that resources are in place to achieve the programme/ plan.
- Work with other Executive/ Non-Executive Director colleagues to both reassure the Senior Team, but to also ensure the plan has the support of all teams/ departments.
- Present quarterly report to the board to update on progress and update against the aims and targets outlined in the SDMP.

Sustainability Project Manager: The role of the sustainability manager is to lead and co-ordinate the proposed projects within the SDMP. They will produce the quarterly report which is presented to the sustainability board and will continuously review the outlined projects to ensure they are on the correct trajectory. The project manager will also be the face of sustainability for the Trust, and the first point of contact for external organisations, senior management and the employees of the Trust.

Sustainability Board Group Members: The Sustainability Board will be made up of a number of key individuals who are responsible or involved in the delivery and implementation of the plan. This includes; representation from workforce, the LCH service re-set programme, procurement, estates, workforce, infection prevention control, digital innovation and health and safety. The role of the sustainability steering group is to manage and report on the SDMP, but to also interface with carbon champions and engagement groups.

Carbon Champions: These are individuals who are sustainability leaders in their teams and/or localities that are passionate about sustainable change and who will use this enthusiasm to inspire their teams to embrace sustainable change. The role of a carbon champion is to feed back to the Sustainability Managers what concerns their teams are experiencing locally and what are the main areas of focus. They are also encouraged to provide and put forward any ideas that may help enable sustainable change.

Staff Engagement Groups: These subgroups are led by the local carbon champions who will look at ways of locally implementing a variety of changes from the SDMP and also communicate innovative ideas on how sustainability can be achievable from many front working from the front line in their departments.

Introduction

The detrimental effects of global warming and the urgency for sustainability are major issues and challenges we will face within our life time. LCH plays an important role in the health and social care systems in the city and we want to make as much of an impact in leading systemic change around carbon reduction/ sustainability.

At Leeds Community Healthcare NHS Trust we will foster and embed a sustainability conscious presence in all of our sectors and departments to maximise the effects we can have as a NHS Trust. The NHS is the largest public body within the UK and 5th largest employer in the world; currently contributing to a total of 5.4% of the UK's carbon emissions. We are in a position where all of our concerted efforts can make a huge difference; this is a message we will ingrain within the culture of all of our colleagues at LCH. We will stand as ambassadors of change which in turn will benefit the overall health of the population of Leeds.

The government has stated through the Greening Government Commitment and the Climate Act 2008 that as a country we are legally obliged to cut our carbon emission by 80% by 2050, with the specific objectives outlined below:

- Reduce energy consumption by 30%
- Reduce gas consumption by 30%
- Reduce water consumption by 30%
- Improve waste management and reduce our waste to landfill by 10% / reduce our overall waste generated / focus on effective recycling facilities
- Reduce paper use by at least 50%

Taking into account the vast influencing reach of the NHS, alongside its scale, it should be one of the driving leaders for change. Establishing specific targets for Leeds Community Healthcare will make a contribution to the national NHS target of reducing the nation health care carbon emissions by 80% by the year 2050 and achieve an overall more sustainable health care system for the population of Leeds.

Here at LCH we will focus on contributing to these national values by evaluating what we can do internally through a variety of means to achieve our overall goals. Within our Trust we will focus on 5 key main areas, all of which we will explore within this Sustainability Development Plan:

- Buildings and Estates
- Procurement
- Travel
- Waste and Water Management
- Staff Involvement and engagement

To achieve these ambitious goals we will work both internally with our Board, management and staff to enable change within the Trust and externally with other organisations in the city/ region.

The Covid-19 epidemic has caused a lot of uncertainty within the country, but it is clear that there are now enormous opportunities to redesign services and processes to make LCH a more sustainable organisation, i.e. reduction in travel, digital consultations, support for home working to create better work/ life situations and a reduction in the reliance on old/ inefficient high carbon buildings.

We will collaborate with our partners across the health and social sectors in Leeds such as Leeds City Council, the Clinical Commissioning Group and other health care providers in Leeds. LCH is part of The Leeds Health and Care Climate Commitment, which outlines our local climate ambition: *To be a climate resilient health and care system. To adapt, evolve, and act to improve the sustainability of the system, mitigate the impacts of climate change – especially within our communities that experience the poorest health outcomes – and better prepare us for future consequences of climate change.*

We have listened to the population of Leeds who strongly feel issues such as the environment, loss of biodiversity and air pollution need to be addressed to benefit the health and wellbeing of the population. With this in mind, we intend to work alongside local environmental groups such as The Conservation Volunteers (TVC). Offering a range of conservation and community engagement projects, we believe this is the perfect opportunity to offer a volunteer scheme which will both educate and engage LCH staff beyond the work place, while helping our environment.

Drivers for Change

With both the European Parliament and the also the government declaring a climate change emergency, now is the time for action. At present there is no definitive definition for climate emergency, however the general consensus is for urgent action and efforts across the country for a net reduction nationally of 80% carbon level by 2050. A growing number of local councils have aimed more ambitiously by setting the target of being carbon neutral by 2030. Leeds City Council declared a climate emergency in March 2019 and like others throughout the country has aimed to make the city carbon neutral by 2030. With this in mind as one of the major providers of health care within the community across Leeds it is our duty to review our ways of working to ensure we are aligned with our fellow partners across the health and social care sector of Leeds.

The recent Leeds Health and Care Climate Commitment which took place from July 2019 - December 2019 saw the movement and alliance of local health and care organisations across Leeds to review their current practices and combine their efforts to achieve the carbon neutral target. A major aim of this group was to respond and act upon the opinions collected from the population of Leeds which had an overwhelming focus on the responsibility of the public sector to maximise their efforts for sustainability. Through a combination of workshops and outreach work such as *'Big Chat Leeds'* and *'Big Leeds Climate Conversation',* out of the 8000 residents who took part it was identified that the issue of climate change and its negative consequences was one of the more pertinent issue that needed addressing. Data from the study found that 90% of all those questioned felt that issues such as extreme weather, security for future generations and biodiversity were issues the public were anxious about. Furthermore it is worth noting that almost all respondents felt that both public and private sectors should all be taking ownership and responsibility of their carbon footprint to enable the public to make easier sustainable changes to their daily lives.

LCH will look to adopt a sustainable culture and attitude in the different areas and sectors throughout our Trust, in line with the views expressed in engagement sessions with our staff carried out in 2019. As an evidence based health care delivery service we also need to take into account the vast amount of research and evidence which highlights the close correlation between public health and the benefits of living in an optimal / greener environment. The World Health Organisation, along with the Department of Public Health, Environmental and Social Determinants of Health, have published evidence stating that globally 24% of illness and 23% of deaths can be attributed to environmental factors such as quality of both water and air and lack of appropriate waste management. There is also a strong correlation between links with urban areas / cities which often have poor air quality and the prevalence of cardio-respiratory disease.

The national and local response to the Covid-19 pandemic has created both opportunities and risks to the city's desire to tackle climate change/ sustainability issues. A reduction in commuting within the city has led to the suspension of the clean air charging zone and a renewed focus on re-greening the city centre. The rise in digital appointments has offered patients the opportunity of receiving care without the need to travel across the city and lessened the demand for parking spaces. Whilst these types of opportunities are welcome, it is really important that all organisations make permanent decisions (where appropriate) to become more sustainable organisations, even when Covid-19 is no longer the threat it is now.

There have also been some risks to sustainable development driven by the Covid-19 pandemic. The massive increase in Personal Protective Equipment (PPE), and the single use/ waste disposal costs that come with its usage has created significant sustainability issues. LCH will work with its staff and suppliers to make sure that wherever possible the most sustainable options are chosen, whilst maintaining the safety of our staff.

Finally another important driving factor is cost. With the NHS and the social sectors facing constant financial strain it is in the Trust's interest now more than ever to consider the financial benefits of making sustainable changes within our practices. There are 3 factors that have been proven to have a

positive impact on Trust finances, which are outlined in the 2012 paper Sustainable Health and Social Care – connecting environmental and financial performance (Naylor and Appelby 2012):

- Financial co-benefits: the reduction of direct cost to the health and social care departments by adopting sustainable practices; for example promoting greater efficiency of rescores such as recycles and up-use of furniture within building and furnishing management.
- Health co-benefits: where adopting and promoting a greener lifestyle has a direct positive effect on the population which could increase overall public health; for example promotion of walking, and/or cycling vs car would increase cardiovascular fitness and could be a factor of preventing lifestyle disease putting less pressure on services.
- Quality co-benefits: where improvement of health and social care services simultaneous benefits the environmental impact. For example improvement of pathway and innovation of new services such as virtual frailty wards prevents duplication and enhances efficiency of patient contact and pathways.

Organisational Visions

Here at LCH we recognise the need and the obligation we have as health care providers to adapt and change in accordance with the ever growing evidence provided for climate change and how this will have a direct impact on the population. Leeds has a population of 809,372 with LCH delivering care to a large population of individuals across the whole of the city and we want to ensure our gold standard care continues.

We want to embed sustainability in our culture throughout LCH and have the notion of sustainability as one of the core factors when it comes to decision making. There are a number of benefits that have been proven with this change in attitude, they include; better utilisation of resources, better long term financial decisions and fulfilling our health care duty of ensuring the protection of the population with the compromising of high quality treatment delivery.

As a health care provider we recognise the direct influence we have on communicating and positively influencing the pubic we serve. By empowering our workforce to practice and demonstrate green advocacy to our patients it is likely to have a variety of positive benefits. A prominent example is the diabetes crisis facing the population of Leeds, with approximately 44,000 individuals in Leeds currently living with Type 2 diabetes with a further 32,000 classed as high risk development, it is estimated that by 2034, one in ten individuals will have a diagnosis. This will put significant strain on the health care service and will also place a tremendous proportion of risk to those living with the condition to other comorbidities such as heart disease. We will encourage our staff to practice and promote some sustainable strategies to our population such as increased walking, public transport use and cycling, along with knowledge of schemes in the community such as activities such as tree planting and gardening – this is not only benefitting the environment but also promoting physical activity which long term could help reduction of weight and potentially Type 2 diabetes as we know high weight is a large risk factor. By working closely with our partners in the other health care settings across Leeds, along with Public Health and the Council, not only can we aim to react and mitigate to changes already in place, but can also take a preventative approach to help prevent as best we can any further temperature rise and further associated impacts.

Following the first peak of the Covid-19 pandemic LCH has begun the restructuring and resetting of many services across Leeds. With the redeployment of staff across all services, several lessons have been learnt allowing the acknowledgement of suitable changes for staff and the operation of services. As a learning organisation, LCH will carry this knowledge forward and continue to find solutions to improve our Trust and the services it provides. With restructuring offering new ways of working and operating, as a Trust we believe this is the ideal opportunity to incorporate sustainability into our organisation. While exploring new ways of working and repurposing to meet current and new needs/demands, becoming a more sustainable organisation will be a strong focus during this period, ensuring that all changes we make we will show we care for the long-term health of both our people and planet.

Our Trusts 11 visions and values:

Caring for our patients

By the positive health benefits of the public; the benefits of greener vehicles, cycling and walking on air pollution. Being ambassador and role models of greener healthier lifestyles impacting on overall health. Preparing for future generations of healthcare to ensure a sustainable LCH and NHS.

Making the best decisions

We must consider sustainability in all of our decisions going forward as this topic becomes ever increasingly important and vital for health care. In areas such as procurement not only can we reduce our carbon footprint but we will also hopefully reduce cost as an added benefit.

Leading by example

Both the government and public sector now have targets and national agendas to make the NHS as efficient in reducing their carbon foot prints as much as possible. Here at LCH we want to evaluate our carbon footprint and how we can make an active movement to improve this. We want to be doing all we can to commit to climate change and be leaders in implementation of sustainable change.

Caring for one another

By decreasing our carbon footprint and improving out sustainability practices we are caring for the population of Leeds and indeed each other by making a conscious effort to preserve our current environment. Sustainability has been expressed by staff to be a pivotal area and by listening and reacting LCH is caring for the welfare of its staff

Adapting to change and delivering improvements

At this point in time sustainability and the green movement will start to become one of the core values of many organisations. By being in touch with the most current and up to date sustainable technologies and ways of working LCH will be in a positon to adapt to a sustainable future and potential climate impacts that are already starting to emerge.

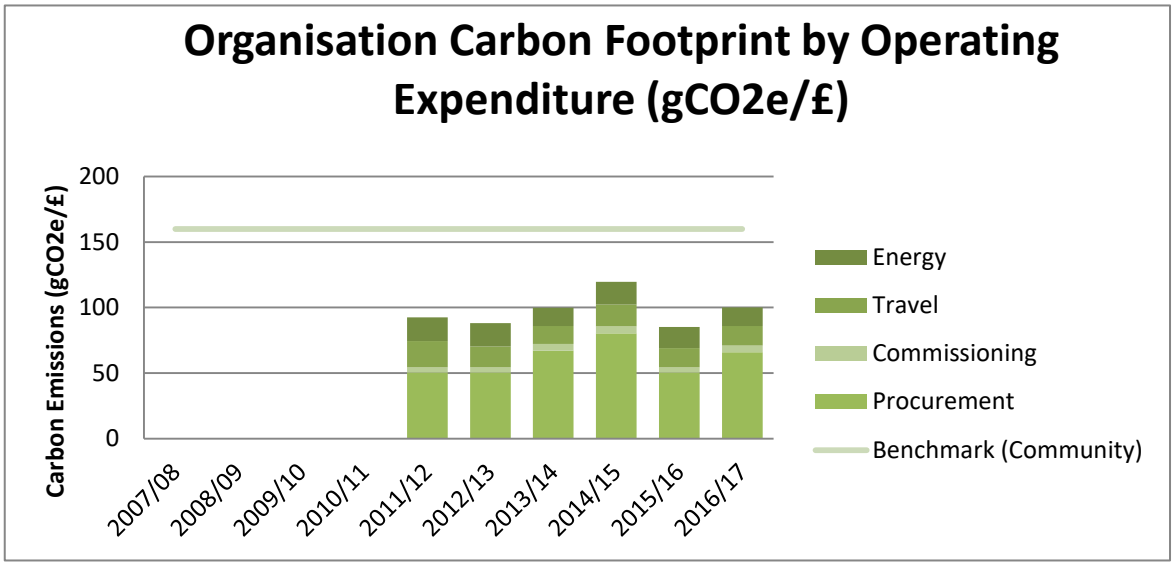
Working together

LCH will work with partners across Leeds and other NHS organisations to maximise our wider effect across Leeds and Yorkshire. We will also unite locally throughout the trust with our Pledge Scheme and Carbon Champions.

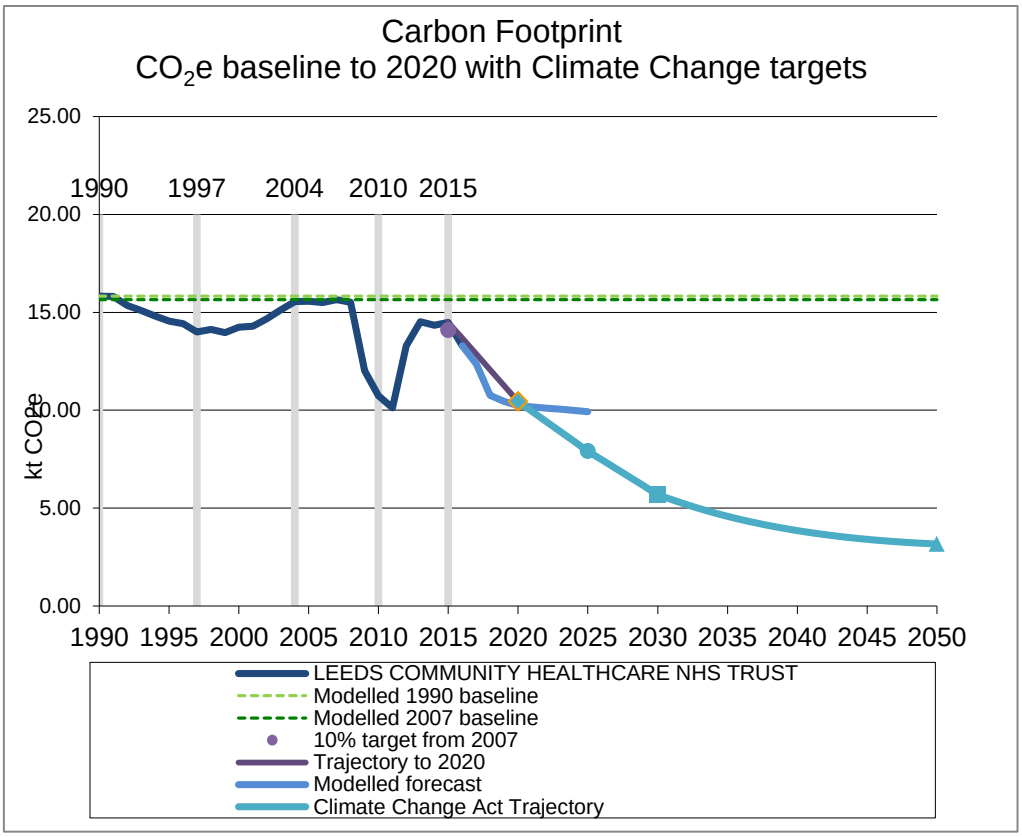
Finding solutions

LCH is a forward thinking, innovative and creative Trust – with challenges identified throughout this management plan we strive to use the best enhanced technologies and partnerships to find the best possible solutions for the challenges we face.

LCH Current Carbon Output



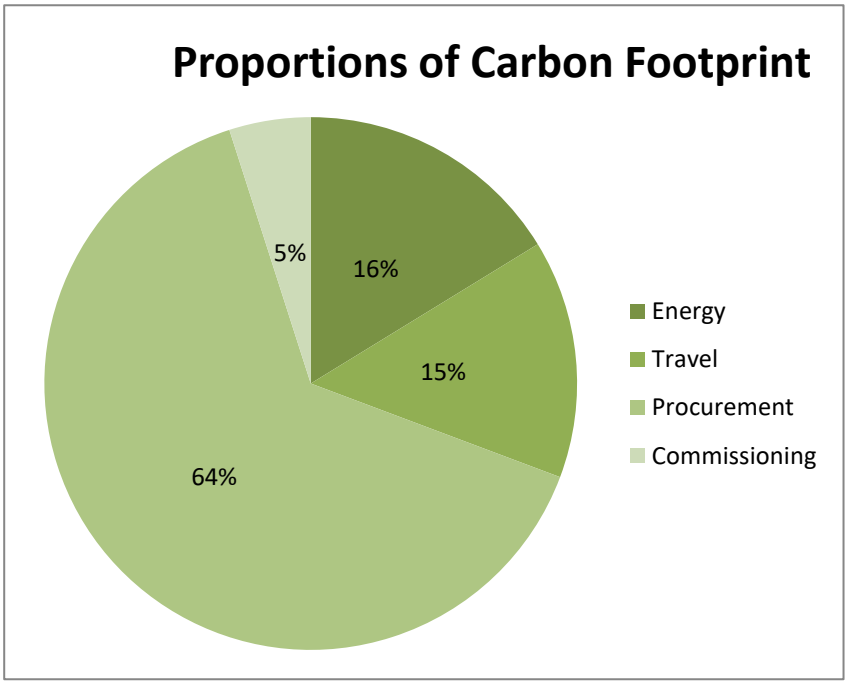
As seen in the above graph LCH's carbon output has generally been stable over the past 6 years; however we recognise that much more effort is needed to reduce our carbon output so that the general trend is to decrease over the short term; the next 5-10 years and also long term; 30 years, in line with the climate commitment targets set out by the government in 2008. This is highlighted in the graph below and also shows how we are currently preforming against government targets:



2016/2017

From the most recent data we have at the time this report was configured we see the following breakdown of LCH carbon output. This in turn highlights the areas which will be some of the key areas of focus within this SDMP as these are the areas highlighted:

- **Procurement**
- **Travel**
- **Energy**



Category	% CO_2e
Energy	16%
Travel	14%
Procurement	64%
Commissioning	5%

It is recognised that this data is now 4 years old, so the work plan will include a section on improving the performance management of our carbon output. Until then the view amongst staff who have contributed to this analysis is that the proportions have remained broadly consistent over the last few years.

Key Areas of Focus

Procurement

During the past 3 years LCH's carbon output from the procurement sector has steadily increased. There are a number of factors why this is the case; primarily the increased remit and variety of healthcare community care offers. Secondly the steady increase in patient complexity means that we must rely on outsourced services, such as the ordering of specialist equipment. More recently the Covid-19 pandemic has led to a rise in the amount of personal protective equipment required. It remains to be seen whether this increase will be counterbalanced by other service changes that might actually reduce the amount of goods procured.

A further influencing factor is the conscious move to a more focused community model of care to take pressures off acute hospitals. This was highlighted within the NHS 5 year plan, which outlined that health care will ideally involve patients in their long term health and proactively encourage long term community management ideally in their own homes or in a community setting. A good example of this is the implementation of the Virtual Community Respiratory Ward and the Acute Adult Frailty Ward; both services which have been developed to aid in facilitation of early discharge and admissions avoidance to the acute hospitals. These services are shining examples of how joint working across both acute, community and primary care settings can benefit patient outcome and care; however it does also have consequence on a variety of procurement factors such as specialist acute equipment required number of increased staff which require uniforms and medical appliance and finally increase travel. Factoring in the above we at LCH must think innovatively and creatively to try and manage our procurement to help stabilise its carbon output and where available even decrease. With this in mind we hope to achieve this with a three pronged approach.

