

Bundle Public Board Meeting 26 March 2021

- 128 09:00 - Welcome, introductions and apologies:
- 129 Declarations of interest
- 130 Questions from members of the public
- 131 Minutes of previous meeting and matters arising:
- 131.a Minutes of the meetings held on 5 February 2021
Item 131a Draft Public Board minutes 5 February 2021.docx
- 131.b Actions' log
Item 131b Public Board 26 March 2021 action log.doc
- 132 09:10 - Patient's story: 0-19 PHINS (Health Visiting)
- 133 09:30 - Chief Executive's report: including Covid-19 update
- 134 09:40 - Committee Chairs' Assurance Reports:
- 134.a Audit Committee: 12 March 2021
Item 134a Audit Committee Chairs assurance report 12032021.docx
- 134.b Quality Committee: 22 February 2021 and 22 March 2021(Verbal)
Item 134b Quality Committee Chairs assurance report Feb 2021 FINAL.docx
- 134.c Business Committee: 24 February 2021 and 24 March 2021 (verbal)
Item 134c Business Committee Chair's assurance report Feb 2021 Final.docx
- 134.d Charitable Funds Committee: 26 February 2021
Item 134d Charitable funds Committee Chair Assurance Report February 2021 v2.docx
- 134.e Nomination and Remuneration Committee: 26 February 2021
Item 134e Nom and Rem Committee February 2021 - Chairs assurance report.docx
- 135 09:50 - Performance brief and domain reports: February 2021
Item 135ai Performance Brief Cover paper.docx
Item 135aai Performance Brief (Feb 2021) QCBCBoard.docx
- 136 10:05 - Significant Risks and Board Assurance Framework (BAF) Summary Report
Item 136 Significant risks and risk assurance report March 2021.docx
- 137 10:15 - Guardian for Safe Working Hours Report : Dr Nagashree Nallapeta presenting -quarterly report
Item 137 Guardian Safe Working Hours quarterly report.docx
- 138 10:25 - Staff Survey Results – 2020
Item 138 Staff Survey Public Board Paper March 2021 - Final.docx
- 139 10:35 - Strategy updates:
- 139.a Digital Strategy
Item 139a Digital Strategy - update report.docx
- 139.b Engagement Strategy
Item 139b Engagement Strategy Update Report. Trust Board March 2021 Final.docx
- 139.c Workforce Strategy
Item 139c Workforce Strategy March Board Update V2.0 + JA and LS FINAL.DOCX
- 140 10:45 - Annual Plan 2021-22
- 140.a Revenue and Capital Budgets 2021-22
Item 140a Revenue and capital 2020-21 budget.docx
- 140.b Strategic Framework 2021-22
Item 140bi Strategic Framework Board priorities cover.docx
- 140.c Draft Key Performance Indicators for Performance Brief 2021-22
Item 140c KPIs for Board.docx
- 140.d Significant Risks and Board Assurance Framework (BAF) - draft strategic risks
Item 140d Board Assurance Framework strategic risks 2021-22 (draft for approval).docx
- 141 11:00 - ICP development plan

- Item 141i ICP cover paper March 2021 Board meeting.docx
Item 141ii Leeds ICP development Board paper v9.1.docx
- 142 11:10 - Corporate governance:
142.a Going concern report – to approve
Item 142a Going Concern Paper for Board BM Final V3.docx
- 142.b Declarations of interest and compliance with fit and proper person requirements made by directors for 2020/21
Item 142b Directors declarations of interest (draft).doc
- 143 11:20 - Charitable Funds – bid for funds
Item 143 Charitable funds bid paper.docx
- 144 11:30 - West Yorkshire Mental Health Learning Disabilities & Autism Committee Review of Memorandum of Understanding (MoU) (and associated actions)
Item 144i WYMHL&AC MOU paper for Trust Boards March 2021 - final version 11.3.21.docx
Item 144ii Appendix 1 - Revised WYMHL&AC Memorandum of Understanding March 2021 - clean copy final version 12.3.21.docx
- 145 11:40 - Telephony contract
146 11:45 - Review of interim governance arrangements
147 11:50 - Approved minutes and meeting notes (for noting):
147.a Audit Committee: 15 January 2021
Item 147a Final Audit Committee minutes 15 January 2021.docx
- 147.b Quality Committee: 25 January 2021
Item 147b QC minutes 25 January 2021.docx
- 147.c Business Committee: 27 January 2021
Item 147c Business Committee Minutes 27 01 21.docx
- 147.d West Yorkshire and Harrogate Health and Care Partnership – Committees in Common (CiC):
147.di Update to Boards 21 January 2021
Item 147di WYH&HCP CiC Update to Boards - January 2021.pdf
- 147.dii Minutes 21 January 2021
Item 147dii WYMHSC CiC Meeting Notes 21.01.2021.pdf
- 147.diii Escalation and assurance report 21 January 2021
Item 147diii WYMHSC Committees in Common_AAA Report_21.12.2021.pdf
- 147.div Briefing note West Yorkshire Adult Secure Provider Collaborative
Item 147div WYMHSC CiC_Briefing Note_WY Adult Secure Provider Collaborative.pdf
- 147.e Scrutiny Board Adults Health Active Lifestyles: 9 February 2021
Item 147e Scrutiny Board AdultsHealth Active Lifestyles Feb 2021 minutes.pdf
- 147.f Non-Executive Director/CEO Update meeting notes 17 February 2021
Item 147f COVID NEDs CEO meet LCH 17.02.2021.doc
- 148 11:55 - Board workplan
Item 148 Public Board workplan 2020-21 v12 219 03 2021.xlsx
- 149 12:00 - Close of the public section of the Board

Public Board Meeting: 26 March 2021

Agenda item number: 2020-21 (131a)

Title: Draft Trust Board minutes 5 February 2021 (time 0900 to 12.00)

Category of paper: for approval
History: N/A

Responsible director: Chief Executive
Report author: N/A

Attendance

Present:	Brodie Clark Thea Stein Jane Madeley Richard Gladman Professor Ian Lewis Helen Thomson Alison Lowe Bryan Machin Sam Prince Steph Lawrence Dr Ruth Burnett Jenny Allen	Trust Chair Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Executive Director of Finance and Resources Executive Director of Operations Executive Director of Nursing and Allied Health Professionals Executive Medical Director Director of Workforce, Organisational Development and System Development (JA)
Apologies:	Laura Smith	Director of Workforce, Organisational Development and System Development (LS)
In attendance:	Khalil Rehman Rachel Booth Diane Allison Jenny Davison	Associate Non-Executive Director Associate Non-Executive Director Company Secretary Covid Pathway Clinical Co-ordinator (For Item 114)
Minutes:	Liz Thornton	Board Administrator
Observers:	Harry Doodson Phil Memmott	Information Manager, Leeds Community Healthcare NHS Trust Information Manager, Leeds Community Healthcare NHS Trust
Members of the public:	One member of the public present	

Item: 2020-21 (110)**Discussion points:****Welcome, introductions, apologies and preliminary business**

The Chair of Leeds Community Healthcare opened the meeting by welcoming Board members, attendees and one member of the public. He explained that the meeting would be a live streamed event accessed via a link on the Trust's website.

The Trust Chair welcomed Jenny Davison a member of the Trust's staff to relay the patient story item and two other members of the Trust's staff; Harry Doodson and Phil Memmot as observers.

Apologies

Apologies were received and accepted from Laura Smith (LS), Director of Workforce, Organisational Development and System Development.

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.

The Trust Chair said that the pace of the pandemic remained unremitting and the challenges continued to rise across the city, within the workforce and throughout the senior team however there was now a strong sense of hope and encouragement primarily driven by the vaccination programme. He paid tribute to the roll out of the programme as an outstanding piece of collaborative work and placed on record his thanks and recognition to those members of the Board who had contributed to its success.

He said that he had visited both the Thackery Museum and the Elland Road hub and was inspired by the power of collaboration with the military working alongside private sector organisations, the City Council and the three NHS Trusts with a 'one team identity'. The focus on 'the citizen', listening to people not only on vaccination issues, but about how things could be improved across the system.

He said that this must not distract the Trust from the constant challenges of Covid-19 by ensuring:

- Staff were supported in a meaningful way, that managed to keep up with the escalating need and that worked for them.
- A consistently high quality of delivery.
- That the Trust listened to complaints and learned actively from things that went wrong.
- That quality delivery extended across the direct patient business and equally across essential support arrangements including digital, estates, administration and record keeping.

He concluded that all this would be challenging and in due course the Trust would need to revisit its medium-term priorities and longer-term vision. There would be other significant challenges ahead not least addressing the backlog agenda; the children's mental health crisis and managing the impact of covid-19 on patients.

Item 2020-21 (111)**Discussion points:****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.

Board members confirmed that they had no additional declarations of interest.

Item 2020-21 (112)**Discussion points:****Questions from members of the public**

There were no questions from members of the public.

Item 2020-21 (113)**Discussion points:****a) Minutes of the previous meeting held on 4 December 2020**

The minutes were reviewed for accuracy and agreed to be a correct record.

b) Items from the actions' log

There were no actions or matters arising from the minutes.

Item 2020-21 (114)**Discussion points:****Patient's story**

The Executive Medical Director introduced the patient's story item and welcomed Jenny Davison, Covid Pathway Clinical Coordinator to the meeting to present an overview of the Post Covid-19 Rehabilitation Pathway. Her presentation covered a progress update, learning from the first six months, celebrated achievements so far and concluded with a video of a member of the Trust's staff who had accessed support from the team as a long-covid rehabilitation patient on the pathway talking about her experience.

The Trust Chair invited questions and observations from members of the Board.

The Executive Director of Operations said that this was a good story for the city and had highlighted the intense support required by patients in the community suffering from the effects of coronavirus (long Covid) and she asked if there were any figures as to how many patients this might be.

Jenny said that current data showed that between 5 and 10 percent of those who had Covid went on to develop long Covid. She said that awareness about the pathway was increasing and more GPs were referring patients into the service and that proactive links with Healthwatch were supporting increased awareness across different communities in the city.

Associate Non-Executive Director (KR) asked how the Trust and other partners tracked how different sections of the population were accessing the pathway.

Jenny said that the focus so far had been on raising awareness amongst GPs and encouraging referrals into the pathway supported by work with communities, Healthwatch and other third sector partners to ensure fair access.

A Non-Executive Director (JM) asked about how funding for the pathway would be maintained and whether it was flexible enough to cope with increasing demand.

The Executive Director of Operations said that so far conversations with commissioners had been very positive and funding had already been increased and secured for the next financial year. The Trust would need to collect data and evidence the impact of the service to secure re-current funding in future years and demonstrate how it could adapt to future demand.

The Chair thanked Jenny for delivering her presentation and asked her to convey the Board's thanks to the member of staff for sharing her story. He said that it was an excellent example of how services could be brought together to deliver a programme of care in challenging

circumstances. He added that this would be a significant service for the Trust to deliver as more research into the impact of coronavirus was undertaken and its effects more widely understood.

It was agreed that further reports should be made to the Quality Committee as the service developed.

Item 2020-21 (116)

Discussion points:

Chief Executive's report –including Covid-19

The Chief Executive presented her report particularly highlighting:

- Covid response
- Integrated Care System consultation
- Black, Asian and Minority Ethnic (BAME) Allyship Programme
- West Yorkshire and Harrogate Suicide Prevention Campaign

Covid-19 vaccination programme

The Executive Director of Operations provided a verbal update on the vaccination programme in Leeds. The key vaccination figures were:

- Over 80s - 91%
- Older people resident in care homes 93%
- Plans to roll out to the over 65s week commencing 8 February 2021

She said that the vaccination hub at Elland Road had opened and was operating effectively and bookings were being made through the national system.

Associate Non-Executive Director (KR) asked what was being done to increase the uptake amongst BAME communities.

The Executive Director of Operations reported that eight of the Primary Care Networks (PCNs) were undertaking focussed work to target those sections of the population who were reluctant to come forward for the vaccination including BAME communities. This would also be addressed through the Health Inequalities Action Plan developed by Team Leeds and include options to widen access by offering vaccinations in mosques, other places of worship if appropriate and community centres.

She added that there were also concerns about the number of staff working in care homes who had not taken up the offer of a vaccine and a focussed piece of work would be undertaken on this in partnership with the PCNs.

A Non-Executive Director (RG) asked about plans for administering the second dose of vaccines at the 10-12 week point.

The Executive Director of Operations said that this would be a challenge but there was sufficient capacity within the vaccination hubs to accommodate an increased throughput and manage initial and second vaccinations alongside each other based on the current modelling in the city.

A Non-Executive Director (IL) asked if there were concerns about maintaining momentum.

The Executive Director of Operations said that the groups who had been offered the vaccine so far had been proactive in taking up the offer however, there was some concern that it might be more difficult to maintain the high uptake figures as the programme progressed down the age bands.