Reduce and optimise the use of the goods we order

We must encourage a culture throughout LCH to ensure we are ordering and requesting only what we need and not excessively due to routine and habitual cultures. Focusing primarily on non-clinical ordering we will train our leaders in operational and administrative departments to encourage a *"Scan before you Stock"* approach and encourage all non-clinical stock to have an *'only buy when needed'* mentality.

We will also look into the use of paper around the Trust – at present LCH is leading the way locally with paper light clinical services with most of our clinical departments receiving electronical referrals however when it comes to internal functions there are still too many paper heavy processes/ requirements for "wet" signatures and large batch printing runs.

LCH will increase the use of on line documents/ sharepoint/ scanned documents, eliminate fax usage and reduce the need for photocopies.

The requirement for "wet" signatures has been slightly relaxed during the Covid-19 period, but more needs to be done to reduce the requirement for old fashioned signing of documents. We therefore will roll out and embed the use of electronic signatures for all the appropriate departments and we plan to do this by ensuring all of our internal forms are able to be edited and have an option of electronic signatures and not allowing scanned forms to be processed to ensure it is compulsory and adhered to. This will significantly decrease our paper use and ultimately decrease cost. We will also encourage the use of technology to promote use of electronical agendas and sharing of files over platforms for meetings rather than paper.

Ensure the products that are purchased are as sustainable as possible

As we acknowledge that there will be a significant amount of outsourced products our next step to try and minimise our carbon output will be to monitor and ensure that the products we do source are as sustainable as possible. We have established 3 core areas which will change before the end of 2020; move to recyclable paper, move to recycle toilet rolls and hand paper towels. We will also review our cleaning products to ensure they are sustainable and eco-friendly and finally we will eliminate single use plastic where appropriate. We plan to work closely with our colleagues in the NHS supplies department and to enable our procurement departments to question NHS supplies as to why and when a sustainable product will be available for our departments to purchase.

Waste management

LCH recognises that more can be done to reduce the amount of waste that the organisation produces, and also where that waste goes. The Trust has already established recycling facilities at most sites, however more will be done to encourage staff to use the recycling facilities wherever possible, including the exploration of glass recycling.

Work around reducing single use plastics and adopting more paper light processes will reduce the overall Trust waste bill, but more needs to be done around clinical waste and specifically ensuring that the waste that is sent for incineration is appropriate. This will have financial as well as carbon control benefits.

LCH will also join up with national/ local furniture recycling organisations. Over the next few years there will be a transformation in how office furniture is used within the Trust, so it is imperative that our unwanted furniture is recycled, and that new furniture is procured in a sustainable way.

Procurement Approval Groups

We will implement a sustainability presence through two newly formed procurement groups for both clinical and non-clinical stock. These work streams will be implemented through the development and launch of LCH new intranet site, whereby staff that need to purchase and order new stock through I-proc will have to submit a request to be approved by the appropriate procurement work streams, where sustainability will have a presence.

Key Areas of Focus - Buildings

Energy

The Trust has set an internal goal of reducing its buildings carbon output by 10% by 2022. We believe this can be achieved in a variety of means but like many other threads within the sustainability plan it is a combined effort between departments, managers and staff. Within this area of focus there are 3 areas which we will take action on:

1) Buildings: we will review and evaluate the energy efficiency of our buildings that are retained and improve where it is found that energy efficiency can be improved. In buildings where we are tenants we will work in partnership with our landlords to ensure they are aware of our aims and to work collaboratively to achieve sustainability goals for both the landlord and LCH as tenants.

2) Following the covid-19 pandemic and the subsequent "Resetting" of services , there will be a review of the number of buildings we currently use both for clinical and office based activities.

3) Staff awareness into energy consumption – we will ensure there are mechanisms in place to make our staff aware of the carbon footprint they can have on the building and premises they work in, and how they can make a difference, such as turning off lights, radiators and computers when not required.

Buildings: LCH owned sites

We will aim to move to 100% green energy supplier by April 2021 in keeping with the target set by the NHS Long Term Plan and the LCH Operational Planning Contract.

We will replace all lights to LED; at present LCH has already approximately 280 fittings replaced with LED panels plus approximately 20 external lights over 2 sites. As we progress with maintenance works through capital schemes we will include light replacements for all of our retained sites. Sensors for automatic lights is an option if we can re configure the switching arrangements, if we did this we would include an override so staff could flick lights on as well. This would take approximately 5 years to implement across all of our retained sites working closely with our estates department.

We will review our heating systems and controls: 13 out of our 16 owned properties have a central Building Management System that controls the heating. Issues on these are the costs of maintenance and repairs if they go down as it is a specialist type of kit with software access issues. The majority of radiators have thermostatic radiator valves (TVR) fitted which can be altered by users to reduce the temperature if centrally set too high. Education to staff regarding using the TRV's is an option rather than getting into ineffective practices such as opening windows rather than reducing the heat is imperative for reduction of energy usage throughout buildings.

On reviewing our retained buildings there has already been extensive work on insulation – on evaluation with the LCH estates department it was concluded it would be much more cost effective to review and invest in window replacements to improve effectiveness of maintaining heating levels and avoid heat inefficiency.

Collaboration and work with landlords

As LCH is currently a tenant within 25 buildings across the city, using the buildings as both offices and to deliver care, it is imperative that we work in partnership with the companies and landlords of these buildings to ensure we work together to achieve sustainable goals with will benefit all parties. We have already started an open conversation with Community Health Partnership (CHP) regarding how we can collaborate to achieve joint goals; options include; balcony gardens, tree planting and re-greening health centre areas, awareness campaigns and switching to green energy providers.

Links to the LCH Re-set agenda

Before the Covid-19 pandemic the buildings within LCH had good utilisation rates for clinical rooms (Monday to Friday) but non clinical spaces were often empty for large parts of the day. There are three themes that are arising out of the “Re-set” programme.

- Opening clinical sites longer and weekend working to reduce pressure on waiting areas, and to also offer staff flexible working opportunities
- A requirement for more space to offer digital consultations
- New requirements around what the non-clinical space needs to look like, with a more functional/ shared space likely.

These changes will increase the utilisation of our buildings.

Staff Awareness and Campaigns

There are a variety of ways we will improve staff awareness. Initially we will provide our staff with all the information of how much energy is used throughout their daily life and how small changes can have a positive effect. With this in mind we plan to work with our organisational development department to create a bespoke energy efficiency training programme for staff to complete and also to include sustainability practice and awareness into the Trust induction day when new employees start with the Trust as part of their induction.

We also run regular time limited campaigns and look at whether or not we can establish a league table of sustainable buildings.

Key Areas of Focus - Travel

Travel

A further internal target has been set within LCH to ensure reduction of the Trust travel carbon output by 10% by the year 2022.

Impact of car journeys on co2 emissions

As a community Trust it is obvious that some of our staff are required to travel throughout Leeds to carry out their work, however it is worth noting the impact of that travel based on a 2016 study:

Total annual CO2 emissions from LCH business mileage is 465 metric tones
Average monthly CO2 emissions is 39 metric tons
Average weekly CO2 emissions is 8.8 metric tons
Total annual CO2 emissions from LCH business mileage are 0.000006% of UK emissions for cars
If we did all our annual business miles in one journey we could get half way to the moon (which would take 3 months at 60mph)
We would need to plant **2325** trees to offset out annual CO2 emissions
Our annual business mileage is enough to drive round the world 5 ½ times

Every year since 2016 the Trust's annual mileage increased. In the last financial year (2019/20) there were 1.5 million official Trust business miles paid to staff at a cost of almost £4 million.

Taking into account the high number of miles currently being carried out by the Trust on an annual basis it is an area of acute focus for long term sustainability of the Trust. There are a number of solutions that we want to focus on over the next 2 years:

- Continue to encourage and maximise the use of technological means for remote access to meetings with the use of Skype, MS Teams and other Dialling In technology. This will hopefully be implemented far quicker than anticipated due to the Covid-19 pandemic which has forced many employees to adopt these technologies within their daily working lives. Policy and encouragement from senior management team must be encouraged to ensure these practise are maintained beyond the pandemic and old habits are not readopted.

- Use of the newly implemented E-rostering system to introduce a route planning and patient organiser for domiciliary clinical staff to ensure the most efficient and practical routes are determined

- Compose and implement a working from home policy which can be utilised by staff and managers to outline clear guidelines on working from home and consequently reducing both commuting and travel within working hours. Again this will hopefully be adopted at a much faster pace following the pandemic.

- Continue to develop the use of tele health systems for all patients for whom this is an appropriate treatment option, and develop solutions to help those patients who do not have a digital option due to not having the required equipment/ infrastructure.

Mode of travel

In keeping with the government ambitious aim set out in their Road to Zero Strategy to see at least half of new cars to be ultra-low emission by 2030, LCH will respond by having this ambitious target reflected in our lease car and salary sacrifice schemes. We will aim to make the electrical and hybrid cars more attractive for staff to purchase through our in-house schemes and also explore the possibility of having facilities in place to support this – such as charging points at the sites we operate from.

Encouraging Green Methods of Travel

LCH recognises the importance of encouraging staff to reduce where possible our heavily congested roads throughout Leeds both in and out of the city centre. The support that LCH is giving and will continue to give to staff to work from home will help reduce the Trusts impact on air quality, however there will be some staff that have to attend a workplace, and travel between workplaces. There are a number of strategies that we will aim towards to encourage the use of cleaner travel during these journeys:

- Work closely with Leeds City Council for updates on public transport improvements and then disseminate this information and information on regularly used routes to both staff and patients. We also intend to review the possibility of additional discounted public transport discounts for NHS staff.

- Promotion of cycling by improving cycling facilities such as showers and bike locks at our site across the city. We will also continue to promote the Cycle to Work Scheme which allows staff members to purchase a bike and accessories tax free, which over time can create an overall saving of between 32-42% dependant on salary.

- Promote the use of electric vehicles as lease vehicles.

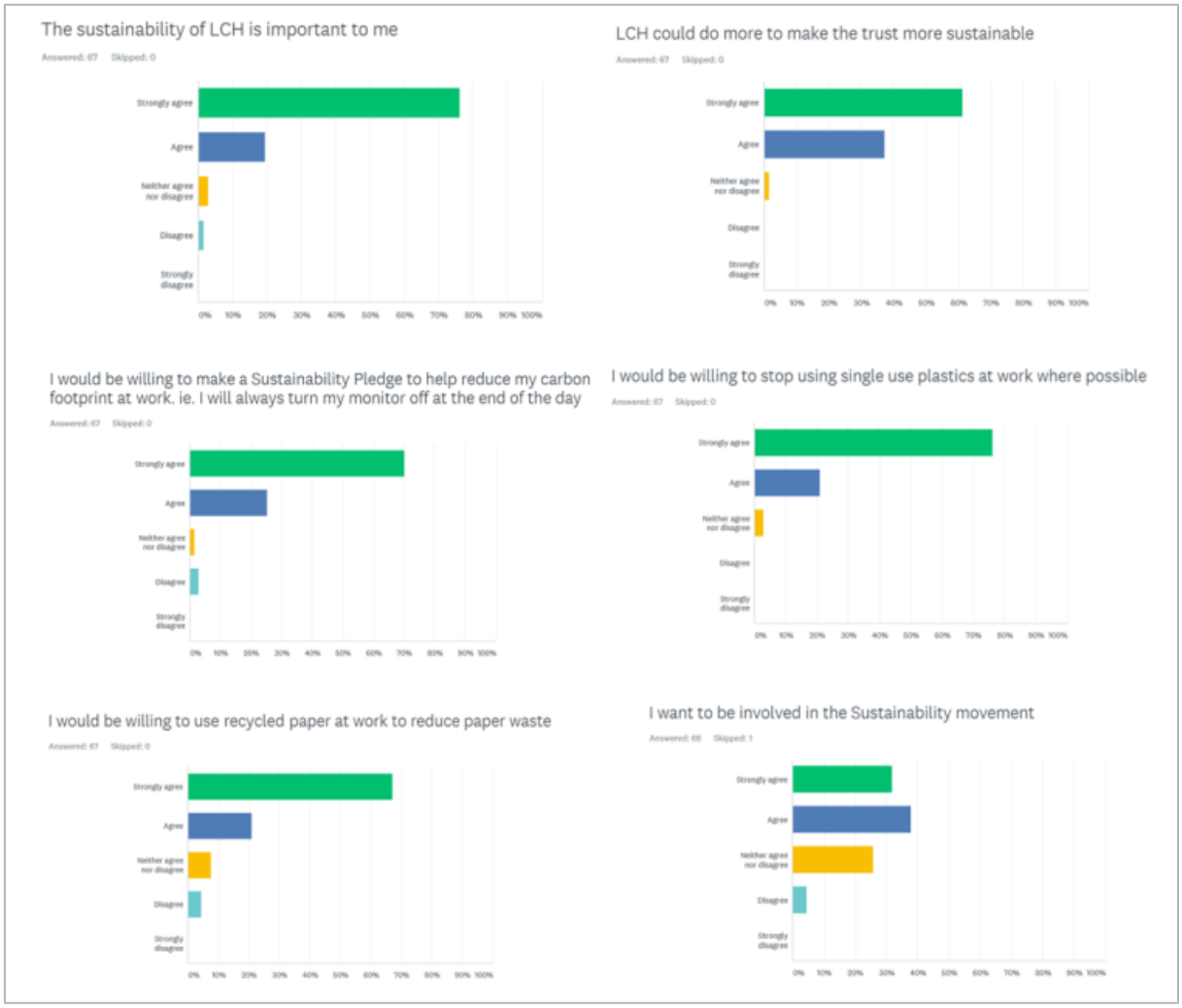
Key Areas of Focus – Staff awareness

Our People and Communication
Results of Staff Survey

Communication and involvement of our staff at LCH is imperative to our actions; this is the case even more so with the sustainability movement, as there have been so many requests and demands for the Trust to act on climate change, sustainability and how this organisation is ensure it is doing everything in its power / capacity to respond and act appropriate. With this in mind the sustainability team composed a questionnaire for staff to complete, and the results highlighted and confirmed the desire from the staff for the sustainability team and the Trust to act on climate change and the importance of positive change.

<u>Breakdown of the Results</u>
The questionnaire comprised of 7 scale questions which included the following highlighted below in the graphs:

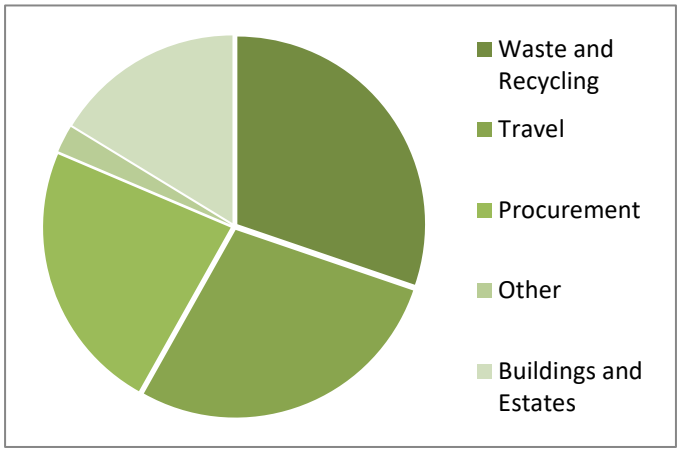
1. The sustainability of LCH is important to me
2. LCH could do more to make the Trust more sustainable
3. I would be willing to make a sustainability pledge to help reduce my carbon footprint at work
4. I would be willing to stop using single use plastics at work where possible
5. I would be willing to use recycled paper and work to reduce paper waste
6. I want to be involved in the sustainability movement
7. Final comment box section where free text comments were welcomed



We received in total 67 responses and the results on the whole were positive. We were extremely encouraged that out of all the respondents **76% strongly agreed that** the sustainability of LCH was important to them and furthermore **70% would also be willing to make a sustainability pledge** to try and make a difference within their working life .

We also reviewed and analysed the free comments text box from which we categorised into the general comments into 5 main themes:

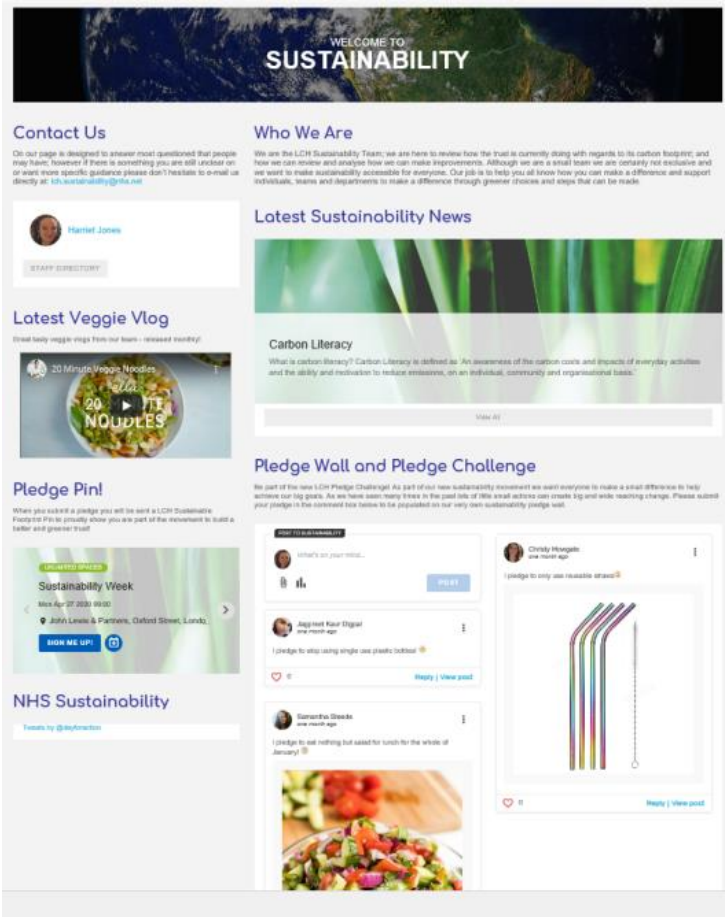
Theme	No of Responses
Waste and Recycling	13
Travel	12
Procurement – with an emphasis on paper	10
Buildings and Estates	7
Other	1



We can see clearly that the biggest areas important for staff who took part were waste, travel and procurement. With this in mind we formulated the plans outlined in this SDMP with specific emphasis on how we could address some of the familiar reoccurring problems.

We felt encouraged with the feedback from the survey as it demonstrated to us that the key areas of focus that were identified are also in keeping with areas that staff feel we need to review and act upon.

It is vital for our staff to be fully informed and engaged during our whole sustainability journey as a Trust. It's imperative that the employees within LCH are the facilitators of change with the support and guidance of the sustainability managers to ensure widespread mobilisations and also longevity of changes that we implement and strive towards. With this in mind the sustainability team recognises the need for good communication channels and that it is easy easy and convenient for any member within LCH to access information / updates. The initial step will be to establish the sustainability team content, notifications and updates on our new intranet MyLCH. The sustainability department in collaboration with the communication teams have created a fully interactive page where users can keep updated with changes, submit queries and link in with the department directly and receive fast responses and feedback.



We have also committed to releasing a monthly newsletter which will be circulated through both our communication team and intranet to update staff about our progress, ongoing projects' and importantly how to get involved locally in their teams. This will also be important if there are changes that may affect individuals day to day / working lives – we will have an open communication channel for staff to submit any concerns or highlight challenges they are experiencing, this will be through an online question submission forum on our newly formulated intranet platform.

Sustainability Monthly Newsletter
February 2020

In this month's issue:

- Sustainability Staff Survey Results
- Green Pledges: Will you be one of the lucky 10?!
- Refill Campaign
- The move to E-Forms
- Switch me off stickers

Contact us at lch.sustainability@nhs.net

Sustainability Staff Survey Results

Thank you to everyone who took the time to fill out our sustainability survey which we ran from the beginning of January - present and for which we received over 70 responses! The results so far have been really positive and so many people have contributed some real worth while ideas, concepts, potential challenges and areas for us to start looking into. We were extremely encouraged that out of all the respondents 76% strongly agreed that the sustainability of LCH was important to them and furthermore 70% would also be willing to make a sustainability pledge to try and make a difference within their working life . This is really promising, especially for our Green Pledge movement where we want as many member of LCH to get involved with. You can still take our survey which is available through the following link:

https://www.surveymonkey.co.uk/r/CYQDPCN

Green Pledges: Will you win a Sustainability Pack?

The first 10 to submit their green pledges will receive a ECO friendly sustainability goodie pack! It will include; re-useable coffee cup, recyclable stationary products, a sustainability day lanyard pin and also a bar of yummy Green and Blacks chocolate. All you need to do is e-mail your name and location along with your sustainability pledge to lch.sustainability@nhs.net

The Move to E-Forms

Switch me off Stickers

Switch Me OFF

Keep Me ON

Refill Campaign is coming to LCH!

Join the #RefillRevolution

x1 million
22,000
x15 million
x3 a week
x7.7 billion
1/3
15,000+
x4 million
1 in 10

FREE TAP WATER AVAILABLE HERE

Key Areas of Focus - Engagement

Staff Engagement and Campaigns

Green Pledge Campaign

We will recruit employees within the workforce to support the Sustainability movement through the 'I Pledge…' Green Campaign. This will engage staff by encouraging them to pledge to make either a big or small change to their working life to help make LCH a greener and more sustainable Trust. Communications and soft launch around the campaign began in January 2021 with a full launch to run during the national NHS Sustainability week. When staff sign up to the movement they will be part of a community of individuals who are also passionate about sustainability and making a difference; they will also receive a bespoke Sustainability Pledge Pin and the first 10 individuals to sign up will received a promotional sustainable pack to encourage initial engagement. The 'I Pledge…' campaign will be featured regularly in the monthly newsletter and promoted on a regular basis through the sustainability management team. Pledge and commitment will and must be celebrated to encourage staff involvement.

'Switch me off' Sticker Campaign

With our use of the sustainability logo stickers we plan to make staff and building users more aware of the electric appliances and lights that can be turned off at the end of the working day, but also throughout if applicable. We hope by this campaign it will add towards a reduction of energy use age across our buildings and also give awareness to staff to try and embrace and be more sustainable at work. It also will provide clarity for cleaning department and staff at the end of the day which appliances can be switched off at the mains to avoid an *'always on standby'* mentality.

Carbon Champions

We plan to engage and involve passionate individuals by our Carbon Champion involvement work-stream. This is an opportunity for individuals to help with the campaigns and also to enable the longevity of the sustainably movement. We recognise that due to the scale of change and taking into account the number of sites and localities citywide the sustainability team will need help for groups to form in individual teams and localities promote self-sustaining groups where action and changes are implemented locally with the regular communication kept between the champions and sustainability managers.

Training

We plan to work with our organisational development team to develop an online training course on our ESR training system for staff to complete on a voluntary basis. This could also be a logical indicator to identify those who wish to become more involve and to engage with the Carbon Champion work-stream. The training will outline key areas that staffs are required to be aware of, update staff on obligations of the Trust with regards to sustainability and action of climate change and finally what they can do on an individual basis to help the Trust achieve its ambitions goals that are outlined in this sustainability development management plan.

Key Areas of Focus – Digital

Digital Innovation

In collaboration with the Digital Strategy Plan there have been key areas that have been identified which could have an effect on the Trust's sustainability and felt relevant to be included within this sustainability development plan. There are 4 main areas of work which the sustainability team feel we can collaborate with;

- *Electronic patient letters;* this initiative links closely with our procurement aim to reduce the use of paper we currently use within LCH. To highlight the need for this move the digital team reviewed the use of the paper letters within the Children's business unit which equated to 17,500 letters per month, which in turn is approximately 210,000 paper letters annually. The Trust's "Re-set" programme and the accompanying administrative review will challenge the use of paper posted letters at all stages, with a desire to move to an e-mail patient electronical letter, which would have immediate savings in the areas of time, finance and also reduction in paper.

- *Telehealth;* The rapid adoption of telehealth by the Trust will be evaluated through the Trusts "Re-set" programme, and where appropriate this will become a permanent feature of the LCH offer to patients.

- *Visit route planning;* Various options are being explored to improve the route planning for staff/ work journeys in the Trust, especially in the scheduling of patient visits to avoid excessive mileage criss crossing the city.

- *Digital meeting tools i.e. Skype / Microsoft teams;* The uptake of Microsoft Teams during the coronavirus pandemic has also meant employees throughout the whole Trust have had to quickly adapt to using this remote technology. The sustainability team will support the continued use of this technology to reduce staff journeys for meetings, particularly by sharing good practice.

Tracking Progress

One of the challenges around the sustainability development plan is understanding how to put in place measurable tools to enable us to accurately review our progress against our key areas of focus. The NHS Operational Planning Contract 2020 has outlined that we need to radically reduce our carbon output over the next 4-5 years in keeping with the NHS Long Term Plan. The Trust's start point for specific timelines and targets that we will have to aim towards are:

Travel: Decrease air pollutants by reducing travel carbon output by 20% by the year 2023/2024. This will be monitored using a combination of means to calculate carbon output and will require input across a variety of sectors across LCH. These include: E-expenses departments within Workforce and Finance.

Buildings and Estates: We monitor our energy use on a monthly basis using ERIC; a monitoring system which allows us to track and monitor our electrical needs. This will be routinely referred to with the help and involvement of our estates team for us to track progress and achieve the target set out within the NHS Long Term Plan: Reduce Emissions of 20% by 2022.

Annual Carbon Output Reporting: At LCH we annually use the Sustainable Development Unit (SDU) reporting tool. We will continue to use this tool to review annually if we are reducing our overall carbon output for which we should hopefully see over the next 5 years as the actions of the SDMP come into fruition.

Social Engagement and Satisfaction: By making the sustainability department visible and accessible we will monitor engagement through our social movement 'Green Pledge' Campaign and engagement of Carbon Champion leader. We will also aim to recirculate a further staff survey in 12 months' time to gather valuable feedback directly from staff to review if they feel real and significant change has been implemented.

Other key performance indicators will be developed over 2020/21 to ensure that we can communicate to the whole of our Trust the progress that is being made.

Reporting

To ensure we can Track Progress as stated and outlined in the previous chapter we must have robust reporting tools which we can recruit to ensure we are making progress with the outlined aims and targets. At LCH we plan to complete regular reporting and monitoring on: monthly, quarterly and annual basis.

Monthly: Data collection; this will involve data collection of the key areas of focus to review if the changes we implement have a direct influence on our data and also to enable us to highlight if there are no changes and enable us to quickly review or potentially change our strategy to remain on target. For example it may highlight an area or locality which requires more staff awareness into energy efficiency and saving energy. We will also use our internal Sustainability Plan as a framework to work to over monthly periods.

Quarterly: We will report to the Sustainability Board on a Quarterly basis with an overview of our achievements, progression and challenges through Progress Reports. These reports will be written by the sustainability manager with updates and input from the areas of key focus; estates, procurement and travel and expenses departments.

Annually:
SDAT: We will complete and recruit the use of the Sustainability Development Assessment Tool, which will be completed on an annual basis to review and add narrative to our progress over the past year again our SDMP
SDU Reporting Tool: We will recruit the SDU carbon emission reporting tool to annually review our Trust carbon footprint and to identify trends and review if we are achieving our projection and aims
ERIC (Estates Return Information Collection): A mandatory tool which is universally used and required by the department of health
Sustainability Report: A submission of an annual report which collates and adds meaningful narrative to the results provided from the tools above

Finance

It is imperative that sustainability and finance work in partnership to ensure the long and short term cost benefits of the SDMP are recognised and also to identify how much funding and budget will need to be allocated to ensure the actions outlined in the SDMP can be achieved.

Sustainability is not just about reduction of carbon; it can also have significant cost benefits which has been proven and outlined from other innovative Trusts. The actions taken within this plan should bring about ultimate savings which in turn help towards to the financial health of the Trust.

Costs of implementing the SDMP

The SDMP will be mainly supported by existing managers as part of their existing portfolios, however there is a need for a dedicated Sustainability Manager to knit together all of the different initiatives, and to be a central point of contact.

The costs of the post are likely to be in the region of £51,000 (Band 7 mid-point plus on costs), with a small non pay budget of around £10K for marketing/ promotional materials.
Other costs are likely to be linked to specific projects, where an invest to save business case will be used to ensure that sustainability projects improve our carbon performance and our financial position.

Likely Savings

Procurement: LCH currently spends around £49 million on non-pay expenditure (2019/20). Procurement groups will be established to review many of the most commonly ordered products to ensure that the products offer best value, but also are sustainable. A key focus over the next year will be the reduction of single use plastic items (plastic cups, stirrers, plastic cutlery etc), which will have both an impact on our sustainability but will also save money. Similarly there will be a focus on the amount of waste that is incinerated, and identifying recyclable options will offer more affordable/ sustainable options.

The use of paper in the Trust will become a key sustainability issue. Most of the efforts will be around reducing the use of paper wherever possible, but there will always be some tasks/ processes where paper is required. LCH will ensure that recycled paper is used wherever appropriate.

Travel: The 2020 Covid epidemic has already significantly reduced both the amount of commuter mileage in the Trust and also the number of official business mileage. The Trust's service reset programme is continuing to promote where appropriate virtual meetings and patient consultations. The Sustainability plan will further support these initiatives by ensuring that in a post-Covid world, virtual sessions can continue to allow our staff and patients to connect with each other without unnecessary travel/ parking. This will help achieve both carbon reductions and financial savings (accepting that the rising cost of data will eat in to mileage saved).

The SDMP will also encourage greener travel such as cycling, walking and public transport which will also add to a percentage decrease of the Trusts expenses and carbon usage.

Reviews in to the Trust's lease car and salary sacrifice car scheme will also take place, with a view to supporting staff move towards electric vehicles in line with government targets around curtailing new petrol/ diesel cars.

Buildings: The Trust spends approximately £7m on the buildings it owns/ leases (2019/20). The accompanying action plan highlights a number of ways in which the Trust can reduce energy costs, and by implication the carbon account. Current initiatives are focussed on schemes where existing work is planned, and therefore the introduction of LED lighting, improved windows and heating systems will be done at opportunistic times. Future business cases will be more ambitious, targeting the least energy efficient buildings and by creating a local Trust completion around energy efficient estate. Furthermore by increasing staff awareness and best practice through training and campaigns we will improve managing our energy and water use on sites.

Increasing efficiency and utilisation of the Trusts' most efficient buildings will have a big impact on the financial and carbon balance sheet

The SDMP acknowledges that in line with all other NHS organisations, the Trust will use energy companies that only supply renewable energy. It is unlikely that these tariffs will be the cheapest tariffs available, but the renewable energy is produced, the likelihood of cheaper bills will eventually pass through

Risk

It is imperative to the execution of the SDMP that risks in specific areas are monitored, recognised and if need be escalated through the relevant routes / channels of communications. Throughout the SDMP there are a number of risks that have been identified:

- Unachievable targets: we must ensure that realistic targets are set within the sustainability plan and the ability to apply these ideas and targets into departments. We must consider historical contracts, practices and also clinical implications of our actions and indeed if the actions are achieve able and credible in all of the aspect of the health care that they may have an impact on. For example a change to a cleaning product must be beneficial in the realms of finance, procurement and also infection prevention control before confirming and pursuing.
- Inability to meet targets set internally and externally: to ensure that our internal and external targets are met they will need to be reviewed and evaluated on a monthly basis to ensure the individual projects aligned to the key areas. The presence of the sustainability steering group will be a key meeting for progress to be evaluated and ensure that projects are kept on track.
- Lack of ability to carry out responsibility as a health care provider: As the issue of climate change and the challenges it bring becomes more and more apparent we have a responsibility as a large organisation and healthcare provider to adapt and change appropriately and to do all in our stead to ensure we change. It is also important that it is embedded into all aspects of the Trust, workforce and employees that sustainability and the changes take now are imperative to the future of the population we deliver healthcare to.
- Finance: we will ensure there is a thorough financial breakdown submitted and reviewed by both the sustainability mangers and senior manager to ensure all financial commitments are upheld and also to review if new challenging of investment across the key areas are viable and also cost effective.
- Effects of Climate Change on public: we will acknowledge and recognise the impacts of climate change and how they may have a direct impact on the public that LCH serve. From this recent flooding across Yorkshire it is essential as a Trust we both react and act appropriately and also to do all everything we can in an attempt to mitigate the effects be changing as much as we can to reduce our Trust's carbon footprint.

Sustainability Implementation Plan 2020-2022

Targets/Objectives	Theme
1: Taking responsibility as an organisation by establishing a solid foundation for the Trust to improve it's performance around sustainabilty/ carbon reduction issues.	**LCH Sustainability Foundations:** Ensure Sustainability is embedded into the Trusts business plans, investment schemes and policies.
2: Implement sustainable solutions to ensure all LCH services/buildings contribute to carbon reduction plans and local environmental initiatives where possible.	**Buildings:** Continue to work towards reducing LCH buildings carbon output by 10% by 2022.
	Water: Explore methods to reduce LCH water use.
	Waste: Increase the % of recycled waste VS non recycled waste by 5% by March 21.
	Procurement: Integrate ethical

	procurement practices by reducing and optimising the use of goods ordered and ensuring products are as sustainable as possible.
	Travel: Through the reduction of miles travelled for work purposes, while shifting travel and transport methods to more active and sustainable methods, ensure the reduction of Trusts travel carbon output by 10% by the year 2022.
3: Creating a Trust wide social movement by supporting, encouraging and engaging in greener behavioural changes involving staff, patients and the wider community.	**Social Engagement:** Through both staff and patient engagement we can encourage a greener and more active lifestyle for the Leeds community.

Actions 2020 - 2022
Nominate both Executive and Non Executive staff members to represent sustainability at a Board level
Develop and obtain approval of the Trust's first Sustainability Plan and Action Plan
Esablish designated areas of the Sustainablility Plan for each Executive Director to sponsor
Establish a (virtiual) Sustainability Team
Establish a Sustainability Steering Group to meet quarterly to review performance around sustainability
Submit the Trust's application for Salix Bid Scheme to obtain approval and assistance to create the Trust's first Heat Decarbonisation Plan.
Produce Annual Trust Sustainability Reports
Move all LCH building energy contracts to 100% renewable energy tariff
Replace 20 external lights and 280 Light bulbs with LED light bulb fittings in 2020/21.
Replace 90 windows across LCH sites
Continue ongoing replacement/upgrading of radiator thermostats where approriate.
Collaborate with Landlords to enhance sustainability in LIFT buildings. Agree a specific Sustaianability Plan from LIFT company
Run a competition to identify and implement 3 initiatives to improve the biodiversity of our buildings/external spaces.
Review the possibility of lighting sensors in less used areas e.g. stairwells
Particpate in local "Refill Your Bottle" initiative once access to sites is permitted post-Covid
Explore water saving initiatives and implement where appropriate e.g. upgrading of toilets
Establish waste recycling options in both LCH offices and public areas
Trial the recycling of food waste and glass at two LCH sites
Register the organisation with a furniture recycling organisation
Reduce 50% of the Trust's single use plastic products (by volume), through the elimination of expanded polystyrene or oxo-degradable plastics
Through audit, explore inappropriate clinical waste practices to reduce the amount of waste to be incinerated
Explore the use of resuable sharps boxes across LCH
Reduce paper usage (by 60%) through eliminating non essential wet signature forms/ processes and introducing non print processes for common tasks (digital appointments and
Create a Virtual Clincal & Non-Clinical Procurement Group to establish sustainable procurement processes going forward

Explore the use of sustainable and eco-friendly cleaning products in preparation for post-Covid
Use I-Proc process to implement sustainable procurement decisions
Ensure paper, toilet rolls and hand towels are 100% recylable
Work closely with LCC for routes/transport updates to communicate to staff in turn reducing travel time and congestion zones
Promote health and wellbeing of staff and patients by improving cycling facilities on site
Prepare a business case to support staff to move to electric cars/ public transport/ bicycles in advance of the proposed government legislation banning petrol/ diesel cars
Launch a carbon champion scheme, aiming to attract champions at every site that LCH has staff based at.
Re-launch the Sustainability Pledge Scheme to gather ideas on how staff can contribute to carbon reduction/ sustainability
Explore the possibility of an online training package that can be integrated into induction training and all carbon champions can pilot
Develop a mechanism to show site by site carbon performance and introduce a league table of sites
Continue to develop tele-health systems for patients and find solutions for those who don't have digital options due to equipment/infrastructure
Continue to implement Switch Me On/Switch Me Off campaign throughout LCH sites
Research and explore sustainable food options for staff/patients and possibly introduce a campaign

Timeline	Owner	Update
Sep-20	S.Prince	
Oct-20	H. Jones, P. Ainsworth, M.Nisar, S.Prince	
Oct-20	(Director/Lead)	
Oct-20	M.Nisar	
Oct-20	M.Nisar	
Jan-21	M.Nisar	
Mar-21	P.Ainsworth, M.Nisar	
Apr-21	J.Watson	
Jun-21	J.Watson	
Mar-21	J.Watson	
Mar-21	J.Watson	
Dec-20	P.Ainsworth, S.Prince	Convo with Rachael Berry and Stuart Carter
Jun-21	M.Nisar	
Mar-21	J.Watson	
TBC	M.Nisar	
Mar-21	J.Watson	
Apr-21	S.Gifford	
Jun-21	S.Gifford	
Dec-20	A.Keighley	
Jun-21	M.Nisar, A.Davies	
Mar-22	S.Gifford, Infection Control, Steph	Relient on IPC Team, to be confirmed.
Mar-21	IPC, Clinical Lead	To discuss further
Aug-21	M.Nisar, C.Scott	
Apr-21	M.Nisar, A.Davies	Awaiting info re Clinical group from A.Davies.

TBC	S.Gifford	
Jun-21	A.Davies, B.Machin, M.Nisar	
Mar-21	M.Nisar, A.Davies	
Sep-20	P.Ainsworth, Comms	
Dec-21	B.Machin	
Jun-21	P.Ainsworth	
Dec-20	M.Nisar	
Feb-21	M.Nisar	
Dec-20	M.Nisar	
Apr-21	M.Nisar, J.Watson	
Jun-21	H.Thrippleton TBC	
Dec-20	P.Ainsworth, J.Watson, S.Prince, B.Machin, Jane Murphy	
Jun-21	M.Nisar	

Leeds Community Healthcare NHS Trust
Annual General Meeting – 2019-20
Held virtually

AGENDA ITEM 2020-21 (105)

Tuesday 15 September 2020, 1.00pm – 2.00pm

Present:	Brodie Clark	Trust Chair
	Thea Stein	Chief Executive
	Richard Gladman	Non-Executive Director
	Professor Ian Lewis	Non-Executive Director
	Helen Thomson	Non-Executive Director
	Bryan Machin	Executive Director of Finance and Resources
	Sam Prince	Executive Director of Operations
	Dr Ruth Burnett	Executive Medical Director
	Steph Lawrence	Executive Director of Nursing and Allied Health Professionals
	Laura Smith	Director of Workforce, Organisational Development (OD) and System Development
Apologies:	Jane Madeley	Non-Executive Director
	Jenny Allen	Executive Director of Operations
		Director of Workforce, Organisational Development (OD) and System Development
In attendance:	Diane Allison	Company Secretary
Minutes:	Liz Thornton	Board Administrator
Observers and members of the public:	64 members of staff and members of public attended	

Item	Discussion item
1.	**Welcome and introductions** The Trust Chair welcomed everyone to the Leeds Community Healthcare Annual General Meeting (AGM) for 2019/20. He explained that the meeting was being held online to respect social distancing guidelines. He made attendees aware that and an audio record of the meeting would be made available on the Trust's website following the meeting. No objections were made to the recording of the event. The Trust Chair also advised that, as the Annual General Meeting was a formal meeting of the Leeds Community Healthcare NHS Trust Board, it would minuted in the same way as all Board meetings, the minutes would be published on the Trust's website in the papers for the Board meeting on 4 December 2020.

He said that this was his first AGM as Trust Chair following his appointment in August 2020. He took the opportunity to congratulate the previous Chair, Neil Franklin on his eight successful years in the role and thanked him for his sustained and positive contribution across the city and, in particular, with this Trust.

The Trust Chair said that he wanted to reflect on three areas and aspects of the Trust's business in 2019-20; business as a Community Trust, business as a key part of the front line in Leeds Healthcare and business as an exemplar of good medical, healthcare and customer focus across the city.

The Trust Chair said that Coronavirus had to be at the centre of the focus in 2020. He placed on record his thanks to all members of staff in the Trust for their work in tackling the pandemic in the way they had, those who worked directly with patients but also those who provided support with administration; with Human Resources; with estates, with finances and with the speedy and purposeful digital realignment to support services. All staff in the Trust deserved thanks for their dedication and commitment.

He also recognised the contribution of the people of Leeds who had supported and worked with the Trust during the pandemic. He said that the patient and public voice had never been of more value and the Trust would continue to amplify those voices to ensure that they influenced the services the Trust provided in a meaningful way.

The Trust Chair said that he particularly wanted to highlight the work of some of the Trust's services:

- The Infection and Prevention Control Team who had done an outstanding job for the city with a team of staff from this and other trusts across Leeds.
- The Public Health Integrated Nursing Service, which had brought together health visiting and school nursing into a single team, providing more seamless and meaningful support for children and young people including the introduction of Chat Health a secure and confidential text messaging service for young people to anonymously contact a healthcare professional for mental or physical wellbeing advice and support.
- The Leeds Mental Wellbeing Service with 10 key delivery partners sitting round the same table.
- The collaborative work with the Mental Health Trust in respect of a new children's mental health residential unit on the site of St Mary's hospital. A first in its class and quality for such a facility, and for Leeds and for adjoining areas.

The Trust Chair said that these were positive examples that progressive business had continued; that new services had developed; that ongoing priorities were not simply being dropped or discounted during the pandemic and it had not been allowed to divert the Trust's key programmed commitments.