Covid-19 Infection rates

- There had been a reduction in both infection and positivity rates in the city in the last seven days

- 254 patients had tested positive and were occupying beds in the acute hospital

The Executive Director of Operations reported that currently 150 patients had been assessed as medically fit for discharge. The Trust was working hard to support the hospital and maintain smooth patient flow.

Three of the Neighbourhood Teams were under significant pressure and ten whole time equivalent staff would need to be deployed across these teams for the next four weeks. This figure would be achieved through utilising members of staff who had volunteered for redeployment.

A Non-Executive Director (JM) queried whether the challenges faced by the Neighbourhood Teams were due to increased demand or staffing pressures and how these were being handled.

The Executive Director of Operations said that demand was fairly stable but there were staffing pressures due to individuals who were required to shield or were self-isolating. The current figures were 80 staff shielding and 20 working at home and therefore unable to provide face to face care.

The demand for staff was being managed by re-deployment, the use of staff bank and part time workers offering to temporarily increase their hours.

Given the pressures in the system the Board expressed concern about the number of cancelled visits or visits being spread more widely.

The Chief Executive provided assurance that this was being monitored at a senior level and the Executive Director of Operations was leading a piece of work to look at the challenges related to how caseloads were prioritised and organised based on clinical urgency.

The Executive Director of Nursing said that she had spent two days with one of the Neighbourhood Teams who were experiencing the most significant levels of pressure and she would be providing feed back to the Senior Management Team.

Outcome: The Board:

- received and noted the Chief Executive's report and the Covid-19 update.

Item 2020-21 (116)

Discussion points:

Assurance reports from sub-committees

a) – Charitable Funds Committee 8 December 2020

The report was presented by the Trust Chair and Chair of the Committee (BC) who highlighted the key issues discussed namely:

- **Charitable development updates:** the new organisational structure arrangements were in place and the Charitable Funds Operational Group had met to establish an action plan for the work required over the coming year.
- **Charitable Funds and Related Charities Annual Report and Accounts 2019/20:** were accepted by the Committee and the letter of representation agreed.
- **Terms of Reference:** were accepted.
- **NHS Charities Together:** the Committee discussed the potential to apply for further charitable funds from the NHS Charities Together and agreed that this would be appropriate if an opportunity arose.

b) – Nomination and Remuneration Committee 8 December 2020

The report was presented by the Trust Chair and Chair of the Committee (BC) who highlighted the key issues discussed namely:

- **Real Living Wage:** the Committee approved the continued payment of the Real Living Wage to staff following the increase in the rate to £9.50 from November 2020.
- **GP Pay:** the Committee discussed a proposal for a remuneration schedule for GPs employed by the Trust to replace the temporary one in place for Covid-19 arrangements. A re-worked paper would be presented to the Committee at a later date.

c) – Audit Committee 15 January 2021

The report was presented by the Deputy Chair of the Committee and Non-Executive Director (RG) who highlighted the key issues discussed, namely:

- **Internal Audit:** the Committee reviewed the initial thinking on audits to be included in the internal audit plan for 2021/22 which included audits proposed to be carried forward from the 2020/21 plan. The same document had been considered by the Quality and Business Committees at their respective meetings in January for input and consideration of how the plan would support each committee's assurance requirements.

The Committee also discussed the slow progress made against the 2020/21 plan because of the challenges presented by the pandemic. A re-worked plan would be presented to the Committee in March to allow sufficient work to be completed to provide an overall audit opinion.

- **Statutory/Mandatory training internal audit recommendations:** the Committee received an update on the progress being made against implementation of the recommendations and noted the risks to the remaining actions being completed by the end of March 2021 due to the challenges and pressures on the Workforce Directorate.
- **External audit update:** the external auditors had reported that overall progress was on track with no significant issues arising that required reporting to the Committee.
- **Data Security and Protection Toolkit (DSPT) baseline assessment:** the Committee heard that the latest baseline assessment had shown that the Trust was compliant with 11 out of the 37 mandatory assertions, with an improvement plan in place to address the remaining 26 by 30 June 2021.

The Chair of the Audit Committee, Non-Executive Director (JM) observed that evidence of compliance of the DPST could only be supported by the procurement of a Security Incident Event Management (SEIM) system.

The Executive Director of Finance and Resources provided assurance that progress was being made to procure the SEIM system.

d) – Quality Committee – 25 January 2021

The reports was presented by the Deputy Chair of the Committee and Non-Executive Director (HT) and the key issues discussed were highlighted, namely:

- **Little Woodhouse Hall:** the Committee received an update on the continuing challenging position in the Unit and the progress to embed improvements. The Committee had noted that there was evidence of significant improvements and outcomes as increasing assurance.
- **Never Event:** the Committee received formal notification of a Never Event which occurred on 9 December 2020 of a wrong site spinal injection. There was no harm to the patient. Immediate additional safety measures had been put in place and an investigation was underway.
- **CQC Improvement Plan:** the Committee received an update which confirmed that the outstanding actions related to final assurance were progressing well.

e) – Business Committee – 27 January 2021

The report was presented by the Chair of the Committee (RG) who highlighted the key issues discussed, namely:

- **Workforce report:** the Committee received a report which included information on how the Trust was supporting staff to keep well and an update on the Health and Wellbeing Plan.

- **Reset and recovery:** the Committee received an update on the programme including progress with transforming services and the work being done to reduce waiting lists.
- **Health and Safety Compliance Report:** the Committee received an update report and noted the significant progress made with the action plan that had been produced in response to the Health and Safety Executive's inspection and subsequent findings.

Associate Non-Executive Director (RB) asked about the scope of the Health and Safety Executive's inspection.

The Executive Director of Finance and Resources that the initial intention was to focus on violence and aggression and the musculoskeletal service but the inspection had covered a whole range of the Trust's systems.

He agreed to share the report with the newly appointed non-executive directors.

Action: A copy of the Health and Safety Executive's inspection report to be shared with the newly appointed non-executive directors.

Responsible Officer: Executive Director of Finance and Resources

Outcome: The Board noted the update reports from the committee chairs and the matters highlighted.

Item 2020-21 (117)

Discussion points:

Performance Brief and Domains Report: December 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.

The report was structured in line with the Care Quality Commission (CQC) domains with the addition of finance.

The Board noted that in order to relieve pressure on the corporate teams a less intensive approach to the Performance Brief had been adopted for reporting the Key Performance Indicators for December 2020.

The Board reviewed the December 2020 performance data which had also been reviewed in depth by the Quality and Business committees on 25 and 27 January 2021 respectively.

The Trust Chair invited questions on the performance pack.

Safe

Associate Non-Executive Director (KR) noted the significant increase in the number of incidents which had resulted in major harm in December 2020 and what steps the Trust was taking to ensure that this trend did not continue.

The Executive Director of Nursing and Allied Health Professionals pointed out that the figures reported in December 2020 could be subject to change as incidents occurring in that month could still be the subject of review and amendment. She said that all incidents were reviewed within 72 hours and three of the 16 major harm incidents had been discussed at the Serious Incident Decision Meetings (SIDM) and the conclusion in respect of all three was that there had been no lapses in care. The remaining 13 incidents had been reviewed during January 2021 and the conclusion for the majority was that everything that was possible had been done to mitigate the risk particularly in relation to falls. She added that many falls had taken place outside the home and were outside the Trust's control.

An audit of Category 3 pressure ulcers had shown that the majority had been wrongly

categorised. A framework had been developed to ensure that the correct judgements were made going forward to allow there to be shift from investigation to embedding learning.

Caring

Associate Non-Executive Director (RB) asked how complaints had been referred to the Ombudsman and how many of those had been upheld.

The Executive Director of Nursing and Allied Health Professionals said that very few complaints were upheld by the Ombudsman and agreed that such information would be included in future reports.

Effective

No questions raised.

Responsive

The Trust Chair asked if the number of appointments cancelled by patients was increasing.

The Executive Director of Operations confirmed that the trend was rising and work was underway to try and identify the underlying reasons for this and whether they were related to Covid-19.

A Non-Executive Director (JM) asked how the Senior Management Team made judgments about the data for the Responsive Domain and whether the performance data could be wholly attributed to the impact of Covid-19 or whether there were any other underlying issues.

The Executive Director of Operations said that in order to provide greater assurance a new dashboard for services was under development. This had a range of indicators to show whether a service remained on track. She agreed to share an example of the dashboard with non-executive directors.

Action: An example of the new performance management dashboard for services to be shared with Non-Executive Director (JM).

Responsible Officer: Executive Director of Operations

Well-Led

No questions raised.

Finance

The Executive Director of Finance and Resources provided a brief overview of financial performance as at the end of December 2020. He said that the report reflected the revised financial regime for the second half of 2020/21. The Trust had submitted a plan to NHS England/Improvement for the second half of the year which reflected the expected expenditure on business as usual, reset and recovery and any known additional service investments such as the covid rehabilitation service.

The Executive Director of Finance and Resources reported that the Trust was likely to achieve its surplus and its planned year end position.

Outcome: The Board:

- noted the levels of performance in December 2020.

Item 2020-21 (118)

Discussion points:

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 Child and Adolescent Mental Health Services and the third strongest was the functionality of Information Technology (IT) software.

The Board noted changes to the risk register as follows:

- One risks currently scoring 15 or above (extreme):
 - Coronavirus (Covid 19) increase in infection rates
 - Twelve risks scoring 12 (very high)

The Chair asked the Board if it was assured of the themes that were highlighted in the report. A Non-Executive Director (HT) confirmed that it was helpful that the Committees were now evaluating assurance by strategic risk, rather than for each paper.

Outcome: The Board:

- received assurance that for new and escalated risks the planned mitigating actions would reduce the risk
- noted the additional assurances against the BAF strategic risks linked to the themes identified in the report.

Item 2020-21 (119)

Discussion points:

Safe Staffing Report

The Executive Director of Nursing and Allied Health Professionals presented the report which described the background to the expectations of the Board in relation to nurse staffing and outlined where the Trust was meeting the requirements and highlighted if there was any further work to be undertaken.

Non-Executive Director (IL) observed that the paper illustrated that overall operationally staffing levels were being managed adequately but there were some areas of concern notably in the 0-19 Public Health Integrated Nursing Service (PHINS) and the vacancy for a Paediatric Dentist. He felt that the paper did not adequately address the risks related to these specific areas of concern or outline the mitigations in place to reduce any associated clinical risks to patients.

Members discussed how the Board might receive more assurance about how safe staffing levels were maintained and how the effect of staffing pressures on individual services were being mitigated. It was agreed that a small focus group should take a strategic look at staffing levels across the Trust and consider what could be done to increase the level of assurance provided to the Board in future reports.

Action: A small focus group comprising of Non-Executive Director (IL), the Executive Director of Operations and the Executive Director of Nursing and Allied Health Professionals be established to consider what could be done to increase the level of assurance to the Board on how the Trust maintained safe staffing levels and mitigated the risks in certain services.

Responsible Officers: Non-Executive Director (IL), Executive Director of Operations and the Executive Director of Nursing and Allied Health Professionals.

Outcome: The Board:

- noted the contents of the report and the progress being made to support six monthly reviews at a Public Board meeting.

Item 2020-21 (120)

Discussion points:

Patient Experience and Complaints Six Monthly Report

The Executive Director of Nursing and Allied Health Professionals presented the report which provided the Board with a six monthly update of Patient Experience within the Trust. The report incorporated the information required for the complaints report as laid out in Section 18 of the Local Authority Social Services and National Health Service Complaints (England) Regulations (2009).

The Board noted that there had been a 22 per cent decrease in complaints received between 1 July and 31 December 2020 compared to the same period in 2019. The top five themes received remained consistent with the previous years. Those related to Covid-19 were about appointments and management of treatment and operations.

The Chief Executive observed that it was a challenge to ensure that the reports to the Board reflected the richness of the work being done to support and improve effective patient engagement and experience and she suggested that this might be a focus of a Board workshop in the future.

Outcome: The Board:

- noted the content of the updated report.

Item 2020-21 (121)

Discussion points:

Serious Incident Quarter 3 (2020-21) Summary Report

The Executive Director of Nursing and Allied Health Professionals presented the quarterly report to provide assurance to the Board that the Trust's patient safety incidents were being effectively and responsibly managed within the serious incident process.

The Trust had identified 20 new Serious Incidents in Quarter 3 2020/21 which initially appeared to meet the Serious Incident criteria. Two incidents had been de-logged following investigation. The Trust had one 'never events' in Quarter 2 2020-21.

For Duty of Candour incidents, the internally set target had slipped and a tracker was now in place to ensure this wasn't repeated.

Outcome: The Board:

- received and noted the Quarter 3 Summary Report.