Looking forward, the Trust Chair said that health was the centre of any community and the Trust was firmly committed to tackling health inequalities across Leeds, particularly by working in partnership with third sector colleagues

	in the best interests of the community and towards further building on the partnership with General Practitioners and creating new ways of closer integration and mutual support. He said that the enhanced service the Trust had offered to care homes would continue and alongside its partners, the Trust would drive the business to meet the requirements and the targets of the City and of the broader West Yorkshire System and there would be a focus on improving outcomes, not merely generating activities. Finally the Trust Chair said that he would like to place on record his thanks to the Chief Executive and the Senior Leadership Team who with their dedication, commitment and resilience had provided outstanding leadership during 2019-20 and were a credit to the community they served. The Trust Chair briefly outlined the format for the next formal part of the meeting. The Chief Executive would present a review of the 2019/20 year and the Executive Director of Finance and Resources would present the Trust's 2019/20 annual accounts. He said that a number of the Trust's Executive and Non-Executive Directors were on line and there would be an opportunity for questions at the end of these presentations.
2.	**Chief Executive's presentation – reviewing the year 2019/20** The Chief Executive presented a review of the previous 12 months. She said that it had been a good year with the Trust taking on some new, exciting innovating services for the city and continuing to provide excellent care to all communities in Leeds. The Chief Executive said there were many highlights she wanted to speak about but she began by speaking about the way the Trust had responded to COVID and her pride in the way in which it had risen to the challenges over the last six months, in particular the way in which the organisation had stayed true to its values and behaviours during that time. She said that throughout the pandemic the respect and care that people showed each other, the understanding and compassion that was shown to the situation of others and the flexibility and openness shown to change and innovation was outstanding. Staff across the Trust had treated each other with respect, with dignity and treated patients in the same way by always listening and always trying to put themselves in each other's shoes. She said that this could not have happened without the routes embedded in the Trust's culture. Services had shown innovation and creativity with a focus on embedding quality improvement across the organisation; a process known internally as 'making stuff better'. She said that there were lots of examples of services doing this including the Integrated Childrens Additional Needs service (ICAN) redesign, launch of the new health visiting and school nursing service (PHINNS) and the new partnership Improving Access to Psychological Therapies (IAPT) now the Leeds Mental Wellbeing Service The Chief Executive said that one of the Trust's strengths was seeking out

	innovative and creative partnerships with patients, citizens, Healthwatch, the Clinical Commissioning Group, NHS England, local trusts, the local authority and primary care to provide the best possible services. She also referred to the Trust's strong partnerships with a wide range of third sector organisations across the city, which had led to a co-produced third sector strategy which would be launched after the AGM. COVID had brought a sharp focus to the Trust's work with Black, Asian and Minority Ethnic (BAME) colleagues as they faced increased risks from the disease. The Trust continued to raise awareness of race equality and support BAME staff. The Trust's BAME staff network is well established, BAME Freedom to Speak Up Champions have been introduced and following the AGM the new 'I Can Be Me' campaign would be launched by colleagues from the BAME network. These initiatives were driving the Trust's efforts to face the significant challenges in the area of inclusion and equality to create an inclusive environment for patients and staff She expressed her thanks to all community staff and their managers for the resilient manner in which they had faced the challenges 365 days a year. She said that the Trust's aim was to recognise everyone's unique contribution and make the organisation an incredible place to work. In conclusion, the Chief Executive said that during 2019/20 an amazing amount of work had been done at the beginning of the year and the value of that work had been seen in the hardest and most challenging of times. The coming winter would be hard as the Trust worked to reset and recover services, prepared to deal with COVID, flu and the annual winter pressures but she was confident that the Trust would rise to any challenges it would face. The Trust Chair thanked the Chief Executive for her report.
3.	**Executive Director of Finance and Resources** **Presentation of annual report and accounts 2019/20** The Executive Director of Finance and Resources provided a presentation and overview of the Trust's annual report and accounts for 2019/20. The Executive Director of Finance and Resources was pleased to report that although the national financial position in the NHS had been placed under considerable pressure, the Trust had maintained financial stability and had met all its key financial duties. The Trust had achieved a surplus of income over expenditure of just over £300,000 in 2019/20, exceeding the income and expenditure surplus target set by NHS Improvement. The Trust's capital investment plan for 2019/20 continued to be one of aiming to invest all its internally generated capital resources and remaining within the capital resource limit agreed with NHS England. During the year the Trust had sent just less than £2m on the continuing roll-out of the Electronic Patient Record, upgrading and maintaining the Trust's buildings, clinical equipment and information technology. The Executive Director of Finance and Resources said that the Trust's financial results were only achieved through the hard work of all the staff; balancing their desire to continue to provide high quality care within a finite budget that required further efficiency savings every year.

	The Executive Director of Finance and Resources observed that changes to the financial regime within which the Trust was operating during 2020/21 had been dramatic, which meant that it is difficult to see too far into the future financially. He said that the Trust would continue to provide the best possible care to every community it served whilst living within its financial means. The Trust Chair thanked the Executive Director of Finance and Resources for his presentation.
4.	**Question and answer session** The Trust Chair opened this section of the meeting by inviting questions and comments. He said that Trust Board members were in attendance and would assist in answering questions. **Question:** A member of the public was pleased to note that good progress had been made with the development of the CAMHS residential unit at St. Mary's Hospital which would provide a first class facility for Leeds and adjoining areas. She said that there was anecdotal evidence to suggest that some young people and their families were concerned about the length of the waiting lists for CAMHS services and that most face to face contact had been replaced by the telephone or web based contact and she asked what was being done to address this and when a more normal service might resume. The Chief Executive that the Trust was working hard to reduce the waiting times but the Community Team had to work within the capacity available and the Covid19 guidance set out by the Government in terms of face to face contact with patients. She invited the Trust's General Manager, Children and Young People to provide further information. The General Manager explained that during COVID the Community Team continued to offer initial first appointments to children, young people and families who had been waiting for over 12 weeks. They also continued to offer urgent appointments to those who needed to be seen quickly due to risk or urgency and they remained in contact with children, young people and families whom are open to the service and require a high level of contact due to risk or severity of illness.
5.	**Close of the 2019/20 Annual General Meeting** The Trust Chair thanked everyone for attending and closed the formal part of the meeting. He the invited attendees to remain for the launch of the 'I Can Be Me' campaign by colleagues from the Leeds Community Healthcare BAME Network
	Date, time and venue of the Leeds Community Healthcare NHS Trust 2020/21 Annual General Meeting: **To be confirmed**

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (106)

Meeting Trust Board 4 December 2020	**Category of paper** *(please tick)*	
Report title Proposal to temporarily amend some Standing Orders and introduce interim measures	**For approval**	✓
Responsible director Chief Executive **Report author** Company Secretary	**For assurance**	
Previously considered by N/A	**For information**	

Purpose of the report

The Trust has an established set of standing orders and standing financial instructions which also include a schedule of powers reserved to the Board and a scheme of delegation. Together, these provide a governance framework that enables the organisation to demonstrate it is well governed and meets the requirements of key corporate governance codes.

Different ways of working are sometimes required in order that the Trust can achieve its strategic objectives, comply with its statutory duties and maintain good governance whilst faced with challenging circumstances.

The Trust is facing a further challenging period as the pandemic is in its second wave and services are facing considerable pressure. The Board discussed its governance arrangements at an informal meeting of the Board on 6 November 2020 and agreed a temporary amendment to its standing orders with immediate effect.

The agreement is that the majority of standing orders will continue to apply, however some changes are required and these are documented in this paper in order for the Trust's governance arrangements to remain transparent.

The amended governance arrangements will be in place until the Board agrees that pressure on the Trust and the wider health system has been reduced sufficiently for the Trust to revert to its usual governance framework. The Board has agreed to review these interim measures no later than 31 March 2021, however Board members may request that these arrangements are reviewed prior to that date.

Revised governance arrangements:

Meeting format and content

The Board work plan will be reviewed in advance and only essential business will be conducted in the Board meeting and if items can be deferred, they will be. Essential items will include staff and patients' health and wellbeing, CVD-19 arrangements and updates,

performance matters plus any items for approval or submission. As well as information about any other key issues that needs to be shared.

Corporate Governance will log items that are to be deferred and a revised work plan will to be created at a time when business as usual returns.

Some Board reports will be by verbal update in order to provide the most up to date information and reduce pressure on senior managers to produce written reports. These will be noted on the agenda as verbal updates and will be sufficiently minuted in order that a proper record is made.

For the Business and Quality Committees meetings, the aim would be to not repeat and replicate conversations.

The focus of these two committees will be on:

- Performance – potentially this will be a stripped back performance report
- Health and wellbeing of our staff – but not through the usual agreed metrics
- Any other key issues that the Board or Executive feels needs committee oversight
- Any particular CVD-19 issues that need committee oversight

For all five committees, the agendas will cover the essential business as formulated by the Board; the Executive and by the Committee Chair.

Attendance and Quoracy

Minimum quoracy of the Board for decision making purposes is set by the Secretary of State and cannot be amended locally. Minimum quoracy is one third of the Trust Board, including not less than two Non-Executive Directors and one Executive Director.

In the event that urgent actions and decisions are required outside of the Board meeting or if quoracy is not possible for any reason, the existing 'Chair's action' facility remains an available option. This allows for the Chief Executive and Chair, supported by two Non-Executive Directors to make a decision on behalf of the Board. The decision will be noted at the next available Board meeting. There is a similar facility for urgent committee decisions and actions.

During the next few months there may be reduced attendance at Committee meetings because of other priorities and potentially because of sickness. As a reminder, quorum for Business and Quality Committees is three members of the core Committee, including either the Chair or the Deputy Chair and at least one executive director.

It is agreed that the Executive Director of Operations is temporarily stood down for both Business and Quality Committees. The Chief Executive will aim to be present as usual at both.

Meeting frequency and times

Planned dates will remain the same. Meeting timings may need to change to accommodate various CVD-19 command meetings.

Board meetings will be monthly – there will be no Board development (workshop) sessions.

For Business and Quality Committees meetings the duration should not normally exceed

one and a half unless there are exceptional circumstances or with prior agreement arising from the agenda (pre meeting) discussion.

Keeping the Board informed

It is essential that all NEDs should be kept appraised, updated and involved in our CVD-19 work. It is proposed that this should be via:

- Receipt of the midday briefing for all staff
- A weekly phone call/video conference for all NEDS which will be hosted by the Chief Executive (or deputy) – this will be to talk through operational issues that week, service changes – closures, hot spots etc, Health and wellbeing and people issues and any other key issues. This will not be a formal meeting and will not be minuted however, there will be a note circulated each week for NEDs outlining the key issues.

Telephone/video conferencing

The current arrangements for Board and Committee meetings to be held virtually via MS Teams should continue.

The Trust is obliged in law to meet in public. In order to comply with Government's instructions on social distancing, the Trust is currently asking the public not to attend in person. A message to this effect is published on the external website. The Trust has continued to publish papers on the website in the usual manner and take questions in advance. It is proposed that in addition to continuing with the measures described, the Trust will also offer live-streaming of the public part of the Board meetings from December 2020.

Recommendations
The Board is recommended to:

- Note the agreement to temporarily amend some of the Board's standing orders
- Ratify this agreement at the Board meeting in public

Leeds Community Healthcare NHS Trust

Agenda item 2020-21 (107a)

Audit Committee

(Via MSTs)
Friday 17 July 2020
9.00am–11.00am

Present:	Jane Madeley (JM)	Chair, Non-Executive Director
	Professor Ian Lewis (IL)	Non-Executive Director
In Attendance	Bryan Machin	Executive Director of Finance and Resources
	Diane Allison	Company Secretary
	Peter Harrison	Head of Internal Audit (TIAA Limited)
	David Robinson	Internal Audit Manager (TIAA Limited)
	Beric Dawson	Counter Fraud Specialist (TIAA Limited)
	Mark Dalton	Director for the Public Sector
	Dominic Mullan	Local Security Management Specialist (for Item 19c)
Apologies:	Richard Gladman (RG)	Non-Executive Director
Minutes:	Liz Thornton	Board Administrator

Item	Discussion Points	Action
2020-21 (16)	**Welcome, introductions and preliminary business** The Chair welcomed members and attendees, particularly welcoming Mark Dalton, Director for the Public Sector, MAZARS as the Trust's newly appointed external auditors.	
2020-21 (16a)	**Apologies** Apologies were noted from Non-Executive Director, Richard Gladman.	
2020-21 (16b)	**Declarations of interest** In advance of the meeting 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. There were no additional declarations of interest made at the meeting.	
2020-21 (16c)	**Minutes of the previous meeting 12 June 2020** The minutes of the meeting held on 12 June 2020 were reviewed and agreed as an accurate record.	
2020-21 (16d)	**Actions' log** *Item 12bii: Internal Audit Plan 2020-21 – prioritisation* The Chair referred to the one action agreed at the meeting on 12 June 2020 and drew the Committee's attention to the draft paper *'Prioritisation of the 2020-21 Internal Audit Plan'* which had been prepared by the Executive Director of Finance and Resources for discussion. The Committee reviewed a proposed prioritisation of the 2020/21 internal audit programme which identified the audits that could potentially be deferred in the	

	event that Covid-related workload pressures resulted in a lack of management capacity to work with the auditors or that a delay in audits resulted in a lack of auditor capacity. The Committee concluded that, based on current knowledge it should be possible to complete the full year's programme. The auditors aim to give management improved notice of audit meetings and the Committee expects management to work with the auditors to complete this important element of the Trust's control framework. The Chair said that progress against the Internal Audit Plan would be reviewed and discussed at the next meeting alongside the progress update to be presented by the Internal Auditors, with the shared objective to ensure that it remained on track. Matters arising: *Item 12a: TIAA Annual Report recommendations analysis* Members confirmed receipt of the analysis report produced by the Internal Audit Manager. No questions were raised. There were no other matters arising from the minutes.	
2020-21 (17a)	**Internal audit** **Summary of internal controls assurance report** The Internal Audit Manager introduced the report. The Committee reviewed the progress against the annual audit plan for 2020/21, noting that all five audits originally planned for Quarters 1 and 2 had deferred start dates in September and October 2020 respectively. In response to a question from Non-Executive Director (IL), the Head of Internal Audit provided assurance that currently TIAA had enough capacity to deliver the audit plan by 31 March 2021 and he did not feel that any changes needed to be made at this time. The Committee discussed the potential for deferring one or two of the planned audits if there was evidence to suggest that delivery against the plan was becoming a challenge. The Chair accepted the auditor's assurances on their capacity to deliver the audit programme but observed that there was some uncertainty about the capacity within the senior team to meet the timescales to respond to audit reports if pressures increased over the coming months. The Committee agreed that no change to the annual audit plan was required at this time and progress would be reviewed at the next meeting in October 2020. The Chair said that if, in the meantime the auditors felt that the pressure and challenge to completing their work was increasing this should be escalated to the Executive Director of Finance and Resources. **Outcome:** Progress against the annual audit plan for 2020/21 was noted.	
2020-21 (17b)	**Internal audit recommendations** The Executive Director of Finance and Resources introduced the report and the Committee discussed the ten recommendations not completed by their due dates and the proposed revised dates for completion. The Committee acknowledged that a number of the deadlines had slipped due to the pressures associated with Covid-19 and accepted that in current circumstances the proposed new deadlines were reasonable. The Committee discussed two overdue recommendations in more detail:	

	Equality and Diversity - recording attendance of staff at Corporate/Trust wide delivered training on ESR –revised deadline 31 December 2020 The Executive Director of Finance and Resources suggested that this action was actually complete and that the revised deadline simply reflected when the information would be presented to the Trust Board being December 2020. The Committee sought assurance that the information on training would be included in the Equality and Diversity Annual Report due to be presented to Trust Board in December 2020. **Action: To confirm that attendance of staff at Corporate/Trust wide training is recorded on ESR and will be included in the Equality and Diversity Annual Report presented to the Trust Board in December 2020.** *Budgetary Control and Cost Improvement Plans – efficiency plans to be included for 2020-21* The Executive Director of Finance and Resources observed that the principle of including efficiencies in the 2020/21 plan still applied but would need to be reviewed in the context of changing financial regimes. He said that he was reasonably confident that he would be able to provide more clarity on this at the next Audit Committee meeting on 16 October 2020. **Action: Efficiencies in the 2020/21 plan to be reviewed in the context of changing financial regimes. More clarity to be provided at the next Audit Committee meeting on 16 October 2020.** **Outcome:** The Committee noted the status report.	**Company Secretary** **Executive Director of Finance and Resources**
2020-21 (18)	**External audit** **Annual audit letter** KPMG as External Auditors for 2019-20 had produced the report which reflected the information previously included in the ISA 260 audit memorandum which had been reviewed by the Audit Committee at the meeting on 12 June 2020. KPMG provided an unqualified opinion on the financial statements and use of resources (VFM). There were no high risk recommendations arising from their 2019-20 audit work. There were no audit differences reported and the auditors made no recommendations in respect of management action. **Outcome:** The Committee noted the annual audit letter 2019-20.	
2020-21 (19a)	**Counter fraud and security management** **Counter fraud annual report 2019/20** The Counter Fraud Specialist presented the annual report which summarised counter fraud activity undertaken across the organisation in 2019/20. The report concluded that no frauds were subject to investigation that met the materiality threshold for referral to the Trust's external auditors. No significant system failings on control weaknesses were identified that impacted on the Trust's Annual Governance Statement. The Trust had completed the self-review tool and assessed itself with an overall rating of Green for 2019/20. In responses to a question from Non-Executive Director (IL), it was confirmed by the Counter Fraud Specialist that the Trust was not an outlier, when compared to other Trusts in terms of the number of potential frauds reported but that no national	

	benchmarking information was available. There had been two fraud referrals during 2019/20, both were for suspected false invoices and neither of them had been paid. The Committee discussed the information about counter fraud activity and requested that the 'days used' should be broken down by designated area of plan activity in the 2020/21 Counter Fraud annual report presented to the Audit committee next year. The Chair of the Committee thanked the Counter Fraud Specialist for his report. **Outcome:** The Committee noted the Counter Fraud Annual Report 2019/20.	
2020-21 (19b)	**Counter fraud annual workplan** The Local Counter Fraud Specialist presented the fraud risk assessment and strategic workplan for the Trust for 2020/21. The fraud risk assessment was split into several key areas where fraud could occur and included an analysis of the Trust specific fraud risks (RAG rated) alongside the TIAA portfolio and national policy issues. The annual strategic workplan was cross-referenced to the fraud risk assessment as well as to the NHS Counter Fraud Authority Standards for Providers 2020/21. The Counter Fraud Specialist pointed out that the annual plan included an indicative view of how the 65 budegted days would be used. The Committee discussed the extreme risk specifically related to the Trust's Covid-19 related activities and requested that Counter Fraud, Internal Audit and the Executive Director of Finance and Resources should jointly consider fraud risks in relation to the Trust's COVID-19 related activities and bring further information regarding themes and mitigation to the October 2020 Committee meeting. **Action: Consideration to be given of the fraud risks in relation to the Trust's COVID-19 related activities and bring further information regarding themes and mitigation to the October 2020 Committee meeting.** **Outcome: Subject to the outcome of the COVID review** the risk assessment and annual strategic work plan 2020/21 was received and approved by the Committee.	**Counter Fraud Specialist/ Internal Audit/ Executive Director of Finance and Resources**
2020-21 **(19c)**	**Security management annual report 2019/20** The Local Security Management Specialist (LSMS) attended the meeting and presented the security management annual report for 2019/20 and an overview of the main aspects of his work during the year. The Committee discussed the data on security incidents and the trends in incidents over the last four years. The Committee queried why incident numbers were lower than in previous years but home visits by the LSMS had increased and they werer advised that some incident data cleansing had taken place as non-security related incidents had previously been captured incorrectly. The LSMS explained that he had also taken a more pro-active approach to try to 'nip things in the bud' before issues escalated. The Committee recognised the valuable support that the LSMS provided to staff regarding risks and incidents and the proactive work he carried out and complimented the LSMS on his work and said that the Senior Management Team (SMT) continued to place significant value on the work he undertook across the Trust and the value that staff in the Trust place on his approachability, his visibility and his support with incidents and risks both perceived and real. The Chair of the Committee thanked the LSMS for his thorough report.	

	Outcome: The Committee received and noted the report.	
	Peter Harrison left the meeting	
2020-21 (20a)	**Risk Management update** The Company Secretary presented the report which provided the Committee with a 6-monthly report on risk management activity and an update on the development and effectiveness of risk management processes in the Trust. The Committee discussed how COVID-19 related risks were being proactively identified and expressed an interest in reviewing the draft COVID assurance framework. The Chair suggested that the framework could be reviewed by all Board members at a Board workshop before final presentation at a formal Board meeting. **Action: The draft Covid assurance framework to be reviewed at a Board workshop before final presentation to a formal Board meeting.** In response to a question from the Chair, the Company Secretary reported that the risk review report had been successfully incorporated into the Senior Operations Strategy Group and was presented on a quarterly basis. She added that although these meetings had been paused due to pressures on staff caused by Covid-19 she hoped that this arrangement would continue in future. **Outcome:** The Committee: • noted the actions undertaken since the previous report to the Committee in January 2020 • noted planned improvement actions	Company Secretary
2020-21 (20b)	**Information governance report** The Executive Director of Finance and Resources presented the report which provided an update on information governance issues across the Trust and the responsibilities of the Data Protection Officer. The main changes were highlighted and noted by the Committee. The Chair referred to Section 2 of the report in relation to the position at 28 March 2020, where one of the outstanding actions preventing submission of the Data Security and Protection Toolkit (DSPT) was the identification and approval of the top 3 risks by the SIRO. She noted that the minutes of the Information Governance Group on 25 February 2020 suggested that the top 3 risks had been agreed at that meeting as: - Password management - Inbound file control - LAN security The Committee asked for clarification of whether the Director of Finance, as SIRO, was in agreement with the 'top 3 risks' reported above and the status of the reporting.: **Action: Clarification to be provided on the above points.** **Outcome:** The Committee received and noted the report.	**Executive Director of Finance and Resources**
2020-21 (20c)	**Review/revision of standing orders and standing financial instructions** The Company Secretary presented the paper which summarised a number of amendments and updates taking account of: Department of Health standard model	

	documentation, national governance guidance, new regulations and legislation changes in NHS organisational structure, changes in the Trust's structures and changes that the Trust's executive directors wish to introduce to better regulate good governance and management. The Committee reviewed and noted the proposed amendments. **Outcome:** The Committee: • noted the updating of the standing orders and financial instructions in line with the summary of changes outlined in the paper • recommended that the Board approves the changes	
2020-21 (20d)	**Committee members declaration of interest 2019/20** The Company Secretary drew members and attendees' attention to the paper which set out the Director's declarations of interests for disclosure. **Outcome:** The Committee formally noted the extract from the Director's register of interests for 2019/20	
2020-21 (21a)	**Financial controls** **Tenders and quotations waiver report** The Executive Director of Finance and Resources introduced the report which presented an extract from the 2020/21 register and showed that a total of two waivers had been completed in this financial year to date plus two waivers for 2019/20 which had been finalised after Committee papers had been completed for the Audit Committee meeting in March 2020. **Outcome:** The Committee noted the report.	
2020-21 (21b)	**Losses and special payments report** The Executive Director of Finance and Resources introduced the report which covered payments made since April 2020. **Outcome:** The Committee noted the report.	
2020-21 (21c)	**Register of gifts, hospitality and sponsorship** The Company Secretary introduced the report and the gifts, hospitality and sponsorship register for 2019/20 which was appended. The Committee noted that there had been an increase in the number of gifts declared, when compared to previous years. The Company Secretary explained that there had been an awareness campaign to promote the revised Management of Conflicts of Interest Policy and as a result, more declarations had been made, particularly for speakers at events. **Outcome:** • The Committee noted the gifts and hospitality register.	
2020-21 (21d)	**Treasury management procedures** The Executive Director of Finance and Resources presented the updated procedure as required by the Trust's governance timetable. He explained that the procedures outlined were designed to provide assurance about the safeguarding of resources, ensure compliance with prevailing guidance for NHS trusts and availability of cash to meet the organisation's liabilities at any given time. **Outcome:** The Committee:	

	• and approved the procedures	
2020-21 (21e)	**Investment decision making policy** The Executive Director of Finance and Resources introduced the updated policy for the Trust which set out the principles in relation to making decisions about investments, showed the level of responsibility for various aspects and outlined the business case process supported by a flow chart and decision tree. A Non-Executive Director (IL) referred to the section on investment principles and the reference to investment being assessed for impact on achievement of financial targets and on the quality of service provided. He queried how assurance on quality was assessed by the Trust, he highlighted as an example the CAMHS Tier 4 business case where the Quality Committee had not be asked to scrutinise the quality of service aspects. The Executive Director of Finance and Resources agreed to consider how the assessment of quality could be reflected in the process and included in a revised flowchart. **Action: An assessment of quality to be included in the approval process decision tree.**	**Executive Director of Finance and Resources**
2020-21 (22)	**Minutes of noting** **Information Governance Group: 25 February 2020 and 12 May 2020** The minutes were noted and no questions were raised, although some points from them had been covered earlier in the meeting under the Information Governance report agenda item.	
2020-21 (23)	**Committee's Workplan** There were no items removed or changes made to the workplan.	
2020-21 (24)	**Matters for the Board and other committees** The Chair noted the following items to be referred to Board colleagues: • Internal audit plan and prioritisation • Counter Fraud annual report and workplan • Security management annual report • Risk management update report and Covid-19 assurance framework	
2020-21 (25)	**Any other business** No matters of any other business were raised.	
	Date and time of next meeting Friday 16 October 2020 9.00am – 11.30am (Via MST) Tuesday 12 December 2020 13.00-15.30pm (Via MST) Boardroom Stockdale House Leeds LS6 1PF Stockdale House Leeds LS6 1PF	

Leeds Community Healthcare NHS Trust

Quality Committee Meeting
Monday 21 September 2020
Microsoft Teams
09:30 – 12:30

AGENDA ITEM 2020-21 (107bi)

Present	Professor Ian Lewis	Committee Chair
	Brodie Clark	Trust Chair
	Helen Thomson	Non-Executive Director
	Steph Lawrence	Executive Director of Nursing and Allied Health Professionals (AHPs)
	Sam Prince	Executive Director of Operations
	Dr Ruth Burnett	Executive Medical Director
In Attendance	Diane Allison	Company Secretary
	Dr Stuart Murdoch	Deputy Medical Director
	Sheila Sorby	Assistant Director of Nursing and Clinical Governance
	Rachael Pontefract	Neighbourhood Therapy Lead Physiotherapist (Item 41c)
Minutes	Lisa Rollitt	PA to Executive Medical Director
Apologies		

Item no	Discussion item	Actions
Welcome and introductions		
2020-21 (40a)	**Welcome and Apologies** The Committee Chair opened the meeting and welcomed attendees. No apologies were received.	
2020-21 (40b)	**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 (40c)	**Minutes of meeting held on 27 July 2020** The minutes were reviewed for accuracy and agreed as a true record of the meeting.	
2020-21 (40d)	**Matters arising and review of action log** It was agreed that all actions due in September were on the agenda and agreed as completed.	
KEY ISSUES		
2020-21 (41a)	**Covid-19 update** The Executive Director of Nursing and Allied Health Professionals (AHP) presented the update on the current position, highlighting the rising infection rates in Leeds and nationally. It was reported that there has been an increase in the number of hospital admissions due to Covid-19 related respiratory needs. There are preparations in place to go into Silver Command if necessary. In relation to testing, it was reported that the team has responded to the national issue well, and a drive through testing site has been opened in Chapeltown. The	

	delay in issuing results was due to a backlog within the laboratories and work was underway to address the issue. It was noted that the Trust is working with Public Health England (PHE) and the CCG around additional support requirements. It was also noted that testing had been established on site at Leeds University as increasing cases were anticipated with students returning. It was also anticipated that there would be an 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 issues. In response to a query from the Trust Chair, it was noted that the Trust had a plan in place for re-deployment when required; incorporating learning from the first wave and this was being closely monitored but was not required to be commenced yet.	
2020-21 (41b)	**CAMHS** **i. Little Woodhouse Hall self-harm actions update** The Executive Director of Nursing and AHPs gave a verbal update in relation to a joint quality review which took place on Friday 18 September 2020 with LCH and NHSE. It was reported that whilst the report was awaited, initial feedback provided assurance of early positive improvements, acknowledging the need to continue monitoring for evidence and assurance of sustained improvements. In response to a question from a Non-Executive Director (HT), the Executive Director of Nursing and AHPs stated that she expected an updated report to be issued and would query with NHSE whether the original report was to be redacted. The Executive Director of Nursing and AHPs referred to the review of self-harm incidents report stating that the team had updated the report further following feedback from the review on 18 September 2020. The Executive Director of Nursing and AHPs commented that she felt the team were aware of what was required to change practices on the unit. It was noted that there were currently only two young people on the unit and it was acknowledged that this would impact on the reduction in the number of self-harm incidents. It was also noted that the young people were very challenging and self-harm was a part of their therapy. There was a discussion about the admission of a third young person and potential concerns that this raised, although the Committee was assured that the outcome of the joint review confirmed the unit to be safe to take a new admission. It was agreed that the focus on the number and frequency of admissions needed to be maintained and there was an agreement with NHSE that new admissions would be considered following a review of the status of the unit at the required time. The Trust Chair asked the Executive Director of Nursing and AHPs for some information around meaningful activity on the unit. The Executive Director of Nursing and AHPs confirmed that education has restarted on the unit. It was noted that there had been positive feedback at the review on 18 September 2020 in relation to the creative approach being employed by the therapists and the activity co-ordinator. It was also noted that the new psychologist would join the unit in October 2020 and there would be a thorough handover. The Committee Chair expressed concern around clinical and medical leadership issues and asked for assurance around these. The Executive Director of Nursing	

	and AHPs acknowledged that this is being reviewed by the Executive Director of Nursing and AHPs and Executive Medical Director within the ongoing unit review. A further conversation was to be picked up between the chair and Executive Medical Director outside of the committee. A further conversation took place in relation to whether young people were being more involved in their discharge planning. The Executive Director of Nursing stated that improvements in discharge planning and the way the young people were being involved in the care planning and risk assessment was encouraging.	
2020-21 (41c)	**Spotlight: Older persons fellowship** Rachel Pontefract, Neighbourhood Therapy Lead Physiotherapist joined the meeting to give a presentation on the challenges of changing existing culture to embed a self-management approach to self-care in patients with long term conditions through her project work. The presentation and subsequent discussion reflected the need to change the clinical focus to "what matters to you" rather than "what is the matter with you". It was acknowledged that the Trust had limited numbers of staff trained in health coaching. A discussion ensued around identifying the need for this to be an integral part of training at all levels, both pre and post registration, and to ensure the principle cuts across all our organisational internal clinical training in order to enhance the focus on self-care.	
FOR DISCUSSION		
Quality Governance and Safety		
2020-21 (42a)	**Performance brief and domain reports** The Executive Director of Nursing and AHPs presented the report and the main issues for consideration. A Non-Executive Director (HT) requested more information in relation to major harm incidents to provide an added layer of assurance. The Executive Director of Nursing and AHPs agreed that the request was feasible and reminded the Committee that all major harm incidents were discussed via the 72 hour review meeting and confirmed that these notes could be shared to provide assurance. The Committee was also reminded that they received detail on the major harm incidents as part of the quarterly Significant Events report. A Non-Executive Director (HT) asked about the increasing number of staff leaving within 12 months of employment. It was confirmed that the reported reason for leaving was exclusively for career development, and further work was being undertaken to identify opportunities for aligned career development within the Trust. The Executive Director of Operations stated that whilst it was reported that waiting list recovery was, on the whole working towards trajectory, hotspots were acknowledged (MSK, Podiatry, Dental & CAMHS) and were being monitored more closely.	
2020-21 (42b)	**Clinical Governance Report inclusive of SI / PU update and Clinical Leads' report** The Executive Director of Nursing and AHPs presented the report which was well received. The Committee were pleased with reported improvements in data around cancelled / re-scheduled visits as a result of improved documentation and	

	revised ways of working across the Neighbourhood Teams (NT). The Chief Executive asked about the actions that had been taken to enable the improvements around cancelled / re-scheduled visits. The Executive Director of Nursing and AHPs stated that in addition to the improved consistency in reporting, the NTs were working together better, and sharing workforce across the NTs had enabled the improvement. The Trust Chair asked about cancelled visits. The Executive Director of Nursing and AHPs stated that there were still some inconsistencies with caseload reviews to ensure discharges in an appropriate manner and these were being addressed. The Committee Chair asked about sharing risk. The Executive Medical Director stated that the work was around reducing the sense of perceived individual risk for clinicians that often resulted in the need to transfer patients across organisational boundaries. A recent city workshop, chaired by the Executive Medical Director (LCH), supported by the MDU, NCAS and a Trust risk manager had explored whether any additional steps could be put in place so that clinicians felt less individual risk. It was acknowledged that it was fundamental to involve the patient to reduce risk.	
2020-21 (42c)	**Neighbourhood Team triangulation report** The Executive Director of Operations presented the report and highlighted that during the reporting period (Q1), capacity had been affected by Covid-19 related sickness, but with redeployment of staff, teams were running at full capacity. This is financially unsustainable and resulting in anxiety within Teams about how services will cope without the additional support. It was noted that activity remained at a static position; however this did not reflect the complexity of caseloads which is being considered through the introduction of a complexity tool. A conversation ensued around learning from previous re-deployment and plans for the future should re-deployment be required.	
2020-21 (42d)	**Quality Improvement Plan (CQC)** The Executive Director of Nursing and AHPs presented the report and highlighted that the fitting of patient call alarms in LWH were on hold, however CQC were fully informed on the issue. The Trust Chair asked about the accuracy of outcomes rating versus the latest update and gave an example from Community CAMHS. The Executive Director of Nursing and AHPs stated that the actions had been completed in terms of CQC expectations; however, she would be happy to review these. **Action: Executive Director of Nursing and AHPs to review the accuracy of outcomes scoring.**	**Executive Director of Nursing and AHPs**
2020-21 (42e)	**Board Assurance Framework** The Company Secretary presented the report. The Committee agreed that the Committee Chair, Executive Medical Director and Executive Director of Nursing and AHPs would convene a separate meeting to review the sources of assurance that it currently receives against the strategic risks and agree any additional sources (reports) required. The Committee agreed to adopt the (draft) revised Chair's assurance report template. The Company Secretary also asked the Committee to propose to the Board that	

	the strategic risk around Covid-19 is added to the BAF. The Committee agreed to the request. **Action: Committee Chair, Executive Medical Director and Executive Director of Nursing and AHPs to convene a separate meeting to review the sources of assurance that it currently receives against the strategic risks and agree any additional sources (reports) required.**	**Executive Medical Director/ Executive Director of Nursing and AHPs**
2020-21 (42f)	**Winter planning – quality implications** The Executive Director of Nursing and AHPs presented the report and highlighted the expanded and staff flu campaigns. A Non-Executive Director (HT) asked about the impact from the social care winter plan. The Executive Director of Nursing and AHPs stated that there would always be an impact, but would need to review the plan in more detail.	
Patient Experience		
2020-21 (43a)	**Engagement Strategy update report** The Committee received and welcomed the report.	
FOR APPROVAL		
Policies and reports for approval or noting		
2020-21 (44a)	**Infection Prevention and Control 2019-20 annual report** The report was well received by the Committee. A Non-Executive Director (HT) asked about the needle stick injuries. The Executive Director of Nursing and AHPs stated that a dedicated piece of work would be helpful; however capacity was an issue at the moment due to Covid-19. It was agreed that the graphs in the report were difficult to understand. The Executive Director of Nursing and AHPs agreed and would address this with the author. A question was also raised regarding the accuracy of the number of environmental audits completed. **Action: Executive Director of Nursing and AHPs to request clarity from the author around the graphs in the report and around the number of environmental audits.**	**Executive Director of Nursing and AHPs**
2020-21 (44b)	**Quality Account** The report was received by the Committee. The Committee Chair referred to the comments made by Healthwatch and suggested that these should be read with care when planning next year's report. The Committee was happy to recommend the report to Board.	
Clinical Effectiveness		
2020-21 (45a)	**Patient group directions (PGD)** The Committee and received and approved the PGDs.	
2020-21 (45b)	**Learning and Development strategy update** The Executive Director of Nursing and AHPs presented the report. It was highlighted that a comprehensive learning needs analysis would be undertaken across the organisation and that work with stakeholders was underway to develop	

	new placement models in order to increase student placement capacity along with the existing students who had missed placement during Covid-19. The Executive Director of Nursing and AHPs stated that a general practice nursing lead was joining the team in October 2020. A Non-Executive Director (HT) asked about the opportunity to address the reasons for staff leaving the Trust within 12 months with the new cohort. The Executive Director of Nursing and AHPs agreed and updated the Committee on work that was underway to address the issue.	
FOR NOTING AND ANY QUESTIONS		
Quality governance and safety		
2020-21 (46a)	**Quality priorities quarterly position** The Committee received the report.	
2020-21 (46b)	**Quality Strategy update** The Committee received the report. The Committee Chair referred to the timings in the report. The Executive Director of Nursing and AHPs stated that a new Head of Clinical Governance would be in place in January 2021 and would contribute to develop the strategy going forwards.	
2020-21 (46c)	**Risk register** The Company Secretary presented the report and highlighted the risk around a shortage of PPE. The Executive Medical Director referred to Risk 1013: Long term impact of COVID 19, which would be removed from this register and added to the BAF as discussed previously. The Executive Director of Nursing and AHPs referred to the clinical Covid-19 risk around the ability to deliver services. This risk score had been updated to 12 and the Board paper would reflect the change. The Committee Chair queried if the target risk score would be achieved for October/November 2020. The Company Secretary stated that she would ask the risk owners to review their risks and report back to the committee. **Action: Company Secretary to contact risk owners to obtain rationale on how they would achieve the target risk score.**	**Company Secretary**
Quality Committee work plan		
2020-21 (47a)	**Work plan** It was noted that the next meeting would be a workshop looking at the KPI schedule and an update from CAMHS/LWH.	
2020-21 (47b)	**Workplan items not on agenda** The Trust Chair spoke about the virtual visits that had been undertaken and stated that they had been helpful to understand current issues.	

2020-21 (48)	**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 • CAMHS update • Older persons fellowship presentation	
2020-21 (49)	**Reflections on Committee meeting** No issues discussed.	
2020-21 (50)	**Any other business** There was no further business.	
	Dates and times of future meetings 26 October 2020 23 November 2020	

Leeds Community Healthcare NHS Trust

Quality Committee Meeting
Monday 26 October 2020
Microsoft Teams
09:30 – 11:00

AGENDA ITEM 2020-21 (107bii)

Present	Professor Ian Lewis	Committee Chair
	Brodie Clark	Trust Chair
	Helen Thomson	Non-Executive Director
	Steph Lawrence	Executive Director of Nursing and Allied Health Professionals (AHPs)
	Sam Prince	Executive Director of Operations
In Attendance	Diane Allison	Company Secretary
	Sheila Sorby	Assistant Director of Nursing and Clinical Governance
	Carolyn Nelson	Head of Medicines Management
Minutes	Lisa Rollitt	PA to Executive Medical Director
Apologies	Ruth Burnett	Executive Medical Director
	Dr Stuart Murdoch	Deputy Medical Director

Item no	Discussion item	Actions
Welcome and introductions		
2020-21 (51a)	**Welcome and Apologies** The Committee Chair opened the meeting and welcomed attendees. He explained that it had been agreed that the planned workshops would be deferred as a consequence of the current Covid issues and the meeting would focus on key issues. Apologies were received from Ruth Burnett and Stuart Murdoch. Carolyn Nelson was attending on behalf of the Medical Directorate	
2020-21 (51b)	**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 (51c)	**Minutes of meeting held on 21 September 2020** The minutes were reviewed for accuracy and agreed as a true record of the meeting.	
2020-21 (51d)	**Matters arising and review of action log** <u>2019-20 (86b) KPI schedule</u> The Committee agreed that the actions and agreements from the separate performance brief workshop which had taken place in the previous week would be implemented and monitored. The KPI scheduled workshop was deferred to February 2021. <u>2020-21 (44a) Infection Prevention and Control 2019-20 annual report</u> The action was agreed as complete.	

	2020-21 (46c) Risk Register The action was agreed as closed.	
KEY ISSUES		
2020-21 (52a)	**Covid-19 update** The Executive Director of Nursing and AHPs presented the update on the current position, highlighting that whilst the demand on LCH services remained static, an increased number of Covid-19 positive patients within the Acute Trust was reported with pressure to discharge patients back in to the community more rapidly. In addition, the Committee heard of the increasing number of outbreaks within Care Homes and of three Neighbourhood Teams impacted by outbreaks in addition to some corporate outbreaks. The Executive Director of Nursing and AHPs spoke about the potential opening of the Nightingale Hospital in Harrogate, and stated that four staff had volunteered their support, with two healthcare assistants still required. It was noted that the Executive Director of Nursing and AHPs was in discussions with the Chief Nurse of Leeds Teaching Hospitals (LTHT) about the shift patterns expected at the hospital. A Non-Executive Director (HT) asked about the returning VAT requirement on PPE, with particular reference to the impact on care homes. The Executive Director of Nursing and AHPs update the Committee that there was an agreement across Leeds until March 2021 for PPE to be provided across the system, including to care homes however this may have a concerning impact at a future point. In response to a question from the Committee Chair, the Executive Director of Operations said that as yet there had been no substantial increase in referrals from LTHT for Community Care. Work was underway with LTHT to identify current inpatients who may be suitable for earlier discharge in order to reduce pressure within the hospital. The Executive Director of Operations informed the Committee that the Leeds CCG had agreed increased funding to extend the night service to provide an additional team to support hospital avoidance overnight and also to support patients to return home safely from A&E until 10pm. The Committee also heard how the Trust was actively recruiting to an additional 30 non registered staff to support the Neighbourhood Teams. The Committee heard how the staff flu campaign was underway and currently at 42% of clinical staff vaccinated. In addition, a Covid vaccination programme for Leeds had been asked to commence from December 2020, led by the Executive Director of Operations for Leeds and the Trust. This will be supported by a regional training programme for new vaccinators to support the mass vaccination following the initial targeted clinically vulnerable population. It was noted that updates would be communicated to Board members in relation to Covid-19; with weekly updates issued to Non-Executive Directors should the position move into a Gold position.	
2020-21 (52b)	**Podiatry update** The Committee was pleased to hear from the Executive Director of Operations that the waiting list in the Podiatry service had been significantly reduced and that the remaining patients on the waiting list all had appointments in place.	