Item 2020-21 (122)

Discussion points:

Mortality Report

The Executive Medical Director presented the report for Quarter 3 2020/21.

The Board discussed the mortality data noting the impact of Covid-19 and that in line with expectations the current year to date had experienced more deaths of patients in the community in which the Trust had been involved.

The Trust Chair reflected on the report and said that it was clear Covid-19 had been a challenge for all staff across the Trust but particularly those in the Neighbourhood Teams and those responsible for end of life care.

The Executive Director of Nursing and Allied Health Professionals outlined the range of support in place for staff across the Trust including weekly clinical drop-in sessions, bespoke sessions for

specific cases and support from a clinical psychologist.

Outcome: The Board:

- received and noted the Quarter 3 2020/21 Report.

Item 2020-21 (123)

Discussion points:

Reducing restrictive interventions report – Little Woodhouse Hall

The Executive Director of Nursing and Allied Health Professionals presented the report which highlighted the incidence of restrictive interventions at Little Woodhouse Hall for Quarter 3 2020/21. She explained that the report included information on the number of restraints and seclusions and the decisions regarding blanket restrictions.

Non-Executive Directors (HT) and (IL) agreed that overall the report was very positive and reflected welcome changes in culture and practise in the Unit and acknowledged the support received from Leeds and York Partnership NHS Foundation Trust which had been very positive.

Outcome: The Board:

- received and noted the information in the report.

Item 2020-21 (124)

Discussion points:

West Yorkshire and Harrogate Integrated Care System Financial risk-share arrangements for 2020-21

The Executive Director of Finance and Resources referred to a discussion which had taken place at a meeting of the Trust Board on 5 January 2021 which had been held in private. The Board had agreed to a financial risk sharing arrangement for 2020/21 across the Integrated Care System having been advised that the prospect of LCH being required to improve its position to support other organisations under **the** risk share agreement was low.

Outcome: The Board:

- ratified the decision made by the Trust Board at a private meeting on 5 January 2021 to approve the proposal as presented to that meeting.

Item 2020-21 (125)

Discussion points:

Approved minutes for noting

The Board received the following final approved committee meeting minutes and notes presented for information.

- a. Audit Committee 15 October 2020
- b. Quality Committee 23 November 2020
- c. Business Committee: 25 November 2020
- d. Scrutiny Board: Adults, Health and Active Lifestyles 5 January 2021

Outcome: The Board:

- noted the final approved minutes and notes.

Item 2020-21 (126)

Discussion points:

Board workplan

The Chief Executive presented the Board work plan (public business) for information.

Outcome: The Board

- noted the work plan.

Item 2020-21 (127)

Discussion points:

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 11:45.

Date and time of next meeting

Friday 26 March 2021, 9.00am – 12.00noon

Virtual meeting

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

V2 02 03 2021

DRAFT

Leeds Community Healthcare NHS Trust
Trust Board meeting (held in public) actions' log: 26 March 2021

Agenda Number	Action Agreed	Lead	Timescale	Status
Meeting 26 March 2021				
2020-21 (116)	Business Committee assurance report: A copy of the Health and Safety Executive's inspection report to be shared with the newly appointed non-executive directors.	EDFR	Post meeting	Completed
2020-21 (117)	Performance brief: An example of the new performance management dashboard for services to be shared with Non-Executive Director(JM).	EDO	Post meeting	Completed
2020-21 (119)	Safe staffing report: A focus group comprising to be established to consider what could be done to increase the level of assurance to the Board on how the Trust maintains safe staffing levels and mitigates the risks in certain services.	EDN&AHPs, EDO and NED (IL)	Post meeting	To be taken forward by the Clinical Leads Group

Actions on log completed since last Board meeting on 5 February 2021	
Actions not due for completion before 26 March 2021; progressing to timescale	
Actions not due for completion before 26 March 2021; agreed timescales and/or requirements are at risk or have been delayed	
Actions outstanding as at 26 March 2021; not having met agreed timescales and/or requirements	

Public Board Meeting: 26 March 2021

Agenda item number: 2020-21 (134a)

Title: Audit Committee Chair's Assurance Report (meeting 12 March 2021)

Category of paper: For assurance
History: Not applicable

Responsible director: Chair of Audit Committee
Report author: Company Secretary

Executive summary

This paper identifies the key issues for the Board arising from the Audit Committee 12 March 2021.

Items discussed:

Internal Audits completed and Head of Internal Audit (interim) opinion

The internal auditor updated the Committee with more detail on the current status of the remaining audits, which are being completed. The Committee noted sufficient progress had been made against the 2020/21 internal audit programme for the internal auditor to provide an interim opinion. The internal auditor anticipates that the overall audit opinion for the Trust will be 'reasonable'. The Committee conveyed its thanks to the Senior Management Team for their support in ensuring that sufficient audits were completed during a challenging year.

Internal Audit draft plan 2021/22

The draft 2021/22 internal audit plan was reviewed by the Committee. The internal auditor explained that there has already been consultation with the Senior Management Team, and that the Business and Quality Committees had reviewed the plan and had provided additional suggestions for audits. The Committee approved the 2021/22 internal audit plan.

External audit strategy memorandum (Mazars)

The Committee received the external auditor's strategy for the year ending 31 March 2021 which had been prepared following initial planning discussions with management. The document summarised Mazars audit scope, approach and timeline. It highlighted significant audit risks and areas of key judgements and provided the details of the audit team. From the work that had already begun, the external auditors confirmed that there were no matters that it wished to bring to the Committee's attention.

Annual report and accounts 2020/21

The Committee were advised of the Trust's progress with the Trust's annual report, accounts and associated activities. All activities were proceeding to schedule.

Recommendations

The Board is recommended to note this information.

Public Board Meeting: 26 March 2021

Agenda item number: 2020-21 (134b)

Title: Quality Committee Chair's Assurance Report 22 February 2021

Category of paper: For Assurance

History: N/A

Responsible director: Executive Director of Nursing and Allied Health Professionals

Report author: Assistant Director of Nursing and Clinical Governance

Quality Committee Chairs Assurance Report

Executive summary:

This paper identifies the key issues for the Board arising from the Quality Committee meeting held on the 22nd February 2021, and it indicates the level of assurance based on the evidence received by the Committee.

This meeting was held by MS teams for a reduced duration due to persisting Covid-19 pressures.

Items discussed:

Covid-19 update

An update was provided by the Executive Director of Nursing and Allied Health Professionals and the Executive Medical Director. It was raised that system wide conversations were ongoing regarding testing of patients before being discharged to Care Homes and LCH was represented within these.

The achievement of the flu campaign was noted. It was reported that planning for the 2021/22 campaign has commenced with a review of this year's successes.

A wider discussion took place regarding the transformational work around Neighbourhood Teams detailed within the report and further detail will follow discussion at SMT later this week.

Reset and recovery

The Committee received a verbal update from the January position from the Executive Director of Operations. Key points to note were the reduction of the MSK waiting list back to within expected timeframes. It was also shared that further analysis is being carried out to understand the reasons for patients opting out of the service. It was also shared that CAMHS have been successful in outsourcing autism assessments to ensure the waiting list is reduced and positive patient experiences have been received in relation to the care provided.

Continued challenges were acknowledged in accessing children in schools and the anticipated increase in referrals when schools re-open.

Finally Podiatry and CUCS waiting lists remain a concern and work is ongoing to understand the associated risks.

Health Inequalities

The discussion regarding LCH contribution to reducing inequalities was led by the LCH Stakeholder Engagement Manager and Public Health Registrar. This is also to be discussed at Business Committee and is part of the Board workshop to be held on 5 March 2020.

The Committee considered the questions raised by the presenters acknowledging that health inequalities data has been available for some time and that outcomes for patients are not yet showing significant improvements. There was discussion around how the data will be a key part of the Health Inequalities work and getting that right will be essential. Discussion around resourcing included the recognition that services would need to be more agile in their delivery mechanisms rather than focussing on delivery from fixed geographic bases, and additional funding would be required for the more disadvantaged groups and areas. The role commissioners play as a key stakeholder was emphasised.

The Committee suggested that Board considers the principles around this piece of work and that LCH continues work focussing on outcome measures to evidence improvements in health inequalities.

Schedule of Key Performance Indicators

The paper was presented by the Executive Director of Nursing & AHPs and a discussion was held with consideration of the health inequalities discussion beforehand. It was suggested that the KPIs need to reflect the organisations greatest risk. It was confirmed that complaints quantitative data would remain despite some changes to the measures. Input has been offered from a Non-Executive Director in support of the safety and effectiveness domains. It was agreed further iterations would take place outside of the formal Committee meetings to ensure the schedule is ready in time for Board in March.

Research and Development strategy update

This update paper was presented by the Executive Medical Director. It was noted that the research priorities have changed over the past 12 months

Learning and Development strategy update

The paper was presented by the Executive Director of Nursing & AHPs. The impact of Covid-19 on delivery of the strategy was noted and a significant number of the team have been re-deployed. It was noted and supported there has been investment in another practice learner facilitator for student and learner support.

Internal audit annual plan 2021/22

The paper was returned by the Company Secretary following comments from members subsequent to the January Quality Committee. A suggestion was made to incorporate quality focussed Business Unit audits and balance this as a mode for providing further assurance given the challenges faced by services over the last 12 months. It was agreed suggestions for improvements would be taken forward outside of the meeting prior to audit committee.

Safeguarding Strategy update

The paper was presented by the Executive Director of Nursing & AHPs as the first update following agreement of the strategy late last year. This was confirmed to be a helpful update. Clarity was provided regarding the change in radius of the LCH service for Children Looked After and that this will not impact on children, who will be picked up through appropriately aligned organisations.

Recommendations

The Board is recommended to note this information.

Can the Committee assure the Board on the following strategic risks?	Agenda items reviewed:	Overall level of assurance provided:	Additional comments:
RISK 1.1 Does the Trust have effective systems and processes for assessing the quality of service delivery and compliance with regulatory standards?	Internal Audit Plan Health Inequalities discussion Schedule of Key Performance Indicators Learning & Development Strategy Safeguarding strategy update	Reasonable Assurance	
Risk 1.2 Are there sufficient clinical governance arrangements in place for new care models?	N/A		The review of aligning BAF risks and agenda setting will conclude before next Quality Committee
RISK 1.3 Is the Trust maintaining and continuing to improve service quality?	Health Inequalities discussion Schedule of Key Performance Indicators Safeguarding strategy update	Reasonable Assurance	
RISK 1.4 Is the Trust engaging patients and the public effectively?	Health Inequalities discussion		Committee received assurance this work is in progress and being co-produced across the system however acknowledge it is in the early stages therefore no assurance level at present
RISK 1.5 Is the Trust's altered (COVID19) capacity affecting the quality of service delivery and patient outcomes	Covid-19 update Reset and Recovery verbal update	Reasonable Assurance	Committee felt this was positive feedback and encouraging that the Trusts position is moving in the right direction given the challenges from Covid-19

Public Board Meeting: 26 March 2021

Agenda item number: 2020-21 (134c)

Title: Business Committee Chair's assurance report 24 February 2021

Category of paper: For assurance
History: Not applicable

Responsible director: Business Committee Chair
Report author: Business Committee Chair

Executive summary (Purpose and main points)

This report identifies the key issues for the Board from the Business Committee held on 24 February 2021 and provides assurance on how well its strategic risks are being managed. The level of assurance is based on the information in the papers and other information received and the Committee's discussion.

Items discussed:

Covid update

The Committee received an update on the local situation including current infection rates, the number of patients in hospital with this disease, and the latest information on the vaccination programme. A similar update will be provided to the Board at its next meeting.

Reset and Recovery

The Executive Director of Operations presented the Committee with an update on the Reset and Recovery Programme, which included a number of informative dashboard views with improved data that will lead to a better understanding of capacity and demand. The Committee explored the reasons for slow progress and under performance in a small number of services, with some due to restricted capacity because of social distancing requirements, schools remaining closed and other limitations. The Committee recognised the huge amount of work that had been undertaken to clear the inevitable backlogs created by the pause in services, including the successful outsourcing of aspects of some services including autism assessments.

Digital Strategy

The Committee was advised that reasonable progress was being made on the delivery of the Digital Strategy with a focus towards the delivery of underpinning "infrastructure" although a number of clinically important digital projects are also progressing. The Electronic Patient Record (EPR) refresh within the Adult Business Unit should be classified as a highest priority project. There had been exceptionally high demand for access to IT support, staff sickness and the ongoing impact of COVID has impacted progress throughout the period October to January. The Committee recognised the challenges of capacity to deliver all priorities including EPR and welcomed the plans to restructure the helpdesk function and to streamline some of the IT processes.