2020-21 (52c)	**Little Woodhouse Hall assurance update** The Executive Director of Nursing and AHPs presented the report and provided an update on the continued challenging position at LWH but noted continued progress to embed improvements. It was noted that there were currently three young people on the unit, of which two were awaiting transfer to alternative beds within the secure environment. The Executive Director of Nursing and AHPs highlighted that the new psychologist had commenced in post and during October 2020, was working with the psychologist who had been providing interim cover to ensure a clear and robust handover of care. It was also highlighted that activities were increasing in the unit with an example given of a breakfast club which was run by the young people who took great pride in being able to provide breakfast for the Executive Director of Operations and other staff who were visiting. The Committee were pleased to hear that the patient call alarm system had been installed in the unit following delays due to the pandemic. The Trust Chair asked about the increasing incidence of restraint and how this was being reported at a senior level to ensure that support was given. The Executive Director of Nursing and AHPs confirmed that the Senior Management Team received the data on a weekly basis and it was agreed that Board members would also be sighted. The Committee felt that the paper provided an increasingly assured position toward reasonable assurance. It was agreed however that this remained at limited assurance with a further update to be received by the Committee before the December 2020 Board meeting. **Action: Executive Director of Nursing and AHPs to provide an update on progress to the Quality Committee in November 2020.**	**Executive Director of Nursing and AHPs**
2020-21 (52d)	**Reset update** The Executive Director of Operations updated the Committee on the reset work to date, highlighting that risk assessments for all clinical settings for the safety of clinical delivery space was complete. The Executive Director of Operations also provided an update on how the reset was providing an opportunity to ensure services were equipped to manage waiting lists within national guidance and best practice and stated that future reports would include narrative to address how teams were reporting the level of potential harm to patients. It was noted that there were intentions to provide the re-set dashboard to the Committee on a regular basis. It was agreed that the Executive Director of Operations would liaise with the Executive Director of Finance and Resources to discuss the recording of productivity gains via the Productivity Group. **Action: Executive Director of Operations to liaise with the Executive Director of Finance and Resources to discuss the recording of productivity gains via the Productivity Group.** In response to a question from the Trust Chair about reducing health inequalities	**Executive Director of Operations**

<table>
<tr><td></td><td>as part of the reset work, it was acknowledged that ongoing work in the Improving Access to Psychological Therapies (IAPT) service would be helpful in understanding disparity of recovery outcomes amongst some groups within the community, to influence future work.</td><td></td></tr>
<tr><td colspan="3">SUB GROUP MINUTES FOR NOTING</td></tr>
<tr><td>2020-21 (53a)</td><td>Quality Assurance and Improvement Group: 23 July 2020
The Committee received the minutes and it was noted that the ABU mortality assessments were up to date.</td><td></td></tr>
<tr><td>2020-21 (53b)</td><td>Safeguarding Children's and Adult's Group: 11 August 2020
The Committee received the minutes and noted the escalation regarding that Safeguarding documentation for non SystmOne services. A short term solution agreed had been agreed with work progressing towards a medium and long term plan.

The Committee heard that the Safeguarding Team were extremely busy, especially in the Front Door service and extra resource had been put in place to assist. A system response was under discussion with commissioners.</td><td></td></tr>
<tr><td>2020-21 (53c)</td><td>CCG Clinical Quality Review Group meeting: 18 June 2020 & 17 September 2020
The Committee received the minutes and noted the Committee Chair’s comment about the increasing lack of attendance at the meetings. The Executive Director of Nursing and AHPs explained that there were conversations taking place regarding the meetings going forwards to avoid duplication with other meetings.</td><td></td></tr>
<tr><td>2020-21 (53d)</td><td>Mental Health Act Governance Group: 18 September 2020
The Committee received the minutes and noted that the new service lead had observed. The Committee also heard that the CQC had observed the last meeting, giving positive feedback.</td><td></td></tr>
<tr><td>2020-21 (54)</td><td>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, including the agenda items below which addressed the BAF Risk 1.3:
<table>
<tr><th>Can the Committee assure the Board on the following strategic risks?</th><th>Agenda items reviewed:</th><th>Overall level of assurance provided:</th><th>Additional comments:</th></tr>
<tr><td>RISK 1.3
Is the Trust maintaining and continuing to improve service quality?</td><td>• Covid-19 update
• Podiatry verbal update
• LWH assurance update
• Reset update
• CCG Clinical Quality Review Group meeting minutes
• Quality Assurance and Improvement Group minutes</td><td>Reasonable</td><td>The Committee recognised the improving situation at Little Woodhouse Hall inpatient unit. It was agreed that this only provided limited assurance as there was</td></tr>
</table></td><td></td></tr>
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				further action required.
2020-21 (55)	**Reflections on Committee meeting** No issues discussed.			
2020-21 (56)	**Any other business** **a) Breach of Category 4 Pressure Ulcer target**: The Executive Director of Nursing provided a verbal update to inform the Committee that the Trust had breached the zero tolerance for Category 4 pressure ulcers with lapses in care. One concluded investigation, in the Yeadon Neighbourhood Team identified missed opportunities for specialist intervention for the management of contractures and actions were being taken to address the learning. In addition there was the report of a further Category 4 pressure ulcer as a serious incident with potential lapses in care at the South Leeds recovery hub and the investigation was ongoing.			
	Dates and times of future meetings and workshops 23 November 2020 - meeting 25 January 2021 - meeting 22 February 2021 - workshop 22 March 2021- meeting 26 April 2021 - workshop 24 May 2021- meeting 21 June 2021- workshop 26 July 2021- meeting 27 September 2021- meeting 25 October 2021 - workshop 23 November 2021- meeting			

NHS
Leeds Community Healthcare
NHS Trust

Agenda Item 2020/21 (107ci)

Business Committee Meeting
Microsoft Teams / Boardroom, Stockdale House
Wednesday 23 September 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:	Jenny Allen	Director of Workforce
	Diane Allison	Company Secretary
	Dan Barnett	Programme Lead Reset and Recovery
	Mahliqa Nisar	Sustainability Project Lead
	Peter Ainsworth	Operational Support Manager
	Hannah Turp	e-Rostering Project Manager
	James Forrest	Vice-Chair of BAME Support Network
	Emma Bolton	Associate Director of Estates
Apologies:	None recorded	
Note Taker:	Ranjit Lall	PA to the Exec Director of Finance & Resources

Item	Discussion Points	Action
2020/21 **(33)**	**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 29 July 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.	
2020/21 **(34)**	**Sustainability action plan** The Committee Chair welcomed the Sustainability Project Lead and the Operational Support Manager to the meeting.	

	The sustainability paper presented to the Committee provided an update on the development of the Trust's first sustainability plan and action plan. The sustainability plan had been shared with a number of key groups in the reset programme and referenced against the digital and estates strategy. The plan had also been approved by the Senior Management Team (SMT). The Executive Director of Operations said that the changes being made to services in response to Covid-19 had coincidentally been helpful when producing this plan but the ambition going forward was still to be fully worked through. She was looking for Committee's views and comments on the action plan before its launch in October 2020. The five key areas the action plan focussed on were buildings and estate, procurement, travel, waste and water management, and staff involvement and engagement. A Non-Executive Director (RG) said that linking back to the vision and values of the Trust worked well and showed commitment. He noted that there was a large emphasis on the procurement section in terms of national arrangements and procurement frameworks. He asked about the options to drive sustainability through procurement. The Executive Director of Operations said that in terms of procurement there was an appetite across the whole NHS to work on this agenda and see gains in terms of new ways of working. The Operational Support Manager added that the next version of the plan would be merged with a powerful estates vision, reducing footprint of buildings and concentrating on efficiency. There were some discussions about group 'route mapping' to help people to be more efficient in their travel and reducing waste. The Operational Support Manager said that in terms of travel, technology should hopefully be overseeing additional offers when scheduling clinician visits using the tools. A Non-Executive Director (HT) suggested that it would be good to link across the city and engage staff, giving the example of the tree planting programme run by the Council. A more simplified message was being produced to outline the Trust's ambitions in year one, two and three and its sustainability performance. A quarterly performance report was to be shared with SMT and then annually with the Business Committee and Trust Board. The Committee Chair felt it was a positive and a powerful message. He said there was value in looking at some shorter term targets and associated benefits achievable over the first two years. He suggested improvements to the style and language to sound more confident and that it was important to make links with the city's plans. The Operational Support Manager said that he was looking to launch the sustainability plan this year before Christmas 2020 and would like to bring back a further draft to the November 2020 Committee meeting for approval and sign off with a view to submitting the plan to the Trust Board in December 2020. **Outcome:**	

	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.	
2020/21 **(35)**	**E-rostering (presentation)** 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 were expected to achieve level one by March 2021, which was to have a central system to record capacity information. The Trust was expected to achieve that level ahead of the March deadline whilst the E-rostering project had been paused during the initial Covid-19 period. The E-rostering system supported the staff redeployment programme, capacity and demand modelling, and payment of staff. The Project Manager said that the feedback from staff had been positive, but there were some managers who were reluctant to use the App. A Non-Executive Director (HT) asked whether paper systems were being used as well. It was noted that some managers still felt uncomfortable using the system and printed the rotas. The Project Manager said that hopefully overtime with cultural shift and change management that should stop, and the more that e-rostering is embedded, the less that will happen. A Non-Executive Director (RG) said that initially there were lots of benefits from standardisation for local practices and flexibility within a team, for example when staff chose not to work on a particular day every week. He asked if the system had started to see some of that generating. The Project Manager responded to say that this was a flexible organisation and helped people balance their home and work life. The set shifts were something about building that balance, and hopefully in the future the system will allow rotas to be built around unlimited requests. It was noted that there were some opportunities to share this across organisations in Leeds to make best use of staff. There was a collaborative group working on a Young Offenders Institute (YOI) project. The Executive Director of Finance and Resources asked about the time scales and achievement of attainment level one by March 2021 and achieving all the strategic optimised benefits in three months from the end of attaining level one. The Project Manager said that NHS Improvement had set the deadline as March 2021, but based on the paused project the attainment level one is now to be met by end of June 2021. She continued to say that she aimed to meet level one attainment and then put together a business case in terms of what next steps would be and then meet further attainment levels. The Director of Workforce (JA) said that the business case would ensure maximised benefits of the system. She said that the Trust had a preview of what the system could do during phase one of the pandemic. The system was used to deploy staff, maximising capacity and skills to demand which was beneficial. The Committee Chair summarised the discussions to say that he was	

	impressed with what had been achieved so far and recognised the significant benefits already delivered across the organisation. The Committee recognised the importance of both the technical and cultural developments that were still being pursued. The Committee Chair thanked the Project Manager for the presentation. **Outcome:** The Committed noted the optimised stage levels and funding arrangements and the work that was underway to build a business case.	
2020/21 **(36)**	**Strategy** **a) Business and Commercial Development Report** The Committee heard that as a consequence of Covid-19 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 to provide occupational therapy. It had been awarded to the existing provider for the homeless service in Leeds. 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. The Executive Director of Operations reported that in terms of speech and language therapy in schools, which was a rolling programme, the Trust had been successful in the bid to provide the service in Pontefract schools. Work was also ongoing around the extension to the Sexual Health Service contract. This contract was initially offered for five years with the opportunity to extend and renegotiate on price thereafter. It was noted that this work was now out of contract whilst negotiations were underway to try and get the service within finance affordability. The Committee was advised that the Trust had received a formal 'notice' from NHS England for an opportunity to extend the contract with Young Offenders Institute (YOI) for a further three years. The Executive Director of Operations was considering this at the moment. The 40 community intermediate care beds in South Leeds were being funded by Clinical Commissioning Group (CCG), then subcontracted through the Trust to the Council for nursing and physio therapy service. It was noted that CCG wished to change the use of 10 beds into dementia beds. The Executive Director of Operations said that she felt it was inappropriate for that contract arrangement to continue. It had now been agreed that CCG will effectively send the money through a section 75 arrangement to the Council. **Outcome:** The Committee noted the update. There were no particular areas of issue or concerns to follow up with. **b) Estates strategy update**	

	The Executive Director of Finance and Resources welcomed and introduced the Associate Director of Estates to the meeting. He said the paper was self-explanatory so he opened the conversation for comments and questions. The Associate Director of Estates provided an update on the implementation plan, particularly focussing on what had been achieved during the first phase of the Covid-19 pandemic, including changes to the way in which staff work and buildings were configured and gave examples of how staff were being engaged in this work. 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. The Chief Executive was content with the detail in the paper that reflected on phase one of Covid-19 and that there was likely to be significant changes to the way in which services were provided as a result. Work was continuing about the estate and to reflect on health and inequalities. A Non-Executive Director (RG) asked about changes to working patterns and future workforce model based on the new reality that drives the estates requirements. He said at the moment each locality had a central place and access linking to healthcare. The Committee Chair also challenged the working pattern issues. He asked when it would be worked out in a way that would suit the business, staff, patients and the city and in terms of Trust position. The Associate Director of Estate said that work was already underway to think about the working pattern that would work with the estate particularly around the estates project closely linked to Stockdale House, around safe working environment and agile working practices making sure it all joined up to the organisational policies. The Director of Workforce (JA) said that the safe working environments project was at phase one and the next phase was about the future design and function, future working patterns and the balance between working from home and what it means for building and estate in terms of accommodation arrangements. The Chief Executive said that she wanted to reinforce the conversation to say that it was imperative to start scoping the new headquarters. There was a first glimpse of what staff felt purely around the Stockdale building through the estate questionnaire, whilst ideally the work would have had involved planning and modelling. The Committee Chair said that the comments around the table related to the estates strategy synchronising with the health priorities across the city so the health inequalities need to be more evident in what is being formulated. **Outcome:** The Committee noted the estates update. An update to the Committee in the future was to include a summary of costs. **c) Digital strategy update: implementation plan on a page** The Committee received an update on progress following the review of the digital strategy at its meeting in July 2020.	

	The newly established Digital Strategy Implementation Group was in the process of 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 then presented to the Committee in October 2020. The Executive Director of Finance and Resources said that those charged with delivering the digital strategy would not over or under promise to services. The first draft of the digital strategy was based on consultation and prioritisation and with current resource constraints it would not be possible to deliver everything within next six to twelve months. **Action:** The Committee to review 'a digital plan on a page' at its meeting in October 2020. **Outcome:** The Committee noted the progress made against the development of a digital plan on a page.	**BM**
2020/21 **(37)**	**Programme management** **a) Reset and Recovery: including position statements** The Committee Chair welcomed the Programme Lead for Reset and Recovery to the meeting. The Committee received an update, including restart position statements about services including those where there were backlogs of patients waiting following services being stood down during the first wave of the pandemic. The Executive Director of Operations said that a reset dashboard to track progress and issues was being produced for reporting into the problem solving group. She said an ambitious target was set to ensure that all services were up and running, particularly for the priority services, by September 2020, and these were now all operational. There was a lot of concern in the services about the second wave, but the services are continuing positively. The paper considered the next three to six months of reset and recovery, including the management in the event of a second wave of the pandemic. The focus was on quality, and embedding of the reset innovations, impacting positively on people from vulnerable groups and improving people's health inequalities. The Committee Chair queried the level of staff enthusiasm on reset in view of the challenges of delivering the business. The Programme Lead said that staff were still very energised by some of the changes that came into play quickly. He agreed that people were tired and were being supported. In response to the Committee Chair's question about patient involvement, the Programme Lead said that some showcase examples of patient engagement were available where that was working well. There were a number of family focus groups set up to make sure the patients were involved. The existing patient engagement mechanism was still being utilised.	

	The Chief Executive referred to the Committee Chair's comments about patient and public involvement around health and inequalities. She said that during reset and recovery SMT supported getting as many services up and running as quickly as possible as a priority. The Executive Director of Operations said that there was a lot of enthusiasm for transformation and lots of enthusiasm for patient engagement and getting that right. In some cases transformation would happen once services had restarted. She said the biggest risk was the influence of media on people worrying about the second wave, and agreed to keep going and getting that message right. The reset and recovery programme was now in the fourth month of implementation. The Committee recognised the importance of ensuring services were back up and running quickly in order to attend to patients and reduce waiting lists. The Committee Chair summarised the discussion to say that the detail in the paper was helpful to understand the progress. The Committee members continued to recognise the challenges and were encouraged by the sense that there was still some excitement amongst staff in terms of using this experience and capitalising going forward. He said if there was anything more the Committee could do to help and support, it would be very pleased to do so. The Committee Chair thanked the Programme Lead for joining the meeting. **Outcome:** The Committee noted the contents of the report. All services had now restarted and were seeing patients. **b) Operational Plan: priorities update** The Executive Director of Finance and Resources introduced the Operational Plan priorities update report. The report provided an overview of the Trust's priorities at the end of month five for 2020/21 which were developed prior to phase one of the Covid-19 pandemic and approved by the Trust Board in March 2020. The Executive Director of Finance and Resources said that the priority had been to respond to the Covid pandemic in terms of maintaining essential services, supporting staff had dominated the Trust's focus and had been the organisations top priority. He added that this was not fully reflected in the report presented because it was framed around the 2020/21 priorities and core delivery was not a major focus of those priorities. The Executive Director of Finance and Resources said that his personal sense was the achievement of priorities should be shared and the Trust should focus on what was achievable over the next five months in addition to responding to Covid-19 and reset and recovery. The Chief Executive said that this was a useful update capturing all the achievements, but it was difficult to predict what would happen between now and the end of year. **Outcome:**	

	The Committee noted the assessment of delivery of work planned in relation to the Trust's 2020/21 priorities at the end of month five and the impact of the Covid-19 response and the focus of work planned for the remainder of the financial year.	
2020/21 **(38)**	**Performance management** **a) Performance brief and domain reports** • **Sickness absence analysis** The Committee received the Performance Brief and domain reports for the month of August 2020. The Executive Director of Finance and Resources said that the key issues were detailed in the summary cover paper. A Non-Executive Director (HT) updated the Committee on issues discussed at the Quality Committee meeting on 21 September 2020 regarding Safe, Caring and Effective domains. She said there were discussions about major harm incidents and waiting list recovery and how that would impact on safety and about the number of staff leaving within first twelve months of starting. *Waiting list* 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 ensure that patients were contacted regularly and that they knew how to escalate any concerns and changes in their condition. In terms of the targets, the 18 weeks referral to treatment target was below what was required. Recovery had started in a careful way to bring children into a safer environment. The Executive Director of Operations said that she was confident with the Improving Access to Psychological Therapies (IAPT) service was aiming to achieve 20% to 22% by the end of the year. There was about 16% accessing the service at the moment, which should have been around 19% rising to 22% by the end of the year. A Non-Executive Director (RG) asked about a series of mitigations. The Executive Director of Operations said that RAG rating monitoring was in place in all services. There were some vulnerable patients needed to be kept in touch whilst others didn't initially present with any risk factors at all and then those people waiting and deteriorating that are not known. This was the most concerning area and these patients were being kept in touch by telephone or by a letter. The Chief Executive said that one of the waiting lists that concerned her was the autism waiting list, a national problem. There continued to be a wide range of challenges around families waiting up to a year for assessments. The Executive Director of Operations said that it was unsatisfactory that people were waiting for so long; in fact, they were waiting for diagnostics, a routine assessment on autism, and not waiting for treatment. This was a service that needed to be a face to face service which was stood down nationally at the beginning of Covid-19 pandemic. Getting the service back up and running was difficult because often two or three professionals and the family are in the room and to do that in a safe way needed space for	

	consultation. The Executive Director of Operations said that this had now been resolved and all the child and adolescent mental health services suites were open. 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 Executive Director of Operations said that some work had been outsourced initially with low risk families but the assessments needed to be done face to face with the child and family. The other providers have the same issue of not being able to see children face to face. The Executive Director of Finance and Resources added that there was a constraint of money on outsourcing whilst targeting autism assessments. The Committee Chair encouraged to the consideration of outsourcing to get back into a steady state as soon as possible. *Well-led* The Director of Workforce (JA) provided an update on the turnover of staff with less than twelve month's service. She said this was not uncommon problem; other organisations struggled with this too. Some work was undertaken to compare NHS Trusts and the only analysis available was from the Derbyshire NHS Trust. Their overall turnover was a good deal lower. It was noted that in the last twelve months from August 2019 to August this year there were seventy leavers in this category and the main reason cited for the departure was to secure promotional opportunities and also to secure some additional flexibility of better work/life balance. The Director of Workforce (JA) said that further proactive work was continuing as part of resource and retention plan until the end of year. She said it would be important to monitor the progress of new starters and getting the right support and then begin to understand the extra intelligence from the exit information. A Non-Executive Director (HT) recognised the amount of effort in the past to encourage nurses into the community settings and agreed that understanding why people leave is going to be important going forward and was happy with the focus on securing newly qualified staff. The Director of Workforce (JA) explained about the sickness analysis in the context of the concerns that were emerging. She said the anomaly here was that the sickness absence rates had decreased over the last couple of months. A set of slides in the pack provided further details. The Director of Workforce (JA) continued to say that stress, anxiety and depression category was increasing aligned with messages and concerns raised at the health and wellbeing group of feeling the pressure. She said the Trust will carry on listening and providing support to services as a key priority during winter months. The offer had shifted from managing illnesses to being more proactive about trying to manage people's health and wellbeing and keeping them well at work. The Committee was advised that it was reasonably stable at the moment in terms of sickness related to Covid-19 and with some of those childcare difficulties.	