Health Inequalities

The Committee received a presentation on suggested approaches to tackling health inequalities. The Committee recognised that its own contribution was part of an iterative process to agree principles of approach and there was a need for the Trust's approach to complement the City's approach, and that of the wider ICS. The Committee recommended that the high level measures should be more granular and that the Trust should consider what it could do to make a difference, here and now, using evidence based analysis to create some early wins to create interest.

Performance Brief

The Committee noted that there had been a reduction in patient safety incidents compared to the previous month mainly due to less incidents being reported by the Child and Adolescent Mental Health Service (CAMHS Tier 4 (Little Woodhouse

Hall). The Committee was advised that the Paediatric Audiology Service was still experiencing challenges in reducing its backlog due to insufficient capacity and a business case is in production to discuss with commissioners. The Committee noted that sickness levels had increased and was advised that this was mainly in corporate services with cases of anxiety and depression which may be due to staff feeling more isolated whilst working from home. A staff survey was to be conducted to explore this further. Turnover remains low.

In terms of finance, the Committee was comfortable that at month ten, the Trust was meeting its financial obligations and achieve the required outturn. The Committee was advised by the Director of Finance and Resources that there was a risk that the Trust would breach its capital spending limits as some Covid related expenditure that Trusts were advised to make, if necessary in advance of approvals as not now received funding. The Director of Finance and Resources advised the Committee that, given his understanding of the capital position across West Yorkshire this would not actually be an issue at the year end.

Tier 4 CAMHS Provider Collaborative risk share agreement

The Committee considered the range of financial risk sharing options that the Finance Directors involved in the Tier 4 CAMHS Provider Collaborative had considered and the Committee agreed to support the preferred option. This was (option 5) which proposed that risk was shared predominantly between community providers' proportionate 0-17 population but with an element held by Leeds and York Partnership Foundation Trust (LYPfT) to incentivise effective patient flow.

Estates Management Report (July-December 2020)

The report included 54 key performance indicators that had all been 'RAG' rated. The Committee noted the three areas that were not compliant (documented compliance with leased estate, completion of Premises Assurance Model (PAM) assessment, PAM actions are monitored) and the actions that would address these. The Committee requested more visibility on backlog maintenance and recommended that the risk register was the most appropriate mechanism for reporting any concerns. The Committee was advised that there were two risk levels to consider: safety and business continuity and examples of both of these were discussed.

Health and Safety Internal Audit Report

The Committee received an internal audit report which gave a limited assurance opinion. The Committee was advised that some of the timescales provided for managers' actions were reflective of the need for a cultural change to ensure that health and safety responsibilities, systems and processes are embedded throughout the organisation.

Recommendations

The Board is recommended to note this information.

Levels of assurance agreed by Business Committee:

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 ?	<ul style="list-style-type: none"> • Reset and recovery programme • Estates management report • Digital strategy update 	Reasonable	
RISK 2.2 Is the Trust delivering contractual requirements ?	<ul style="list-style-type: none"> • Performance brief and domain reports • Operational and non-clinical risks register • Reset and Recovery 	Reasonable	
RISK 2.5 Is the Trust delivering on its agreed income and expenditure position?	<ul style="list-style-type: none"> • Performance brief and domain reports (Finance) • Estate management report • Tier 4 CAMHS Provider Collaborative Risk Share Options • CCG new commissioned services 	Reasonable	
RISK 3.1 Does the Trust have suitable and sufficient staff capacity and capability (recruitment, retention, skill mix, development)?	<ul style="list-style-type: none"> • Performance brief and domain reports (turnover) • Covid update • Reset and Recovery 	Reasonable	
RISK 3.2 Is the Trust addressing the scale of sickness absence?	<ul style="list-style-type: none"> • Performance brief and domain reports (Well-led) • Workforce update • Covid update • Health and Safety internal audit 	Reasonable	
RISK 3.5 Has the Trust developed and embedded a suitable health and safety management system?	<ul style="list-style-type: none"> • Health and Safety internal audit • Health and Safety Group annual report • Performance brief and domain reports (staff RIDDOR incidents) 	Limited	It was recognised that whilst a health and safety management system was being developed, the internal audit indicated that this has yet to be embedded.
Risk 3.6 Is the Trust maintaining business continuity in the event of significant disruption?	<ul style="list-style-type: none"> • Reset and recovery • Covid update • Risk register 	Reasonable	

Public Board Meeting: 26 March 2021

Agenda item number: 2020-21 (134d)

Title: Charitable Funds Committee February 2021: Committee's Chair assurance report

Category of paper: For assurance
History: N/A

Responsible director: Executive Director of Nursing and AHP's
Report author: Executive Director of Nursing and AHP's

Executive summary (Purpose and main points)

This paper identifies the key issues for the Board from the Charitable Funds Committee held on 26 February 2021.

Recommendations

For the Trust Board to receive this assurance report from the Charitable Funds Committee.

Report title

1 Introduction

The Charitable Funds Committee is a sub –committee of the Trust Board who also act as the Board of Trustees for the Charity. The Committee oversees the strategic director of the LCH Charity and provides assurance to the Trust Board following each quarterly meeting.

2 Background

The paper is presented to the Trust Board only following each Charitable Funds Committee meeting.

3 Current position/main body of the report Charitable development updates

The arrangements for the new organisational structure of the LCH Charity arrangements are now established and the Charitable Funds operational Group is meeting monthly. The work to date has been impressive and has included:

- The group now has representation from the LCH Youth Board and the group continues to look at how the LCH charity can be promoted both internally and externally.
- The group is now actively planning for one major event this year which is confirmed as the Yorkshire 3 peaks walk in June – a risk assessment has been undertaken and work is now ongoing to look at how we collect a registration fee (nominal amount) to secure a place and design of a tee shirt to be worn by participants on the day. The tee shirts will be designed by the Youth Board.
- The group has developed a set of up to date and attractively presented information to share with the organisation to show how staff can apply for charitable funds and what types of things would be supported.

Finance Report

The Deputy Director of Finance presented the finance report. There were a couple of questions in relation to the spend and explanations for this were given. The report was accepted by the Committee. The Charitable Funds Committee wanted to ensure that the Trust Board was sighted on the current value of Charitable Funds which is currently over £200,000 although some of this is committed but there is still £150,000 available.

LCH Charitable Funds and Related Charities Draft Annual Report 2020/21 was discussed and agreed by the Committee. The Committee requested that for future annual reports we should aim to include information about the impact of investments via Charitable Funds and the Operational Group will ensure this happens in the future.

Terms of Reference and Work plan

The updated Terms of Reference and annual work plan were accepted by the committee following a minor change and are attached to this report for ratification by the Trust Board.

Charitable Funds Bid

The Committee reviewed a bid for staff lunches to support health and wellbeing. The committee were happy with the bid but the value exceeds £25,000 and therefore this will be recommended to the full Trust Board for approval. (see separate paper).

4 Impact:

4.1 Quality

The work of the Charitable Funds Operational Group and Committee is hoping to enhance the quality of care the Trust provides through use of funds to enhance patient care but also to ensure staff are supported in terms of their health and wellbeing.

4.2 Resources

Nothing to report.

4.3 Risk and assurance

No risks identified.

5 Next steps

N/A

6 Recommendations

The Board is recommended to:
Receive this report.

**Public Board Meeting: 26 March 2021
Agenda item number: 2020-21 (134e)**

Title: Nominations and Remuneration Committee – 26 February 2021: Chair Assurance Report

**Category of paper: for assurance
History: n/a**

**Responsible director: Chair of the Nominations and Remuneration Committee
Report author: Director of Workforce**

Executive summary (Purpose and main points)

This paper identifies the key issues for the Board arising from the Nominations and Remuneration Committee meeting held on the 26th February 2021, and it indicates the level of assurance based on the evidence received by the Committee. Please note that the Nomination and Remuneration Committee welcomed both Alison Lowe and Rachel Booth as new members of the Committee to this meeting.

This was a regular quarterly meeting of the committee which had last met in December 2020.

Items discussed:

Very Senior Managers (VSM) Pay Award:

The Committee approved the nationally negotiated and recommended VSM salary increase for the 20/21 financial year of 1.03%. It was agreed this would be actioned and backdated to 1st April 2020 as recommended in the national letter detailing this pay award.

Annual Report

The Annual Report for the Nomination and Remuneration Committee was received and considered. The Committee noted that there had been good attendance at the meetings in the last year and that a number of important topics including Real Living Wage, Clinical Excellence Awards (CEAs), VSM salaries and temporary policy changes pertaining to the COVID pandemic response had all been considered.

It was noted that feedback from Committee members was largely positive in terms of the effectiveness and operation of the Committee.

Clinical Excellence Awards Update:

A previous update had outlined that the money available for the CEA awards for the 19/20 financial year had been distributed equally amongst eligible clinicians which was deemed nationally to be the most fair means of operating the scheme in the midst of the COVID pandemic.

It was noted by the Committee that there is no scheme running in 20/21 and that there is currently an ongoing national consultation on the future of the CEA awards scheme which includes making the scheme much more inclusive and representative as well as more clearly linked to the appraisal process.

Recommendations

The Board is recommended to note this information.

Public Board Meeting: 26 March 2021

Agenda item number: 2020-21(135ai)

Title: Performance Brief and Domain Reports

Category of paper: for assurance

History: Senior Management Team – 17th March 2021

Quality Committee – 22nd March 2021

Business Committee – 24th March 2021

Responsible director: Executive Director of Finance and Resources

Report author: Head of Business Intelligence

Executive summary (Purpose and main points)

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.

The report focuses on performance against the KPIs agreed before the commencement of the financial year and before the start of the Covid-19 pandemic. Performance against any of the indicators has been adversely affected by the impact of the pandemic on services and the Trust's normal business and this is explained, where relevant.

This report does not seek to describe how service delivery is recovering nor how the current wave of Covid and the lockdown is having a further impact; that is covered elsewhere on the agenda.

As previously agreed by the Board, whilst the KPIs have been produced as usual, the narrative is briefer and focuses on key items for escalation.

Recommendations

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

Performance Brief – February 2021

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.

The report focuses on performance against the KPIs agreed before the commencement of the financial year and before the start of the Covid-19 pandemic. Performance against any of the indicators has been adversely affected by the impact of the pandemic on services and the Trust's normal business and this is explained, where relevant.

This report does not seek to describe how service delivery is recovering nor how the current wave of Covid and the lockdown is having a further impact; that is covered elsewhere on the agenda.

As previously agreed by the Board, whilst the KPIs have been produced as usual, the narrative is briefer and focuses on key items for escalation.

Committee Dates:

Senior Management Team – 17th March 2021

Quality Committee – 22nd March 2021

Business Committee – 24th March 2021

Trust Board – 26th March 2021

Recommendations

Committees and the Board are recommended to:

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

Main Issues for Consideration

In relation to the **caring** domain 95.2% of Community patients or carers reported their experience as good or very good. There have been no Friends and Family (FFT) returns for Inpatient services this month.

LCH have received 1 complaint related to Covid-19 and 4 Covid-19 related concerns.

In the **well-led** domain the overall Sickness absence rate for February is 5.5% (short-term absence 1.4% and long-term absence 4.1%). At the start of the pandemic sickness absence was over 6%. The positive news is that since then, the sickness absence rate month on month continues to be lower when compared to 2019. Absence in the Corporate Directorate has improved significantly from 4.9% in January to 3.0% this month, which is back in line with the average absence rates seen.

This month Turnover increased slightly to 9.0% and Stability rate as dropped to 90.1% however these figures remain steady from last month and are still higher than average for the past 35 months. Staff leaving within the first 12 months of employment is now reporting at 14.2%.

Statutory & mandatory training compliance has seen a slight increase to 87.9%. Work continues to progress on the Statutory and Mandatory Compliance project

The Appraisal position for February has reduced by 1.1 % from January to an overall compliance rate of 77.3%. The small drop in the overall rate is due to falls in performance across the Adult and Specialist Business Units (Adults -2.8%, Specialist -2.2%). Service pressures and staff absence continue to be the key factors. Targeted monthly reporting to the Corporate Directorate has resulted in a positive increase of 8% (80.8% from 72.8%). Support will continue to be offered to encourage increase in compliance rates, on areas as appropriate.

Safe - February 2021

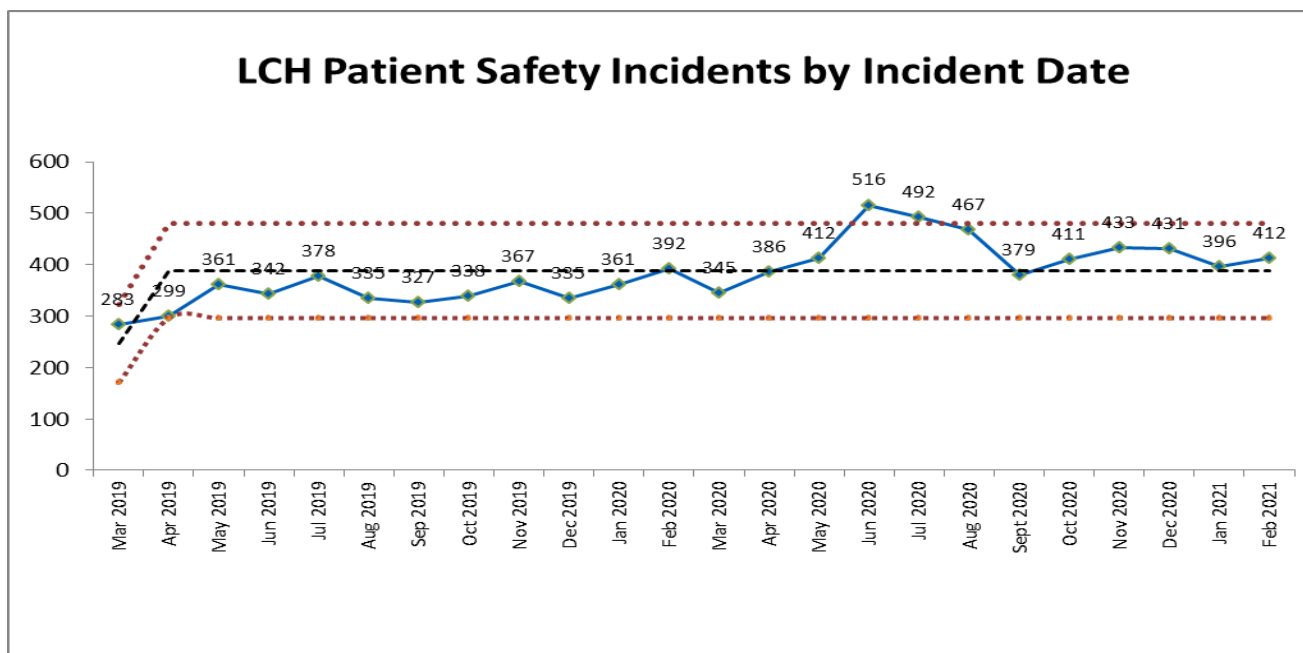
By safe, we mean that people are protected from abuse and avoidable harm

Safe - people are protected from abuse and avoidable harm	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Q2	Q3	Jan	Feb	Time Series
Overall Safe Staffing Fill Rate - Inpatients	SL	>=97%	-	●	2020/21	100.7%	94.0%	84.9%	83.8%	78.8%	
					2019/20	94.7%	97.1%	97.0%	92.1%	82.6%	
Patient Safety Incidents Reported in Month Reported as Harmful	SL	1.06 to 1.73	2.01	●	2020/21	2.12	1.97	1.83	2.03	2.54	
					2019/20	1.18	1.40	1.40	1.72	1.74	
Serious Incident Rate	SL	0 to 0.1	0.05	●	2020/21	0.05	0.06	0.05	0.02	0.02	
					2019/20	0.04	0.04	0.06	0.06	0.06	
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	9	11	●	2020/21	3	5	1	0	2	
					2019/20	2	0	5	1	2	
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	3	●	2020/21	1	1	0	1	0	
					2019/20	0	0	0	0	2	
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	14	11	●	2020/21	4	4	3	0	0	
					2019/20	-	-	-	-	-	
Number of teams who have completed Medicines Code Assurance Check 1st April 2019 versus total number of expected returns	RB	No Target	50%	●	2020/21	50%	58%	61%	-	-	

Safe Staffing Fill Rates

The lower percentage for the safe staffing fill rates is due to lower numbers of patients and staffing being adjusted accordingly rather than there being a staffing issue.

Trend of LCH Patient Safety Incidents by Month



The above SPC shows incident activity within normal variation with a small increase of incident reporting in February. The increase is not related to any one business unit.

Update of ongoing Serious Incidents (SIs) Investigations

There are, eight SI investigations ongoing, all are within the 60 working day timeframe these are:

- 1 x Category 4 Pressure Ulcer reported by Wetherby Neighbourhood Team
- 1 x Category 3 Pressure Ulcer reported by Pudsey Neighbourhood Team
- 1 x fall resulting in a fractured ankle by Morley Neighbourhood Team
- 2 x deteriorating diabetic leg ulcers reported by Podiatry
- 1 x meatal tear reported by Seacroft Neighbourhood Team
- 1 x self-harm incident reported by Adel Beck
- 1 x Unsafe/Inappropriate transfer reported by Wetherby Young Offenders.

All are still under investigation; the learning will be shared in the quarterly SI report

Incidents Occurring in February 2021

There were 715 incidents recorded in Datix in the month, of these 412 (57.5%) were recorded as LCH patient safety incidents.

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	
February 2021	363 (88.1%)	44 (10.7%)	5 (1.2%)	412*
January 2021	361 (90.6%)	27 (7.4%)	8 (2.0%)	396
December 2020	381 (88.4%)	35 (8.1%)	15 (3.5%)	431
November 2020	389 (89.8%)	37 (8.5%)	7 (1.6%)	433
October 2020	383 (93.2%)	23 (5.6%)	5 (1.2%)	411
September 2020	334 (88.1%)	36 (9.5%)	9 (2.4%)	379
August	421 (90.1%)	41 (8.8%)	5 (1.1%)	435
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

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

Summary of moderate harm incidents (occurring in February 2021)

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

- 34 x Skin Damage (24 x pressure ulcers; 4 x MASD; 1 x Diabetic foot ulcer; 2 x traumatic skin damage; 1 x deep tissue injury and 2 x meatal tear)
- 3 x Falls
- 3 x Self Harm (2 x Medication overdose – attempted suicide resulting in hospital admission reported by Leeds Mental Wellbeing Service and 1 x attempted suicide with ligature reported by Wetherby YOI)
- 1 x Suspected Sexual Abuse reported by Kippax NT
- 2 x Transfer/Discharge (2 transfer delays out of Wetherby YOI)
- 1 x Medication (Wrong dose/strength was administered)

Summary of major harm incidents (occurring in February 2021)

5 major harm incidents were reported in February; these were all falls related incidents

3 of the 5 have been reviewed at the Serious Incident Decision Meeting (SIDM) and have concluded no contributory lapses in care. A further one has been reviewed at SIDM and further information requested. The remaining one incident has a review date booked in March 2021.

The learning from the 3 concluded reviews have been shared with the reporting teams, these are;

- Obtaining valid consent for different aspects of patient’s care provision
- Lack of or incomplete lying and standing BP as part of the Tier 2 falls risk assessment
- Incorrect use of prescribed equipment

Category 4 Pressure Ulcer update

There were no Category 4 pressure ulcers recorded in February 2021.

SIDM Outcomes in February 2021

45 incidents were heard at SIDM, chaired by the Assistant Director of Nursing, Assistant Director of AHPs or Head of Clinical Governance; 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
45	35(78%)	0(0%)	7(15.6%)	3(6.7%)

Of the 45 incidents discussed, seven incidents heard in February were progressed to serious incident investigations, these are detailed below:

- 2 x Pressure ulcers (1 Category 3 reported in December and 1 Category 4 reported in January 2021)
 The review of the Category 3 identified a lack of holistic care from the initial identification of pressure damage which resulted in lack of consideration of specific pressure prevention needs over a 24 hour period. This is a recurring theme and a ‘learning from incidents’ memo has been developed and circulated in relation to pressure prevention considerations and strategies available to support patients throughout the 24 hour period. This is to be re-visited with the team.
 The Category 4 pressure ulcer was recorded in January 2021 and was reviewed at SIDM in February. The investigation identified a lack of evidence of adherence with the LCH infection framework and therefore it was not possible to conclude if the presence of wound infection contributed to the deterioration of this hospital acquired ulcer under LCH care. It was also evident that clinical observations have not been taken in line with this framework. Additional learning related to missed opportunities to report the wound at an earlier opportunity and therefore trigger a critical review of the patients care.
- 1 x Fall resulting in a Tri-malleolar fracture of right ankle. This incident occurred in the Morley Neighbourhood Team; Immediate learning from the investigation have been shared with the falls team, this included:
 - I. Timely referral regarding safeguarding concerns
 - II. Documentation of assessment of patient’s capacity

- III. Incomplete lying and standing BP
- IV. Incomplete Tier 2 falls risk assessment

- 4 x delayed transfers of care reported by Adel Beck and WYOI as detailed within the Clinical Governance report. A joint thematic Serious Incident review is being completed and lead by WYOI.

Of the 45 incidents discussed, 35 were deemed to have no contributory lapses in our care; however some good practices, learning and themes were identified for the services to help support wider learning and identification of any training requirements. These included but not limited to:

- Regular visits from Qualified staff
- Evidence of Personalised care plans
- Good communication and relationship with families
- Evident of Clear and consistent documentation
- Importance of identifying all risk factors for pressure damage and creating an appropriate management plan
- Importance of regular holistic reviews by a senior clinician to detect changes to patient's condition and risk
- Full lying and standing BP to be measured

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

The Duty of Candour process was met for all cases where this was required.

Caring – February 2021

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

Caring - staff involve and treat people with compassion, kindness, dignity and respect	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Q2	Q3	Jan	Feb	Time Series
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Inpatient and Community (FFT)	SL	>=95%		●	2020/21			95.7%	99.1%	95.2%	
					2019/20	96.7%	96.6%	94.5%	90.8%	95.4%	
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Inpatient Care (FFT)	SL	>=95%		●	2020/21			-	-	-	
					2019/20	85.7%	90.7%	95.7%	100.0%	100.0%	
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)	SL	>=95%		●	2020/21			95.7%	99.1%	95.2%	
					2019/20	96.7%	96.6%	94.5%	90.7%	95.3%	
Total Number of Formal Complaints Received	SL	No Target	95		2020/21	19	35	29	4	8	
					2019/20	62	59	48	7	17	
Total Number of Formal Complaints Received Related to COVID-19	SL	No Target	13		2020/21	1	5	5	1	1	
					2019/20	-	-	-	-	-	
Number of Formal Complaints Upheld	SL	No Target	33		2020/21	14	9	5	3	2	
					2019/20	19	37	25	3	4	
Number of Formal Complaints Responded to within timeframe	SL	No Target	72		2020/21	20	17	22	7	6	
					2019/20	33	50	51	5	10	
Number of Compliments Received	SL	No Target	805		2020/21	148	244	261	86	66	
					2019/20	-	-	-	-	-	

Friends and Family Test

Overall, in February 2021 95.15% of Community patients reported their experience as good or very good. Responses have increased to 268 as services reinstate FFT but this remains low in comparison to pre-covid-19 response rates. There has been a slight reduction in recommendation rate (reporting as good or very good) and this is partly due to 3 responses where the experience has been rated as poor. Two 'Poor' responses have been received for the Tier 3 Specialist Weight Management Service, with one poor response for 0-19 PHINS. Supporting comments for both services relate to changes to appointments causing confusion and people feeling they are not receiving sufficient support. Comments have been shared with the service for review and action, and an update will be provided in next month's report.

There have been no FFT responses for Inpatient services. Posters with the FFT QR code have now been sent to Little Woodhouse Hall to display and staff will encourage young people to complete the FFT via this method. Hannah House are reviewing how they encourage returns, including completing the cards with patients/families where appropriate.

Comments received via FFT in February have included:

- All the nurses, carers were kind, caring and helpful. 100% supportive to both my wife and myself.
- Professional staff. Communications were excellent for organising visits. Nurses explained procedures very clearly and any issues were dealt with very quickly. First time for IV antibiotics. Very impressed.