	The Committee Chair summarised the discussions. He said in terms of the performance brief, comments had largely been around continuing concerns on waiting lists and the recognition of action in place. There was an understanding of the staff leaving within twelve months but there still remained a concern and a range of support measures were being put in place to address this. There would be a closer scrutiny over the reasons for that and seeing if mitigation around that might be possible. The Committee Chair said that the analysis on sickness absence had been useful. **FINANCE** The Executive Director of Finance and Resources said that for the first six months of the year there were no issues to report. He said as previously reported in a number of sources about high bank and agency use, this report indicates that bank and agency staff had decreased as expected. The services had been operating at a reduced level and sickness levels and vacancy levels were also low. This was something the Executive Director of Finance and Resources would continue to monitor. **b) NHS Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) annual reports and action plans** The Vice Chair of BAME Support Network was welcomed to the meeting. The reports provided an update on progress made during 2019/20 and the achievements on the WRES agenda and the Black, Asian and Minority Ethnic (BAME) network that had now been engaged into the next stage. The Vice Chair of BAME Support Network said that he was pleased with getting to this stage in a relatively short time and appreciated the effort and thoughts that had been put into this by BAME network. The Committee reviewed both action plans and agreed to recommend that the Board approved 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**.** The refinements to the WRES action plan took account of the disproportional impact of Covid-19 pandemic on BAME staff. This revised action plan had also been considered by SMT. **Outcome:** The Committee noted the progress made around the wider engagement with BAME staff and approved the revised WRES action plan for progressing to the Trust Board meeting on 2 October 2020 for ratification. **WDES report** The Director of Workforce (JA) said this is report had similar requirement as above for WRES update. She said that she would categories this agenda as on a less mature journey. The report set out some of the work undertaken and sought approval of the proposed work for future. A Non-Executive Director (RG) questioned the status of the planned actions,	

	whether they had been achieved. The Director of Workforce (JA) said that some of the work had been undertaken, but the work regarding the WRES agenda had overtaken as a priority. The Chief Executive said that the Trust should harness the success of the BAME network and the way it had matured and also the way the campaign had been launched. The change and impact it had would act as a motivator for the development of other networks. The Committee Chair noted that the WDES report had unfulfilled potential activities. The Director of Workforce (JA) thanked the Committee for their views and comments and said she would make the necessary adjustments prior to the reports going to the Trust Board **c) Quarterly finance report** Please see private minutes. **d) Quality, staffing and finance: triangulation report** The Committee received a report which was also shared with the Quality Committee on 21 September 2020 providing detailed analysis of the position within the adult business unit neighbourhood teams for the quarter one 2020/21 period. The content of the report was continuingly being developed with progress delayed due to the impact of the Covid-19 period. The Committee considered areas of concern as following: • COVID-19 had impacted on all aspects of neighbourhood team delivery during this period. • Capacity was initially affected by an increase in sickness but had now improved and redeployed staff from LCH services that had been paused supported neighbourhood team capacity. • Demand for services had also been affected whilst the number of referrals initially reduced, the complexity of the caseload particularly related to end of life care and people living with frailty and in care homes increased. • There had been some disruption to routine quality and performance indicators and performance review processes during the pandemic period. The Executive Director of Operations said that this was not a sustainable position, ensuring there was enough staff to cover the contracted position. This had led to quite a lot of anxiety in neighbourhood teams as deployed staff had reverted back to their own service and there was a sense within the neighbourhood teams of increased workload. The area having a significant demand had been for end of life care. There was a suggestion that the complexity of patients was increasing. There was quite a significant shift in the number of people who were choosing to die at home and the Commissioners were aware of this increase and a request for 30 additional staff had been registered. The Executive Director of Operations also said that the efforts had focussed on managing Covid-19. There had been decrease in statutory and mandatory training including appraisals, a consequence of refocusing on the work and whilst there are recovery plans in place, the Committee could be assured that the teams were working to improve these rates.	

	It was noted that in future this report would provide a quarterly update as an appendix to the Performance Brief. **Outcome:** The Committee received the report and noted the issues outlined. **e) Partnership Traded Contract Performance 2019/20** The Executive Director of Finance and Resources said that all traded services were operating at surplus and each one of them had appropriate financial governance around them. In line with partnership agreements, any profit or loss on a contract was shared between partners and the position reported was the net impact for the financial year on Leeds Community Healthcare. For 2019/20 all the contracts operated under partnership agreements delivered a net surplus for the Trust The Committee noted the five services the Trust delivered in formal partnership with other providers were within the Specialist Business Unit: the Leeds Sexual Health service, the Leeds Mental Well-being service, the Forensic Youth service, the Humber Court Liaison and Diversion service and the Tier 3 Weight Management service. **Outcome:** The Committee noted the financial position of the 2019/20 partnership traded contracts. **f) Board Assurance Framework (BAF) update** The twelve BAF risks assigned to the Business Committee were reviewed in July 2020 by the Committee and it felt that three of the BAF risks were thought to be light on sources of assurance; 2.1 Principle projects, 3.6 business continuity and 4.3 governance of partnership. The Committee discussed and agreed the additional sources of assurance which the executive directors had suggested. The Committee considered what form these sources of assurance should take and how frequently the Committee wanted to receive them. The Committee was also asked to consider a new subgroup reporting directly to the Committee (Digital Strategy Implementation Group). The Committee received the Chair's assurance report which had been populated with the reports from the meeting's agenda in order for the Committee to consider the level of assurance the combined papers indicated for the relevant BAF risks. The Company Secretary proposed to change the way assurance was reported to the Trust Board. She said this request was also put to the Quality Committee on 21 September 2020 and had been agreed. **Outcome:** The Committee reviewed and agreed the suggested additional sources of assurance. The Committee confirmed it would adopt the revised Chair's assurance report and utilised the attached proforma to provide the Board with appropriate assurance at the Board meeting on 2 October 2020. **g) Operational and non-clinical risks register**	

	This report provided a description and rationale of risk movement since the last in depth report received in July 2020. It also provided an analysis of risk themes and presented the risk profile for non-clinical risks. There were two new non-clinical or risks scoring 8 or above as below: *Risk 1014*: MSK service unable to see all paused and new patients because of decreased capacity. *Risk 1015:* Delays in treatment for podiatry patients due to Covid-19. There were no new non-clinical risks scoring 15 or above (extreme). There was one risk with revised high score due to increased demand in Adult Speech and Language service and two de-escalated risks about waiting list in Children Audiology and BAME risk assessments situation. **Outcome:** The Committee noted the contents of the risk register and assured the Board that non-clinical risks were being appropriately managed. **h) 2018/19 Reference costs to note** The Committee noted the results of the 2018/19 Reference Costs exercise. These results were published in late February 2020. However, the report to the Committee had been delayed due to the Covid-19 pandemic response. The reference cost index was a relative measure that compared different service provider's unit costs. The average cost was set at 100 and every organisation's costs are expressed related to this. The reference cost collection exercise for 2019/20 was currently underway. **Outcome:** The Committee noted the 2018/19 published reference costs for the Trust's services. The detailed information was broadly consistent with previous years.	
2020/21 **(39)**	**Business Committee work plan** • **Future work plan** The work plan was reviewed by the Committee members and agreed.	
2020/21 **(40)**	**Matters for the Board and other Committees** • Sustainability action plan • Estates strategy • Operational plan • Performance brief and domain reports • Finance report • WDES/ WRES annual report and action plans • Quality, staffing and finance: triangulation report	
2020/21 **(41)**	**Any other business** None discussed.	

NHS
Leeds Community Healthcare
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AGENDA ITEM 2020-21 (107cii)

Business Committee Meeting
Microsoft Teams / Boardroom, Stockdale House
Wednesday 28 October 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:	Jenny Allen	Director of Workforce
	Diane Allison	Company Secretary
	Richard Slough	Assistant Director of Business Intelligence (for item 44 only)
Apologies:	None recorded	
Note Taker:	Ranjit Lall	PA to the Exec Director of Finance & Resources

Item	Discussion Points	Action
2020/21 **(42)**	**Welcome and introductions** The Committee Chair welcomed everyone to the meeting. 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 23 September 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. **Action 17c Utilisation rate of staff, including bank and agency** It was agreed that this action would be removed from the action log and reconsidered at a more appropriate time. **Action 27d CAMHS T4** This was no longer an issue as the contract was transferring to Leeds and York Partnership Foundation NHS Trust. All other actions were complete or covered in the meeting's agenda.	

2020/21 **(43)**	**Reset and Recovery progress update** **Covid-19 update** The Committee was provided with the latest update on the impact of Covid-19 on the local health system, including a surge in the numbers of patients being admitted to hospital with Covid-19 and exceeding, and that routine elective procedures were being cancelled. A total of eight Covid-19 wards had been set up to manage Covid-19 positive patients. The Executive Director of Operations said in terms of the Trust the escalation levels continued to be reported at level two. However, the neighbourhood teams were currently reporting at level three with 56 staff absent for Covid-19 related reasons. An appeal for volunteers to help in the neighbourhood teams had been made. The Executive Director of Operations said that if the numbers required are not achieved in this way, the Trust would have to consider closing some of the least critical elements of services to provide support to those most critical areas. The Director of Workforce (JA) said that sickness absence was at 4%, including 0.7% Covid-19 sickness absence and steadily increasing. The Chief Executive added that there was no national framework available for standing down services during the second wave. She said there was a clear direction to use the framework as guidance to make local decisions. There was clear guidance that health visitors and school nursing services should not be redeployed, which would be challenging but it was understandable. In response to a question from a Non-Executive Director (RG) about the number of staff who were sick and the number who were waiting for testing results and were self-isolating in the meantime, the Director of Workforce (JA) confirmed that there were staff who were absence due to self-isolating and absence with the virus however, there were no issues with test capacity and that the testing system for key workers was running smoothly. **Reset and Recovery** The Committee received an update on the reset and recovery status of the services. It was advised that in some services the national rules had been interpreted in different ways and this had affected how waiting lists had been calculated. A comprehensive piece of work was underway to address waiting lists and waiting times. The Executive Director of Operations said that the project was in its early days but she felt that it covered the essential elements to manage going forward. The work was based on 4 elements as follows: • Interpreting the national rules. • Recording and reporting of waiting times consistent across the organisation. • A range of innovations being developed across the services for resetting and recovery programme. • Capacity and demand. The Business Intelligence team was now checking this information and the Admin review project provided an opportunity for ensuring consistency in future.	

	The plan was to clear the backlog whilst predicting future capacity and considering productivity levels. The Committee was provided with details of the Podiatry Service's innovative approach to successfully reducing their waiting lists and restructuring their service into small, supportive hubs. It also heard about a small number of services where there were particular concerns about waiting lists: Child and Adolescent Mental Health Service (CAMHS) (for autism diagnosis), the Continence, Urology and Colorectal Service (CUCS) (numbers were increasing, not reducing), Wound Management (staff had been redeployed) and Musculoskeletal service. The Executive Director of Operations said that she had previously been concerned about the waiting times in the podiatry service. Good progress had been made and there was a significant success in tackling this issue. The Executive Director of Finance and Resources said that the Audit Committee wished him to raise the issues about productivity in terms of waiting lists and increased activity and to make sure staff were efficient and as effective as can be whilst delivering patient care. The intension was to make this an integral part of reset and recovery so that services understood the financial savings as well as the activity deliverables. The Committee Chair said he would welcome knowledge of any areas that could be highlighted where a step change had been made to improve waiting times. The Executive Director of Operations said that there were some services doing it perfectly well but others believe they have been doing the right thing but needed that audit for assurance. The Executive Director of Operations said that she would like to continue with the audit in the next few months and then provide further details to the Committee of the services who are fine, some that need attention and those that need a focus. The feedback will also factor in some of the priority work currently being undertaken. A Non-Executive Director (RG) asked if the services were volunteering themselves for the reset and recovery process or was that led by the Reset and Recovery Lead. It was noted that about 75% requests came from the services. The Executive Director of Operations said that there were some services that needed encouragement. The Committee Chair asked about the communication with NHS England, the Commissioners and staff regarding the waiting lists. The Executive Director of Operations said that she had been transparent in the challenges that the community services faced. The Committee Chair thanked the Executive Director of Operations for a very helpful and detailed paper. He said that there were issues around the waiting lists and further clarification was being sought. It gave assurance that things were being covered and priority was being dealt with sensibly and reasonably. There remained serious concerns on the number of staff who are now sick or self-isolating through Covid-19. This must represent a serious risk. **Action:** The Executive Director of Operations to provide an update to the Committee in February 2021, latest, to include highlights of the audit of services in the reset and recovery programme.	**SP**

	Outcome: The Committee noted the content of the report providing an overview of the range of innovations being developed across the services.	
2020/21 **(44)**	**Digital Strategy: Plan on a page** The Committee was provided with an update on the implementation plan for the Digital Strategy. The Committee was advised that the implementation plan and next steps had been developed through a series of workshops which had engaged large numbers of clinical services to identify the levels of priority attached to each workstream. In his introduction, the Executive Director of Finance and Resources said that this was not the digital strategy prioritisation update. This was about asking the Business Committee to discuss the implementation plan and contribute to its further development, taking into account the proposed next steps. The plan was to get to a position and a sense of direction for the next five years. The Assistant Director of Business Intelligence said that the graph in the pack identified twenty-nine projects of varying sizes and complexity and each one had been assessed to attach a priority to it and identified for the project manager or lead manager to take forward. He said some of the projects listed had been in existence for a while. The Digital Strategy Implementation Group (DSIG) was overseeing the work, which was being closely aligned with the work on reset and recovery. It was recognised that it also needed to connect with estates, workforce and organisational development. The DSIG continues to develop, implement and manage the plan working alongside the Major Projects and Business Logistic Team to understand other areas of the organisation and also learning form the outcome of reset and recovery programme. The Committee requested that the principles of decision-making should be defined so that it was clear how the twenty-nine digital projects had been prioritised. The Committee recognised that the programme was complex in terms of appetite for change, resource required, funding and deliverability. The Assistant Director of Business Intelligence said that it was important to capture the right information within the clinical systems and Business Intelligence. The workforce and organisational development agenda should strengthen those links giving an opportunity for some sort of direction and guidance that would help to deliver the solutions that people can actually use. The following questions were noted and the Assistant Director of Business Intelligence was asked to respond: • The Chief Executive noted that the decision on prioritisation was based on framing three or four principles to make that decision between relative pressures and priorities with competing demands. She asked for further clarification on the principles behind decision making. • A Non-Executive Director (RG) asked about the delivery model coming together and the way that would deliver the change between the responsibility of Informatics Team, Reset and Recovery Team and the existing Major Projects Team.	

	• The Workforce Director (JA) said that the innovations coming up were in a different space digitally and people's skills and ability to use technology had changed, and she asked if the strategy would change as a result. The Assistant Director of Business Intelligence said that the principles geared towards the priority plan had been mandated by NHS Digital or by one of the national bodies around making sure the software was up to date and cyber-proof. He said the fundamental principles were to complete these before progressing onto things that may feel more innovative and more attractive. In terms of thinking about how things have changed in the last few months in relation to the skills and the ability of the workforce, the Assistant Director of Business Intelligence said that people's attitude was changing towards technology for delivering their services. He said people had embraced it and he was cautious and had continuously taken into account. The Committee Chair noted a number of good points had been raised and responded to and supported the work that had been undertaken relevant to services and its criteria. He said that this was one of the complex programmes that would provide real benefits to the organisation and patients across the communities. The Executive Director of Finance and Resources said that there had been a number of good points about prioritisation and principles and resource and the availability of staff across the organisation. He said this was a work in progress, with work going on in the background particularly on the infrastructure and cyber security and capacity to deliver that. Further work was required to work out, understand and agree more service enhancement projects that are progressing sooner than the others and the implication of choice. The structure of the delivery mechanism would also be considered and managed appropriately by the DSIG. Following consultation by the DSIG, the plan would be considered by the Senior Management Team before coming back to the Business Committee. The Committee Chair thanked the Assistant Director of Business Intelligence for the update and the Committee for its contributions. **Outcome:** The Committee discussed the implementation plan and contributed to its further development and taking into account the proposed next steps.	
2020/21 **(45)**	**Projects Management** **Electronic Patient Record (EPR) update** The Committee received a presentation on the Electronic Patient Record **(**EPR) project. It was advised that the project team's capacity had been reduced as some staff had been redeployed into other important projects because of the pandemic. Progress had still been made in some areas, for example Integrated Children's Additional Needs (ICAN); the pandemic had escalated the speed at which change had been accepted. In the ICAN service, the clinicians ability to e-prescribe had received positive feedback from families. The Committee welcomed hearing about the benefits that EPR had brought	

	to a number of services that were described in the presentation. In connection with this, the Committee noted the newly recorded risk on the risk register concerning the lack of capacity and resource required to make substantial improvements to particular aspects of the EPR. The Committee noted that at the beginning of first wave most of the project work had been stood down. The presentation provided an update on progress on work that had continued. It was noted that the virtual ward at the start of the first wave was only covering four neighbourhood teams, now it had been implemented across the city. Another major piece of work covered the functionality and recording of patient information allowing EMIS Web users to view data held in SystmOne, whilst SystmOne users could also view information held in EMIS Web. This allowed clinicians to view a patient's full medical record. The ReSPECT project was initially paused at the beginning of lockdown. The full project, which had restarted in the summer, was to ensure people to die at their preferred place when at end of life. A Non-Executive Director (RG) asked in terms of overall deployment if there were any services still without EPR system. The Executive Director of Operations said that the ICAN service was the least developed and there are some services using alternatives to SystmOne but it would be preferable for all services to use one single system. **Outcome:** The Committee took assurance from the update and thanked the Executive Director of Operations in terms of progress particularly the work that had been done during very difficult times.	
2020/21 **(46)**	**Performance Management** a) **Performance brief and domain reports** The Performance Brief provided a summary of performance against targets and indicators and highlighting areas of note for the month of September 2020. A Non-Executive Director (HT) advised the Committee that the discussions at the Quality Committee on 26 October 2020 were focused on early warning signals for increases in pressure ulcers and incidents at Little Woodhouse Hall. She said investigations were still ongoing. <u>*Safe:*</u> No further comments were noted. <u>*Caring:*</u> The Committee noted there had been 36 complaints or concerns noted during the reporting period and yet the report had focussed on giving most detail to a similar number of compliments. The chair asked that future reports should seek to offer some detail and explanation on the complaints – particular in respect of themes and/or particular services **Action:** The Executive Director of Finance and Resource to request that thematic information for complaints is included in future performance briefs	**BM**

Responsive:
The Committee was advised of the progress in the Improving Access to Psychological Therapies (IAPT) access rates and that it was forecasting achieving its target by quarter four between 20% and 22%. Further work was continuing to ensure that there were improved recovery rates for patients.

The Executive Director of Operations said that work was underway over the next few months to try and reduce the impact of health and inequalities in IAPT in a more consistent way and to draw some conclusion for reporting. She said the access rate from different groups represented in the community were not always the same; therefore, there was a need to understand this.

The Committee heard that rapid referrals for paediatric services had increased significantly and were having an impact on waiting times. There was concern that in some areas of the business, the means of calculating waiting times were not consistent and were being reviewed.

Well led:
Sickness levels for staff were slowly increasing whilst turnover rates were very low. Statutory and mandatory training and appraisal rates were below target and the Committee explored why more was not done during the brief reprieve between the first and second wave of Covid-19. The Director of Workforce (JA) said that it was important to note that these rates may drop further in the second wave.

The Executive Director of Operations said that at the moment she had suspended the requirement to complete statutory and mandatory training and appraisals in the neighbourhood teams due to pressure in the service as discussed earlier in the meeting. She continued to say that she accepted that the statutory and mandatory training compliance was not where it needed to be. However, as part of wave one, the focus had been on ensuring staff undertook redeployment training to be ready to go into different service areas where there was a need and now training had restarted to ensure staff would be ready for wave two. It was asked that the suspension to statutory/mandatory training be considered on a risk prioritisation basis.

Outcome:
The Committee noted the issues discussed at the Quality Committee, waiting list improvement aspects and the conversation around training requirements.

FINANCE
The Executive Director of Finance and Resources said that the finance position for month six was satisfactory. Further information was provided in the summary cover note.

b) **Quarterly workforce report including strategy priorities**
The quarterly workforce report focused on three key priorities as follows:

- Workforce Strategy Priorities

The report described how the resourcing, health & wellbeing and diversity & inclusion priorities within the workforce strategy would be amplified, at the Board's request, as well as the anticipated impact on some specific workforce strategy objectives' timelines, linked to the Covid-19 pandemic.