There is a clear theme in the comments related to patient experience of accessing virtual and telephone appointments; these have been received for the Musculoskeletal (MSK) service and the Community Diabetes service. These are being shared with the services directly, and with the virtual consultation working group. Examples below:

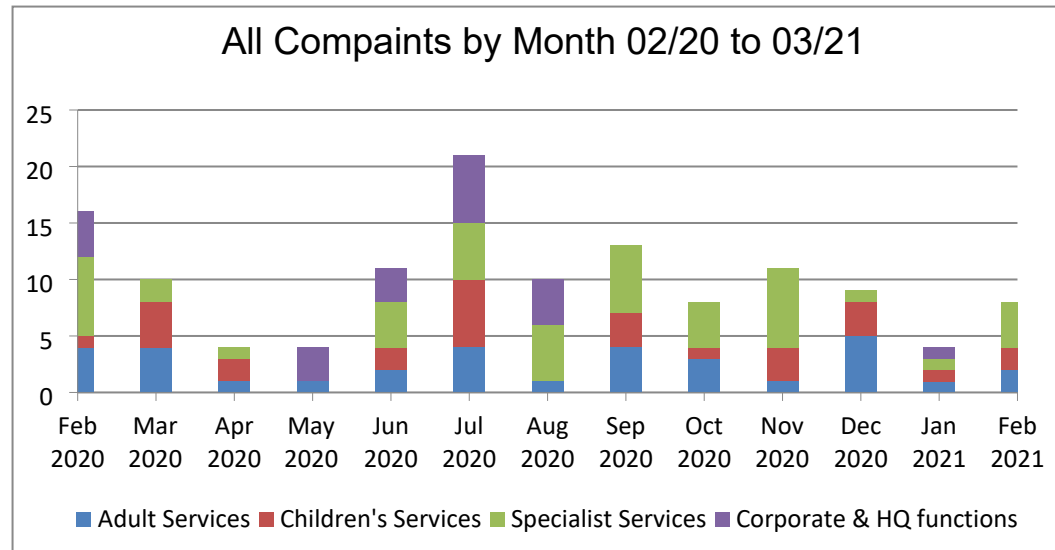
- Excellent quality, up-to-date, virtual [Diabetes] education accessible at a time to suit my day. Also generous time for individual telephone follow-up dietetic consultation.
- Don't assume everyone has a computer to watch on, I watched on my phone and didn't have all the same online facilities i.e. buttons to press, but managed other ways, not everyone could have done that.
- It's impossible for me to answer my phone at work. You send a text or letter stating I have a telephone appointment on a particular day but could be at any time! My appointments are always called by you last minute and it's so hard to keep track of all my appointments.

Learning from this feedback will be shared in this report next month.

Complaints, Concerns and Claims

There were 8 complaints received in February 2021.

The graph below highlights the number of complaints that have been received by the Organisation over the last 12 months for comparison.



There have been 1 clinical claims received relating to the standard of care received from the MSK and Rehabilitation Service. There have been no non-clinical claims received.

Covid-19

We have received 1 Covid-19 related complaint in February. This complaint was received by the Integrated Children's Additional Needs Service (ICAN) and is related to a pause in Occupational Therapy support during the first national lockdown and issues with communication around appointments and treatment.

We have received 4 Covid-19 related concerns in February; one for CAMHS West around unacceptable waiting times for treatment, a concern for the Recovery Hub at South Leeds on coordination and transfer of care, and an issue raised with the Leeds Sexual Health Service on access via the phone line and being on hold for long periods. A concern for the Children's continuing care and short breaks service regarding a reduced offer of care; the team leader has contacted the parent to discuss further and explain the reasons for a reduced service due to Covid-19.

Effective

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

Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Q2	Q3	Jan	Feb	Time Series
CAMHS T4 - Percentage of inpatients admitted who have had a Care and Treatment Review undertaken within 18 weeks of admission.	SL	100%	100%	●	2020/21	100%	100%	-	-	100%	
CAMHS T4 - Percentage of inpatients who have had a Care and Treatment Review undertaken every 3 months.	SL	>=95%	100%	●	2020/21	100%	100%	-	-	100%	
CAMHS T4 - Percentage of inpatients who have been screened for alcohol and tobacco usage and offered advice/interventions as appropriate	SL	100%	100%	●	2020/21	100%	100%	100%	100%	100%	

CAMHS

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

Responsive – February 2021

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

Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Responsible Director	Target - YTD	YTD	Forecast	Financial Year	Q1	Q2	Q3	Jan	Feb	Time Series
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	81.3%	●	2020/21	88.7%	76.5%	80.6%	82.9%	79.3%	
					2019/20	99.3%	98.7%	97.6%	97.1%	95.3%	
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	0	●	2020/21	0	0	0	0	0	
					2019/20	0	0	0	0	0	
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	29.2%	●	2020/21	24.1%	19.4%	33.4%	29.1%	32.6%	
					2019/20	100.0%	94.1%	100.0%	100.0%	100.0%	
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	73.5%	●	2020/21	69.2%	71.9%	71.7%	71.3%	75.1%	
					2019/20	97.9%	98.4%	97.7%	98.1%	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%	99.4%	99.7%	
					2019/20	99.9%	99.3%	98.7%	98.5%	99.3%	
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	61.5%	●	2020/21	37.9%	58.1%	73.2%	78.9%	82.2%	
					2019/20	57.4%	48.0%	40.4%	38.7%	37.2%	

Performance against the 18-week referral to treatment standard is below expectations. There are now 325 patients waiting more than 18 weeks. This figure includes 159 children waiting for Paediatric Audiology (148 last month). This was a service that was paused by national direction in wave one. This decision affected two areas of performance, firstly the 6-week diagnostic target and if patients have not been referred on the agreed pathway by this time the 18-week waiting time target. The Audiology service is now operational and is able to provide a similar number of appointments as prior to the pandemic. The service is fully staffed but there is insufficient capacity to address the backlog. A business case is being discussed with commissioners.

Children are also waiting over 18 weeks in Community Paediatrics (37) and Paediatric Neuro Disability (49). The majority have chosen to wait due to concerns about attending site during lockdown.

Whilst not mandated nationally the Trust uses the same 18-week wait standard for non-reportable waits and the Trust is performing at 73.5.% against this standard. A detailed report on recovery and waiting lists is shared with both Business Committee and Quality Committee on a regular basis; however it should be noted that the situation is gradually starting to improve

In IAPT (Improving Access to Psychological Therapies) the service has met the standard to ensure people begin treatment within 18 weeks (99.3%). For many months now patients have been entering treatment within 6 weeks, but the measure related to this has not reflected that achievement as it is based on the dates of patients ending care and this means that the measure is heavily lagged. It has now caught up and is much improved although those exiting treatment after a sustained period will still affect performance. The Board is asked to take assurance that the service now offers a two-week initial appointment to all new entrants.

Well-Led - February 2021

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.

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	Q3	Jan	Feb	Time Series
Staff Turnover	LS/JA	<=14.5%	-	●	2020/21	11.4%	10.0%	9.1%	8.8%	9.0%	
					2019/20	13.1%	13.0%	13.1%	12.9%	12.4%	
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	-	●	2020/21	21.6%	24.9%	15.1%	13.6%	14.2%	
					2019/20	20.1%	17.3%	17.8%	18.4%	19.0%	
Stability Index	LS/JA	>=85%	-	●	2020/21	88.6%	89.9%	90.2%	90.4%	90.1%	
					2019/20	87.6%	85.7%	87.6%	87.9%	88.2%	
Short term sickness absence rate (%)	LS/JA	<=2.2%	-	●	2020/21	1.0%	1.4%	1.5%	1.7%	1.4%	
					2019/20	1.5%	1.5%	2.1%	1.3%	1.7%	
Long term sickness absence rate (%)	LS/JA	<=3.6%	-	●	2020/21	3.3%	3.5%	4.0%	4.4%	4.1%	
					2019/20	3.9%	3.4%	3.8%	3.9%	4.2%	
Total sickness absence rate (Monthly) (%)	LS/JA	<=5.8%	-	●	2020/21	4.3%	4.9%	5.5%	6.1%	5.5%	
					2019/20	5.4%	4.9%	5.9%	5.3%	5.9%	
AfC Staff Appraisal Rate	LS/JA	>=95%	-	●	2020/21	81.8%	83.6%	79.6%	78.4%	77.3%	
					2019/20	84.6%	85.6%	85.2%	89.2%	90.0%	
6 universal Statutory and Mandatory training requirements	LS/JA	>=95%	-	●	2020/21	91.3%	93.2%	92.5%	87.4%	87.9%	
					2019/20	93.8%	90.9%	92.0%	92.5%	85.6%	
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	Q3	Jan	Feb	Time Series
Percentage of Staff that would recommend LCH as a place of work (Staff FFT)	LS/JA	>=52.0%	-		2020/21		71.0%	-			
					2019/20	71.1%	81.6%	-			
Percentage of staff who are satisfied with the support they received from their immediate line manager	LS/JA	>=52.0%	-		2020/21			-			
					2019/20	73.3%	61.2%	-			
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target	5		2020/21	2	2	1	0	0	
					2019/20	-	-	-	-	-	
WRES indicator 1 - Percentage of BME staff in the overall workforce	LS/JA	No Target	-		2020/21	10.9%	10.7%	11.1%	11.0%	11.1%	
					2019/20	9.8%	10.0%	10.0%	10.2%	10.3%	
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	LS/JA	No Target	-		2020/21	4.1%	3.9%	4.4%	4.4%	4.4%	
					2019/20	3.3%	3.7%	3.6%	3.6%	3.6%	
Total agency cap (£k)	BM	3588	2097		2020/21	2097	550	557	240		
					2019/20	1158	1220	1025	275	310	
Percentage Spend on Temporary Staff	BM	No Target	6.2%		2020/21	5.0%	3.9%	4.0%	4.3%		
					2019/20	6.2%	6.2%	5.9%	5.2%	5.6%	

Retention

Turnover rates remain stable and within expected limits at 9.0%, which is a slight increase from January's figure of 8.8% and below the 14.5% retention target. The improvement in turnover rates over the previous 12 months as reported in previous papers continues. Retention rates also remain stable at 90.1% which is above the organisation's target of 85%.

Staff leaving within the first 12 months of employment is 14.2% which is below the target of 20%. 50% of those leaving with less than 12 month's service in February left due to relocation.

The area with the highest turnover in February is Admin and Clerical staff due to a variety of reasons with a total of 8 across the organisation, with 4 coming from the Children's Business Unit. 5 registered nurses left, 2 from the Children's Business Unit and 2 from the Adult Business Unit. The highest reason for leaving across all the staff groups and business units was due to voluntary resignation (reason unknown) at 40%, followed by Relocation (26.7%), Promotion (26.7%), and Work Life Balance (6.6%).

Work is continuing to focus on areas with high turnover with a focus on development of career pathways, exit interviews, apprenticeships, recruitment, health and wellbeing with increasing support to leaders and flexible approaches to staff engagement. This contributes overall to increased confidence and high levels of workforce stability.

Background detail associated with retention is set out in **Appendix 1**.

Sickness Absence

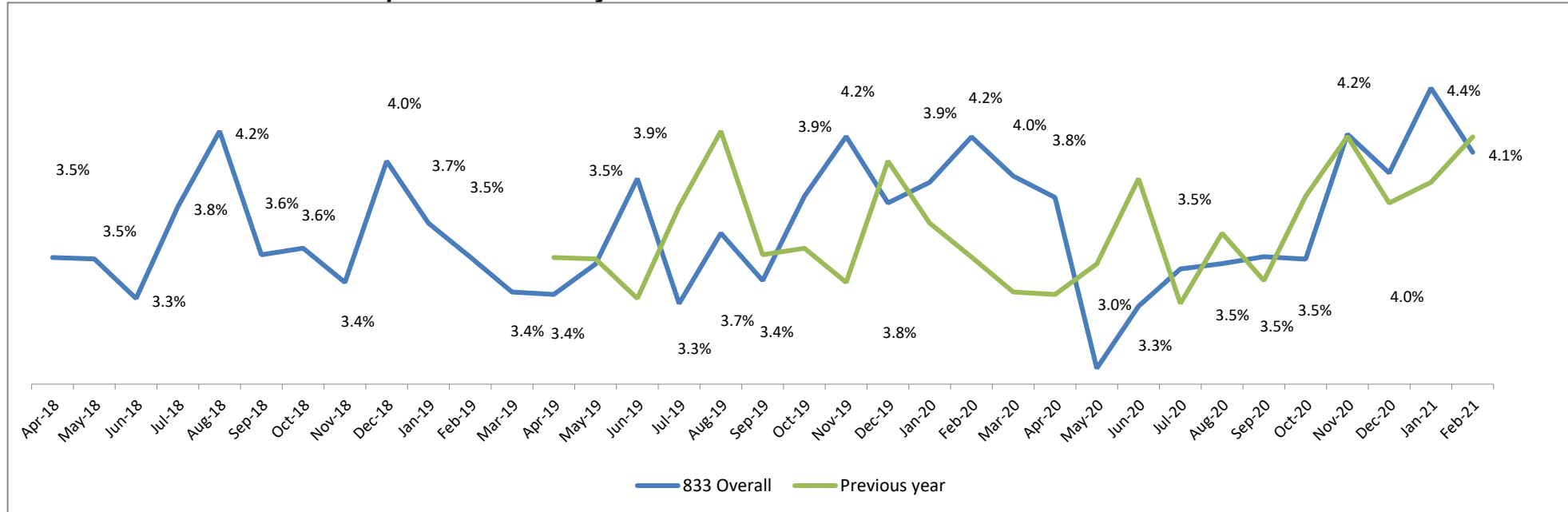
The overall Sickness absence for February has dropped to 5.5% from 6.1% in January. Short term absence has dropped slightly to 1.4% and long term absence decreased to 4.1%.

The highest reason for long term absence is due to anxiety, stress and depression which is reporting at 1.22% which is the lowest this has been since March 2020. The highest reason for short term sickness is due to Infectious diseases at 0.34%. This is a reduction from January's figures of 0.54%. Overall sickness rates in February have decreased slightly across all the Business Units and Operations.

Sickness levels within the Corporate Directorate has improved significantly with a drop to 3.0% (4.9% in January) with 2.5% of this being attributable to long term absence (4.0% in January). February's sickness figure is back in line with the mean average of the Corporate Directorate figures over the previous 24 months (3.1%).

Taking all of this into account, there has been a clear positive impact on reduction in sickness absence throughout 2020 and during the pandemic. This could in part, be due to the increased focus around supporting staffs mental wellbeing, together with a more open approach to actively listen and engage with staff, and continuously flexing our health and wellbeing offer to meet the needs of our staff.

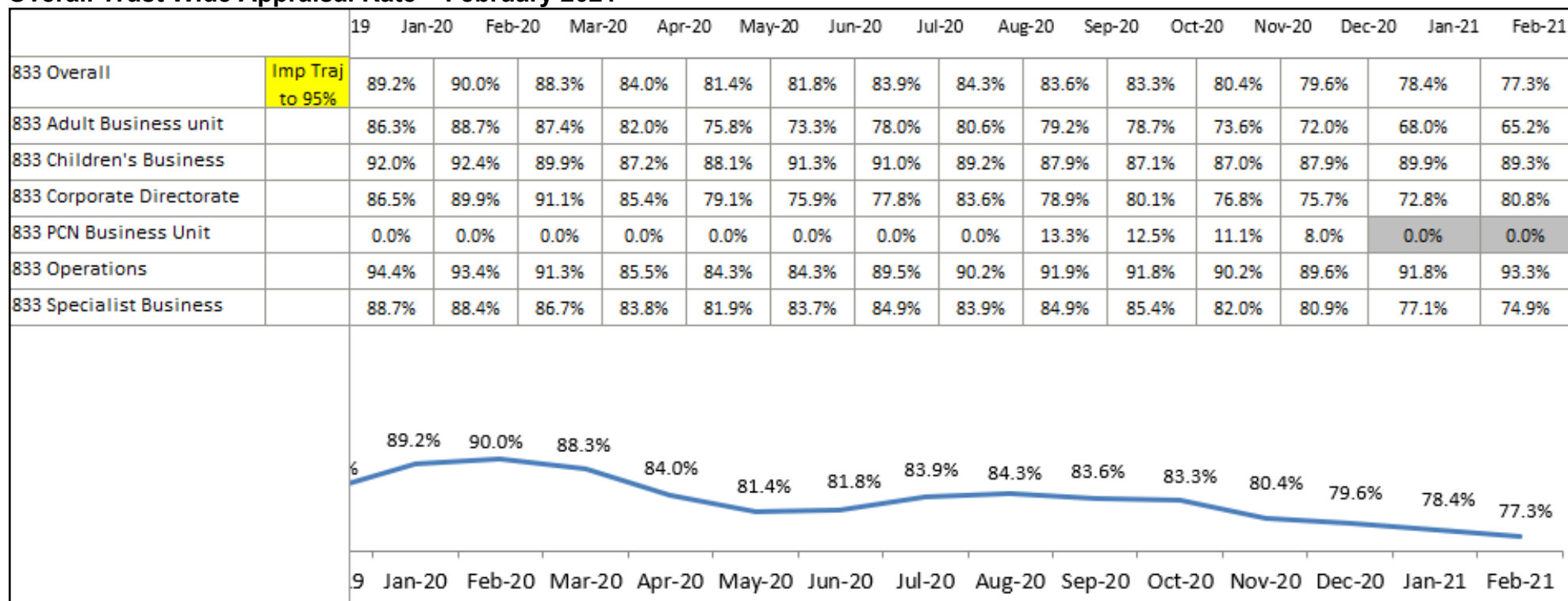
Sickness absence rates from April 18 to February 2021



Appraisal

The Appraisal position for February has reduced by 1.1 % from January to an overall compliance rate of 77.3%.

Overall Trust Wide Appraisal Rate – February 2021

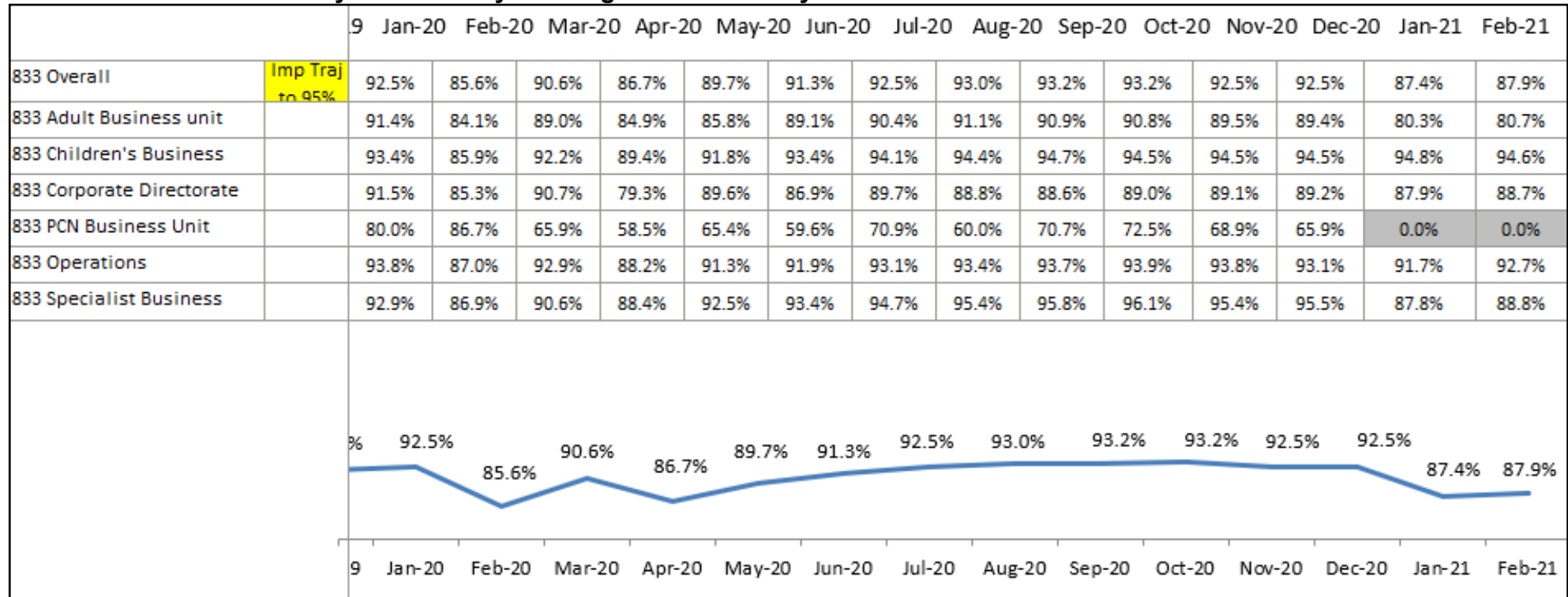


- The small drop in the overall rate is due to falls in performance across the Adult and Specialist Business Units (Adults -2.8%, Specialist -2.2%). Service pressures and staff absence continue to be the key factors.
- Targeted monthly reporting to the Corporate Directorate has resulted in a positive increase of 8% (80.8% from 72.8%). We will continue to provide this reporting.
- Both Children's and Operations remain steady and well above the average (Children's 90.3%; Operations 93.3%).
- A plan has been developed and agreed to improve the appraisal compliance across the Trust. This includes both short and long-term interventions. A communication including a 'How To' guide on recording appraisals in ESR will be sent trust wide by the end of March. Other interventions, including reporting parameters, manager training and guidance, improving our intranet pages and evaluation and quality assurance are planned between March-June.

Statutory and Mandatory Training

The overall Statutory and Mandatory position has increased marginally by 0.5% from January to an overall compliance rate of 87.9%.

Overall Trust Wide Statutory & Mandatory Training Rate – February 2021



- There is minor change across Business Units from January.
- Work continues to progress on the Statutory and Mandatory Compliance project with realignment work completed in March for both Mental Capacity and Fire Safety.
- From April we will add the following topics to the overall reporting, taking our reporting from 6 topics to 10.
 - Safeguarding Children (all levels)
 - Safeguarding Adults (currently we report on level 3, levels 1 & 2 will be added)
 - Dementia Awareness (all levels)
 - Prevent (all levels)
 - Mental Capacity Act
- As agreed, from June, Health, Safety and Welfare will be added taking to our reporting to 11 topics.
- Progress on the final two topics (Conflict Resolution and CPR) continues. We are aiming from this work to be complete by the end of March / early April. Regular updates continue to be provided to the Director of Workforce.

Finance – February 2021

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

Income and Expenditure

The Trust’s surplus for the **year to date** now stands at £1.2m against a planned position of £0.4m. This position includes the provision for the impact of ‘Flowers’ (see below) and additional annual leave accrual, which are both also included in the forecast outturn position below. Expenditure in respect of reset and recovery to address waiting times has been slower than originally anticipated which has resulted in year to date surplus against plan although the majority of planned spend is expected to have taken place by the year end.

The reported **forecast outturn** has moved from balanced to a surplus of £1.1m, prior to national allowances and adjustments.

The table to the right shows the reported forecast positions for each organisation in the West Yorkshire and Harrogate ICS. The Board will note that the Leeds Community Healthcare position improves by £2.1m to £3.2m assuming full coverage of the loss of non-NHS income through Covid lockdown, additional annual leave and “Flowers”. It has now been confirmed that each of these items is in principle “allowable” against organisational forecast positions. However, LCH will not receive cover for the £0.7m non-NHS income loss as the Trust is achieving a surplus without it.

In what has colloquially been known as the ‘Flowers’ case, the NHS Staff Council has reached an agreement with Trade Unions to resolve claims linked to overtime pay entitlements in respect of holiday pay under the NHS terms and conditions of service (Agenda for Change). NHS organisations have been advised of a national calculation of the amount that be accrued in 2020/21 Accounts. The LCH figure is £292k compared to our calculation prior to the national agreement of circa

Forecast surplus by organisation

Organisation	Surplus/ (deficit) £m	Non-NHS Income £m	Annual Leave £m	Flowers † £m	After Adjmts £m
AIREDALE NHS FOUNDATION TRUST	(1.0)	0.5	1.7	1.6	2.7
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	(1.0)	(0.0)	1.3	0.2	0.4
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	(0.2)	1.6	2.7	0.9	5.0
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	(2.4)	0.0	2.2	1.5	1.3
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	1.6	(2.6)	1.0	0.3	0.3
LEEDS COMMUNITY HEALTHCARE NHS TRUST	1.1	0.7	0.9	0.5	3.2
LEEDS TEACHING HOSPITALS NHS TRUST	0.5	11.3	5.6	3.3	20.7
MID YORKSHIRE HOSPITALS NHS TRUST	(2.9)	2.0	3.1	1.5	3.6
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	2.2	0.3	0.8	1.0	4.2
YORKSHIRE AMBULANCE SERVICE NHS TRUST	(0.8)	0.0	0.8	0.0	0.0
NHS BRADFORD DISTRICTS AND CRAVEN CCG	0.0				0.0
NHS CALDERDALE CCG	0.0				0.0
NHS GREATER HUDDERSFIELD CCG	0.8				0.8
NHS LEEDS CCG	0.0				0.0
NHS NORTH KIRKLEES CCG	0.8				0.8
NHS WAKEFELD CCG	0.6				0.6
TOTAL	(1.0)	13.9	19.9	10.7	43.5

- Notes: 1. Non NHS income adjustment currently based on forecast, not plan. Figures are those over and above interim payments already reported at M11
 2. Flowers based on organisational assessment. Subject to NHSE/I review.



£500k. In terms of the LCH financial position this year, the difference is not material. The Finance and Workforce teams will work together to understand the basis of the national calculation and the arrangements that will need to be made to make retrospective payments to staff and the future implications.

The Trust will receive coverage of the additional annual leave accrual being made this year as a result of staff carrying forward more leave due to service pressures during the year; this is expected to be based on a figure that the Trust will include in our Month 12 return to NHSE/I.

The Trust has worked with partners to ensure Leeds as a Place delivers its financial obligations for the year whilst managing winter pressures, Covid-19 and reset and recovery costs. Based on the information in the above table, all partners are forecasting at least a balanced position and it has not been necessary for Leeds Community to support other financial positions.

Capital

Capital expenditure totals £1.2m for February. The Trust has had to internally fund £390k of Covid related expenditure that has not been funded centrally. Total expenditure on capital is forecast has reduced to £2.4m following slippage into April of approval of the telephony scheme.