	• Attrition of staff with less than 12 months' service The Committee was asked to consider an alternate way of calculating staff turnover within the first 12 months of service, as the current approach was not the most appropriate way of obtaining an accurate figure. The current denominator was the total number of staff leaving the Trust within the same period, whereas a more accurate denominator was the overall number of staff starting at the Trust within the same period. The Committee agreed to the proposed revised method of calculation. The Director of Workforce (JA) said that from data obtained from two comparator organisations, the Trust's turnover rate was broadly in line with what others were reporting. Deeper analysis had indicated the reason around promotion and flexibility that there was a higher turnover in the under 30 age group and various pieces of work were underway to try understand and address that. • Health & Wellbeing The Committee requested measures that would indicate the effectiveness of health and wellbeing initiatives. The paper described how the health & wellbeing offer for the Trust's workforce will be further developed and evaluated to ensure that it met workforce needs. Further information was provided in the detailed plan appended to the paper including some feedback from the friends and family test. The Committee Chair said that he welcomed and recognised the top priorities relating to the pandemic and the impact it was having. He said appendix two, 'the health and wellbeing plan' of programmes and activities was particularly positive and helpful. A Non-Executive Director (RG) queried the target dates. He asked whether they would be reviewed, as they appeared to be clustered together around the end of the year and to indicate which element of the plan was complete. The Director of Workforce (JA) agreed to review and refine this for the next update. **Action:** The Director of Workforce (JA) to review and refine target dates for the health and wellbeing plan and include the amendments in the next update c) **Emergency Preparedness, Resilience and Response (EPRR) update** The paper provided the Committee with an overview of EPRR activity over the last year, including Covid-19 and winter planning. The Executive Director of Operations said that this report had significantly reduced this year compared to previous annual reports. There was a national instruction that learning from the first wave of the Covid-19 pandemic had to be captured to ensure that any future responses to service pressures were reflective of the work that had already been put in place in 2020. It was noted that trusts only needed to complete the assessment if they were partially or non-compliant in the year. The Executive Director of Operations said that the Trust was substantially compliant. However, she felt that it was good practice to complete the assessment against the EPRR core standards again to ensure that the Trust did not fall behind in any other areas of EPRR	**DoW**

	resilience. There were four areas considered non-compliant as below. • Learning from the COVID-19-19 first wave • Winter planning and upgrading of business continuity plans • EPRR self-assessment • Updated policies and plans for approval The Committee Chair thanked the Executive Director of Operations for the update. He said the Committee took assurance from the learning gathered from the Covid-19 period, which was making the Trust's resilience plans for winter more robust. The Chief Executive noted the key areas identified in preparation for the next wave and asked if there were other things not picked up sufficiently in term of health and wellbeing. The Executive Director of Operations assured the Committee that in future every effort would be made to continue to support staff throughout the Covid-19 pandemic period giving a clear sense of purpose and shared objectives. **Outcome:** The Committee noted the content of the EPRR report and took assurance that the Trust was substantially compliant. d) **Operational and non-clinical risks register** The Committee received the risk register summary report showing changes to note to non-clinical risks and information about the effectiveness of the risk management processes. The following main issues were considered: **Risk 1017 -** One new risk had been added to the register: capacity to configure the Electronic Patient Record. **Risk 1000 -** This risk had a decreased score: ligature risks in community CAMHS bases. **Risk 1016 -** One extreme risk: managing the complexity of young people admitted to CAMHS Tier 4 inpatient unit. This was classed as a clinical risk and as such was being scrutinised by the Quality Committee. The Company Secretary advised the Committee of one late amendment this week to the risk register, a further extreme risk scoring 15 as follows: **Risk 1002** - local increase in Covid-19 rate having implications on services. This was a Quality Committee risk to scrutinise but also impacted on this Committee's business. A Non-Executive Director (RG) said that there were opportunities to deploy an optimised consultant to produce template layouts and workflows to help with the EPR project. The Committee Chair invited the Executive Director of Finance and Resources and the Assistant Director of Business Intelligence to be aware of those opportunities.	

	The Executive Director of Operations said that before the first wave the EPR project team had visited a number of other places to see what they could learn. The plan was to do things differently or remotely for the next phase of the programme. e) **Internal audit reports:** **(i) Recruitment and selection** The Committee reviewed the recruitment and selection audit overall assessment and were pleased to note substantial assurance. **(ii) Statutory/mandatory training overdue actions** The Committee reviewed the delayed actions for the statutory/mandatory training audit and was advised that training was continuing, however improvements were needed in the systems that recorded compliance. This work had been stalled during Covid-19 but was now progressing again. The statutory/mandatory training audit was being considered at the request of the Audit Committee because two recommendations out of five had a revised date. The Director of Workforce (JA) said that she wanted to provide assurance to the Committee that this was about the recording and configuration of Electronic Staff Record (ESR) system and reporting rather than the training not continuing. The recommendation that had been revised in terms of deadlines was about reconfiguring ESR. In terms of re-adjustment of deadlines the Director of Workforce (JA) said that the workforce teams would continue to work hard to hit the revised deadlines. She said in the second wave staff may have to be deployed to areas requiring more support. The Committee Chair said that if there was to be a further change to the proposed dates because of any difficulties or challenges the Committee should be advised.	
2020/21 **(47)**	**Finance** **Financial Regime (October 2020 to March 2021)** The Committee received an update on the national finance regime for the second half of the year; the Integrated Care System approach, the Leeds Community Healthcare financial plan and the position across Leeds. The current understanding of the funding envelopes was that Leeds as a Place has had a net reduction in overall funding (after the Covid-19 related costs had been excluded) and this may impact significantly on the health inequalities reduction agenda across Leeds if not corrected. Work was ongoing with the regional finance team to quantify this in order to help inform 2021-22 allocation discussions. Whilst the financial plan had attempted to anticipate all reasonable costs of delivering services over the second six months there was real uncertainty about demands on services and their ability to meet those demands over the six month planning period. The Executive Director of Finance and Resources said that the finance plan for second six months of this year was prudent and anticipates all the cost of reset and recovery service and provision for significant external capacity to	

	deliver some recovery in waiting lists. Further discussions were to be continued in the Senior Management Team meeting later in the afternoon. The Committee Chair thanked the Executive Director of Finance and Resources for the update. **Outcome:** The Committee noted the update on the financial regime for the second half of 2020/21.	
2020/21 **(48)**	**Minutes to note** **Health and Safety Group minutes – 6 August 2020** The Committee noted the minutes of meeting dated 6 August 2020. The Executive Director of Finance and Resources said that the overriding theme was responding to Covid-19, risk assessments and helping services to deliver a safe environment. He said health and safety work involvement over the past six months was reflected in the minutes.	
2020/21 **(49)**	**Business Committee work plan** The work plan was reviewed by the Committee members and agreed.	
2020/21 **(50)**	**Matters for the Board and other Committees** • Digital strategy update • Reset and recovery • Electronic patient record • Performance brief and domain reports • Financial regime • Quarterly workforce report • Internal audit reports	
2020/21 **(51)**	**Any other business** None discussed.	

Leeds Community Healthcare NHS Trust

AGENDA ITEM 2020-21 (107d)

Leeds Community Healthcare NHS Trust
NEDs COVID Update Briefing Meeting
12 November 2020

Present: Thea Stein(TS), Brodie Clark (BC), Richard Gladman (RG), Ian Lewis (IL) and Helen Thomson (HT), Jenny Allen (JA)

Note Taker: Liz Thornton
Apologies: Jane Madeley (JM)
In Attendance: Diane Allison (DA)

Item	Discussion Points	Action
	Data for the City • Leeds 7 day infection rate 432.5 per 100,000. • Leeds 7 day positivity 15.9%. • Rates were stabilising with some signs of a gradual reduction in rates. • Rates across the wider West Yorkshire area continued to rise but not as steeply. • Covid infection rate in Leeds Teaching Hospital NHS Trust is high and includes patients with hospital acquired infection. **Pressure on services** • Neighbourhood Teams were not currently experiencing a significant increase in pressure but the service remained busy and maintaining staffing levels continued to be a challenge. There was a steady rate in EOL care and fast track referrals – we were not back at the level of referrals in April but they were growing and were 25% above the level we would expect. • • Health Visiting and School Nursing were seeing an increase in pressure due to the wider effects of Covid-19 on babies, children and families. • Mental health and wellbeing concerns for all age groups had also impacted on service pressures. • IT –significant pressure on the helpdesk due to some sickness/ absence in this team. Staff were being asked to be thoughtful about the contact made with the Team. Temporary staffing solutions were being sought and attention drawn to self-help and guidance on Elsie about IT issues. **Staff capacity and Covid staff absence summary** • Jenny Allen provided more information about the capacity issue and modelling capacity impacts. • Direct re-deployment of staff was not necessary at the current time but plans were in place should it be necessary. • To ensure the Trust has the right capacity in the right place to provide critical services and support patients and carers, staff have been asked to volunteer for redeployment in services where there are additional pressures. • This was working well and currently capacity to meet service demands was being managing effectively by re-deploying volunteers. • SMT had agreed that staff should only be re-deployed from the Health Visiting and School Nursing services in extreme circumstances. • Latest staff absence data including a breakdown by Business Unit had been circulated and was noted.	

Safe working environments and social distancing

- A number of COVID positive cases have been reported across some workplaces in the organisation.
- Staff have had to isolate due to social distancing breaches as guidance had not been followed. Examples included general conversations with others, handovers and interaction during break times.
- Communication reinforcing the requirements of social distancing in the workplace have been sent to all staff and managers and emphasising the need for everyone to continue to keep our workplaces safe.
- Outbreaks are reducing.

Covid Vaccine programme and staff testing

- Coordination of the vaccine programme has started and expected to commence in mid-December. There are two parts to the vaccine with two injections spaced apart.
- Priority groups have been identified nationally:
- over 80's
- care homes
- health and social care staff
- Vaccines will be stored at an incredibly low temperature prior to being made ready for use and once made up; they only have about a 5 hour lifespan.
- All staff testing – lateral flow testing for Covid-19 would be rolled out initially in the acute hospital.

Staff health and wellbeing

- The overall impression from staff attending virtual forums and groups was that there was a more positive feel across the organisation people appeared to be less tired more optimistic about the future.
-

Questions/observations

NED (IL) asked whether there had been a significant increase in demand from patients on discharge from LTHT.

TS said that to date there had been no significant impact but some Teams were seeing an increase in demand which could be attributed to Covid-19 infections, for example the respiratory and stroke teams. She added that staff capacity and absence remained a challenge.

A commissioned service had been operational from mid-September to support patients with long Covid symptoms. The Quality Committee received regular updates on the impact of the service.

The Trust continued to support care homes across the city.

TS said that the roll out of the vaccine programme would impact on staff capacity in terms of the number of staff who would be needed to support the delivery. Preparations were being made to cope with the potential increase in demand.

NED (RG) asked how the city was planning to deal with the possibility of further restrictions at the end of the lockdown period.

TS said that although there were signs that infection rates were stabilising a cautious approach was being taken. A meeting of the Leeds Health and Care System Gold Command was scheduled for Friday 13 November 2020 where planning for post lockdown would be discussed.

Minutes of the

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

held Thursday 22 October 2020, 10.00 – 12.00pm

Virtually by Microsoft Teams

Present:

Angela Monaghan (AM) – Chair, South West Yorkshire Partnership NHS Foundation Trust
Cathy Elliott (Chair) (CE) – Chair, Bradford District Care NHS Foundation Trust
Keir Shillaker (KS)- Programme Director, West Yorkshire and Harrogate Health and Care Partnership
Sara Munro (SM) – Chief Executive Officer, Leeds & York Partnership NHS Foundation Trust
Sean Rayner (SR)- Director of Provider Development, South West Yorkshire Partnership NHS Foundation Trust
Sue Proctor (SP) - Chair, Leeds & York Partnership NHS Foundation Trust
Thea Stein (TS) – Chief Executive Officer, Leeds Community Healthcare NHS Trust
Therese Patten (TP) - Chief Executive Officer, Bradford District Care NHS Foundation Trust
Rob Webster (RW) – Chief Executive Officer, South West Yorkshire Partnership NHS Foundation Trust

In attendance:

Alison Kenyon (AK) - Associate Director of Service Development, Leeds and York Partnership NHS Foundation Trust
Alix Jeavons (AJ) – Programme Manager, West Yorkshire and Harrogate Health and Care Partnership
Lucy Rushworth (minutes) (LR) – Project Support Officer, West Yorkshire and Harrogate Health and Care Partnership
Mike Ford (MF)- Non Executive Director (NED), South West Yorkshire Partnership NHS Foundation Trust as an observer for his NED induction

Apologies:

Brodie Clark (BC) - Chair, Leeds Community Health NHS Trust

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

Item	Discussion / Actions	By whom
1	**Introductions:** C Elliott (CE) welcomed the group and noted apologies as above. R Webster provided a brief update on the overall work in West Yorkshire & Harrogate in responding to the pandemic.	
2	**Declaration of Interests Matrix / Conflict of Interest:** The declaration of interests was reviewed and agreed to be correct. There was no conflict of interest made.	
3a	**Review of Previous Minutes:** The minutes from the 23rd July 2020 were reviewed by the meeting group and were accepted as an accurate record.	
3b	**Actions log and matters arising:** **Action 4/07,** A Monaghan (AM) updated the meeting group that SWYPFT (South West Yorkshire Partnership Foundation Trust) Board have approved the ToR (Terms of Reference). At this point R Webster (RW) left the meeting.	
	Governance	

Item	Discussion / Actions	By whom
4	**Reviewing the Memorandum of Understanding** It was discussed that the MoU (Memorandum of Understanding) would be reviewed outside of the meeting with Trust secretaries, this will be cross referenced with the partnership agreement. It was agreed to produce a summary version describing the role of the collaborative and expected ways of working between partners. TS indicated something similar is being developed in Leeds between LCH and primary care. **AGREED** The meeting group agreed that the MoU would be reviewed, with an update received in January 2021. **ACTION** T Stein (TS) to share with K Shillaker (KS) the draft GP confederation MoU. **ACTION 1/10** Chairs to work on the MoU with Trust Secretaries and CE to arrange a review meeting via Bradford District Care Foundation Trust (BDCFT). **ACTION 2/10**	
	Assurance	
5	**Programme Update** KS updated the meeting group with highlights including: <u>Funding the core team and the partnership operating model</u> Both funding and operating for the wider partnership is being reviewed by Ian Holmes over the next couple of months. However, to support job security a commitment has been made to extend all required programme team roles in the partnership to September 2021; including for the MHLDA programme. The CinC agreed the need to develop a sustainable, permanent structure for the collaborative that demonstrates its value. A final proposal on this will be presented to the CinC in April 2021 once we know the outcome of the operating model review. M Ford (MF) joining at this point as an observer. <u>Community Mental Heath Transformation bid</u> There is a significant opportunity to secure funding from NHSE/I to transform community mental health across a range of key priorities, including Adult Eating Disorders, Older People's Mental Health and Personality Disorder. A number of workshops have been arranged to share best practice and identify the interaction between variation at place and consistency across the system. This work is being done in conjunction with VCS partners and primary care. <u>Mental wellbeing of staff</u> The committee posed questions about the psychological care for staff, and a survey has taken place to understand the variation of offers available across the partnership. A bid has been made which proposes to develop a psychologically led wellbeing hub, providing signposting to existing services, curation of good practice and training for line managers on supportive practice. A further NHS funding bid has also been applied to help towards extended occupational health provision. It was shared that the capacity around psychological support is a current challenge, recruitment and service expansion is needed to help with support gaps without moving people around the system. The Committee have expressed their interest with this subject and are keen for the information and support available to be received by all staff.	

Item	Discussion / Actions	By whom
	ACTION KS was asked to produce a summary cover sheet on this programme update. **ACTION 3/10** *The agenda was taken out of order at this point*	
6	**Update: PMVA** The PMVA working group is looking at how the collaborative work together with the aim to be more consistent in restraint and de-escalation which will help with sharing staff and joint working. A process to understand specific practice and the differences have helped to focus the group into two areas for detailed exploration: risk assessments for individuals and interventional holds. There will be a simulation day to look at the specific differences in the holds to help understand the next steps for this work, with a proposal to come to CinC in January 2021. T Patten (TP) joined the meeting at this point.	
7	**Focus on: ATU** The work on ATU has been going on for a period of time, with extensive service user engagement to finalise the model. Without prejudicing the results of the engagement work has been ongoing in the background to develop commissioning/provision arrangements for the preferred model. If the model is confirmed it is proposed this would be delivered under one contract with one lead provider. A New Care Model approach will also be taken to develop the interaction between inpatient and community intensive support, learning from the work of existing lead provider schemes. Risk share arrangements still need to be finalised between collaborative partners. TP added that there is a unit at LMH (Lynfield Mount Hospital) which can be brought to standard for the ATU model, a paper is going to BDCFT Board to be signed off. There will be meetings between SWYPFT and BDCFT in regards to the leadership of the new model. This work will look to be presented at the MHLDA (Mental Health, Learning Disability and Autism) NED (Non Executive Director) and Governor event in November then followed by the Joint CCG (Clinical Commissioning Groups) CinC in January 2021 which will then be proposed to be signed off at this meeting later in January 2021. **AGREED** The CinC agreed to support the move towards one lead provider and to receive a final proposal in January. **ACTION** Chairs to explore the format of the NED and Governor event and potentially doing an exceptional in the New Year if required on ATU for boards. **ACTION 4/10**	
	Problem Solving	
8	**PICU (psychiatric intensive care unit)** The workstream is looking at our existing PICUs and how modelling demonstrates potential for greater use of collective capacity by working more closely and adhering to NAPICU guidelines on admission and discharge. This is a priority for all partners because of significant numbered of out of area placements.	

Item	Discussion / Actions	By whom
	A Jeavons (AJ) and A Kenyon (AK) joined the meeting at this point and gave a summary of work which started 2 years ago to help evidence based on the demand of capacity model. A strong recommendation is to maintain bed numbers as they are until we understand the impact of other interventions. However, there remains a likelihood that more PICU beds may, ultimately be required. The work is starting by developing a single Standard Operating Procedure across the three units. The swat analysis highlights the challenges and strengths that are faced, in particular the level of clinical engagement has been high. However, there is a challenge faced in understanding the impact on the wider system, and other services such as general acute wards and forensic services. An impact analysis is being undertaken for each. The meeting members highlighted the need to capture learning and extended their support going forward.	
	Assurance	
9	**Focus on: Lead Provider Collaborative arrangements** <u>CAMHS (Children and Adolescent Mental Health Services) T4</u> A decision has been made on the planned transfer for the new CAMHS unit lead provider, from LCH (Leeds Community Health Trust) to LYPFT (Leeds York Partnership Foundation Trust). The CinC also supported the lead provider of the WY CAMHS provider collaborative to transfer to LYPFT from LCH. The business case development on this will continue, and whilst it will not be ready for November 2020 there may be opportunities to submit in the New Year and still meet the 1 April 2021 go live date. KS has been asked to be mindful of sequencing of business cases for the CinC. <u>Forensics</u> S Rayner (SR) summarised the business case for financial due diligence, there is further work to do to understand the benefit gain share for the clinical model and timescales. There is still work to do to close the gap and give assurance to ensure the model will work. It was recommended by SR to submit the business case in the timescale asked for by NHSE/I, however doubts remain as to whether the financial position will be resolved in order to go live on 1st April 2021. <u>Future Waves</u> S Munro (SM) informed that the intention and vision of NHSE/I is to move most of the commissioning into provider collaboratives. The First Waves have provided learning and information of what the challenges will be for the future. Areas of focus anticipated are Perinatal, specialist PD (Personality Disorder), potential death CAMHS and children forensic. **ACTION** LR to book a strategic session for the group in February 2021, part of which will be to consider the next waves. **ACTION 5/10**	
	Problem Solving	
10	**Winter Pressures**	

Item	Discussion / Actions	By whom
	Chief Executive Officers (CEOs) reflected that every winter is unpredictable, and that the key to respond would be to have good partnership working, strong connections and support network meetings regularly. At Place conversations have been about Christmas and how to support staff. The CinC discussed role modelling emotional intelligence and being/having safes place for staff and peers to access. Members are asked to look at their priorities and ask for help to get through winter pressures, both from an organisational and a personal level.	
	Horizon Scanning	
11	**Financial planning & capital** BDCFT were on the final list for the Regional capital bid for LMH which was removed 24hours before by the Treasury which is a big disappointment for the Trust. We are now exploring alternative options, and the WY&H system is supporting the Bradford & Airedale system as a whole as a priority area for capital investment.	
12	**NED/Governor Event** The meeting noted that the event is at the end of November, feedback on the agenda and event structure will be given via email.	
	Date and Time of Next Meeting: Thursday 21st January 2021, 9:30am-12:00pm	

Item	Discussion / Actions	By whom
	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

Leeds Community Healthcare NHS Trust

Agenda item 2020-21 (108)

Version 9 : 25 November 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 Neuro rehab	X Community Dental	X	X	X
Quality and delivery										
Chief Executive's report	every meeting	CE	X inc COVID19	X inc COVID19	X Inc COVID19	X	X Inc COVID19	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		
Reducing restrictive interventions –Little Woodhouse Hall	4x year	EDN&AHPS					X first report	X		
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 part of CE report	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							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			
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				

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