Cash

Cash balances remain high with £52.8m in the bank at the end of February, and the Trust is meeting the BPPC target of 95% for all measures. The Trust continues working hard to ensure timely payment of suppliers in line with national guidance.

Appendix 1 – February 2021

KPIs associated with financial sanctions

Measures with Financial incentives/Sanctions	Responsible Director	Threshold - YTD	YTD	Forecast	Financial Year	Q1	Q2	Q3	Jan	Feb	Potential Financial Impact
LMWS – Access Target; National Measure (excluding PCMH)	SP	19%	13.8%		2020/21	12.0%	12.7%	15.2%	16.6%	15.6%	Incentive paid where access is above 19%. Maximum incentivised value on achievement of 25% £15,340,557.
LMWS – Access Target; Local Measure (including PCMH)	SP	19%	17.1%		2020/21	14.2%	17.0%	18.8%	20.9%	19.7%	
T4 CAMHS - Occupancy	SP	88.7%	93.5%		2020/21	93.5%	77.0%	66.9%			Should the annual occupancy rate fall below the expected level of 88.7% the Commissioner shall claw back the number of days below the threshold at the full daily rate of £603.13. For activity between 88.7% and 95% we will pay the provider a marginal rate of 70% of the daily rate.
T3WM - Percentage of patients currently waiting under 18 weeks	SP	>=92%			2020/21	-	39.8%	50.8%	71.7%	77.0%	
LCPS - Number of Serious Incidents and Never Events not reported by email within 2 working days	SP	0			2020/21						
LCPS - Number of Serious Incidents and Never Events where final investigation wasn't completed within 60 working days	SP	0			2020/21						
LCPS - Annual audit report of referrer satisfaction with the service to be received by the CCG within 1 month of the date it is due	SP	0			2020/21						
LCPS - Any patient listed for a category 2 procedure listed in the NHSE EBI guidance should has within the record agreed documentation that the patient meets the required inclusion criteria	SP	0			2020/21						
0-19 - % of infants who had a face to face newborn visit within 14 days of birth.	SP	>=87%	93%		2020/21	92%	93%	93.0%			
0-19 - % of 6-8 week reviews completed within 12 weeks of birth.	SP	>=83%	55%	●	2020/21	43%	12%	55.0%			
0-19 - % of 12 month reviews completed within 12 months.	SP	>=80%	85%	●	2020/21	79%	66%	85.0%			

Measures with Financial Sanctions	Responsible Director	Threshold - YTD	YTD	Forecast	Financial Year	Q1	Q2	Q3	Jan	Feb	Potential Financial Impact
0-19 - Number of PBB Programmes commenced	SP	>=83			2020/21						0.25% of contract value (annual)
0-19 - Number of HENRY Programmes commenced	SP	>=80			2020/21						0.25% of contract value (annual)
0-19 - Percentage of actual staff in post against funded establishment	SP	>=95%	93.2%	●	2020/21	96.0%	98.6%	95.1%	95.5%	93.2%	
0-19 - % of 0-19 staff (excluding SPA) co-located in Children's Centres	SP	43%			2020/21						Agreement that sanction waived for 2019/20
0-19 - Roll Out of Chat Health to secondary schools	SP	>=95%			2020/21						
LSH - HIV testing uptake on first appointment in MSM with unknown status	SP	>=85%	77.1%	●	2020/21	77.3%	80.3%	77.3%	70.1%	68.4%	
LSH - Number of people accessing EHC and leaving with a form of contraception.	SP	>=70%	76.7%	●	2020/21	85.9%	70.3%	76.7%	84.8%	74.3%	
LSH - Service should diagnose 85% towards the chlamydia diagnosis rate in 15-24 year olds	SP	>=2720	2380	●	2020/21	503	1406	2055	2200	2380	
LSH - Percentage of clients requesting an appointment to be seen within 48 hours of contacting the service unless they choose to opt out.	SP	>=58.4%	99.1%	●	2020/21	99.3%	98.9%	99.0%	99.2%	98.8%	20% of incentive budget; £9,752.19 per month. Commissioners aware that underperformance on this target is related to 8% increase in footfall and LCH will not therefore incur a penalty
PolCust - % of calls attended within 60 minutes	SP	>=95%	94.0%	●	2020/21	94.0%	93.9%	94.0%	92.6%	95.2%	0.50% deduction from monthly invoice
PolCust - Provision of a full rota	SP	>=90%	99.9%	●	2020/21	100.0%	99.96%	99.9%	99.9%	#DIV/0!	£350 deduction per missed shift

Appendix 2 – February 2021

Retention Background Data

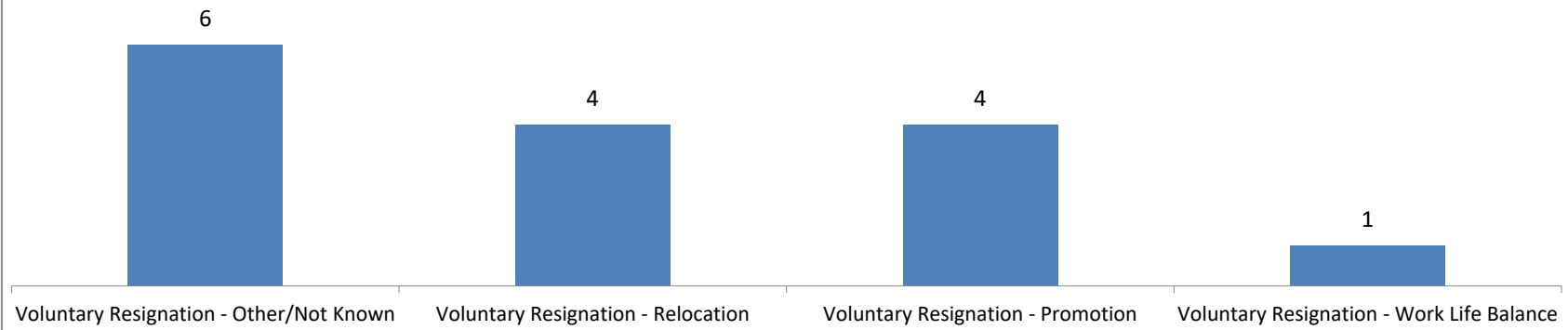
In February 2021 there were 15 leavers across the Trust.

Detailed breakdown of leavers with reasons is set out below:

Leavers by Business Unit/Staff Group

Month	2021 / 02
Business Unit / Staff Group	Leavers
833 Children's Business Unit	6
Administrative and Clerical	4
Nursing and Midwifery Registered	2
833 Adult Business unit	5
Administrative and Clerical	1
Allied Health Professionals	1
Nursing and Midwifery Registered	3
833 Operations	2
Administrative and Clerical	2
833 Specialist Business Unit	1
Add Prof Scientific and Technic	1
833 Corporate Directorate	1
Administrative and Clerical	1
Grand Total	15

Leavers by Reason



Leavers by Staff group and Business Unit



Leavers with less than 12 months service

Business Unit	Team	Position Title	Leaving Reason	Role	Leavers
833 Adult Business unit	833 Neighbourhood Services	Community Staff Nurse Band 5	Voluntary Resignation - Other/Not Known	Community Nurse	1
833 Children's Business Unit	833 0-19 PHINS	0-19 Staff Nurse Band 5	Voluntary Resignation - Relocation	Staff Nurse	1
	833 CAMHS	Administrative Assistant Band 2	Voluntary Resignation - Relocation	Clerical Worker	1
833 Corporate Directorate	833 Corporate Governance	Clinical Governance Officer Band 3	Voluntary Resignation - Promotion	Officer	1
Grand Total					4

All Trust leavers in February 2021

Month	2021 / 02			
Business Unit / Staff Group	Staff Group	Leaving Reason	Position Title	Leavers
833 Adult Business unit	Administrative and Clerical	Voluntary Resignation - Promotion	Team Administrator \ Band 3	1
	Administrative and Clerical Total			1
	Allied Health Professionals	Voluntary Resignation - Relocation	Physiotherapist Band 5	1
	Allied Health Professionals Total			1
	Nursing and Midwifery Registered	Voluntary Resignation - Other/Not Known	Community Staff Nurse Band 5	1
			Nurse Specialist, Early Discharge Assessment Team Band 6	1
		Voluntary Resignation - Work Life Balance	Community Staff Nurse Band 5	1
Nursing and Midwifery Registered Total			3	
833 Adult Business unit Total				5
Grand Total				5

Month 2021 / 02

Business Unit / Staff Group	Staff Group	Leaving Reason	Position Title	Leavers
833 Children's Business Unit	Administrative and Clerical	Voluntary Resignation - Other/Not Known	0-19 Customer Service Administrator Band 2	1
			0-19 Administrator Assistant Band 3	1
		Voluntary Resignation - Promotion	0-19 Customer Service Administrator Band 2	1
		Voluntary Resignation - Relocation	Administrative Assistant Band 2	1
	Administrative and Clerical Total			4
	Nursing and Midwifery Registered	Voluntary Resignation - Other/Not Known	Staff Nurse Band 5	1
		Voluntary Resignation - Relocation	0-19 Staff Nurse Band 5	1
Nursing and Midwifery Registered Total			2	
833 Children's Business Unit Total				6
Grand Total				6

Month	2021 / 02			
Business Unit / Staff Group	Staff Group	Leaving Reason	Position Title	Leavers
833 Corporate Directorate	Administrative and Clerical	Voluntary Resignation - Promotion	Clinical Governance Officer Band 3	1
	Administrative and Clerical Total			1
	833 Corporate Directorate Total			
Grand Total				1

Month	2021 / 02			
Business Unit / Staff Group	Staff Group	Leaving Reason	Position Title	Leavers
833 Operations	Administrative and Clerical	Voluntary Resignation - Promotion	Administrator Band 2	1
		Voluntary Resignation - Relocation	Domestic Caretaker Band 1	1
	Administrative and Clerical Total			2
833 Operations Total				2
Grand Total				2

Month	2021 / 02			
Business Unit / Staff Group	Staff Group	Leaving Reason	Position Title	Leavers

Staff Group				
833 Specialist Business Unit	Add Prof Scientific and Technic	Voluntary Resignation - Other/Not Known	Senior L&D Practitioner Band 6	1
	Add Prof Scientific and Technic Total			1
833 Specialist Business Unit Total				
Grand Total				1

Public Board Meeting: 26 March 2021

Agenda item number: 2020-21 (136)

Title: Significant Risks and Board Assurance Framework (BAF) report

Category of paper: for assurance

History: Senior Management Team 17 March 2021

Responsible director: Chief Executive

Report author: Risk and Safety Manager / Company Secretary

Executive summary (Purpose and main points)

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 Board Assurance Framework (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.

The strongest theme found across the whole risk register is staff capacity, the second strongest theme is Children and Adolescent Mental Health Service, the third strongest theme is the functionality of Information Technology (IT) software, and the fourth is staff safety. There is also a theme of delays in providing services due to Coronavirus (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 is one risk that previously scored 15 (extreme) that has recently been deescalated to a score of 12 (high):

- Risk 1002 Coronavirus (COVID 19) increase in infection rate

There are eleven risks scoring 12 (very high). One of these has been recently added to the risk register and details are given in this report:

- Risk 1036 Delayed delivery of the immunisations programme to children and young persons (0-19 Public Health Integrated Nursing Service)

Three further risks are currently being assessed and will be added to the risk register in due course:

- EU Exit compliance with the processing of personal data.
- Capacity within the 0-19 Public Health Integrated Nursing Service
- Capacity and demand within Children's Community Feeding Team

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 Board Assurance Framework BAF strategic risks that are linked to the strong themes identified in this report

1 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 The report provides a description of risk movement since the last register report was received by the Board (February 2021), including any new risks, risks with increased or decreased scores and newly closed risks.
- 1.4 The report seeks to reassure the Board that there is a robust process in place in the Trust for managing 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.

2 Background

This paper has previously been considered by the Senior Management Team (SMT) at its meeting on 17 March 2021.

3 Board Assurance Framework Summary

- 3.1 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.

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 being realised (or not)

- 3.2 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.
- 3.3 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.
- 3.5 Levels of assurance have been provided for ten out of the 20 strategic (BAF) risks during January and February 2021, with a reasonable assurance level being given to nine of these. The Business Committee concluded limited assurance for BAF

Risk 3.5 'Has the Trust developed and embedded a suitable health and safety management system?' It was recognised that whilst a health and safety management system was being developed, the internal audit indicated that this has yet to be embedded. For BAF RISK 2.2 'Is the Trust delivering contractual requirements' The Business Committee concluded that concerns remain about waiting times but this is not impacting on contractual requirements at this time and therefore Reasonable assurance was provided.

For BAF Risk 1.3 'Is the Trust maintaining and continuing to improve service quality?' The Quality Committee noted a significant improvement at Little Woodhouse Hall and agreed that this information, along with other items on the agenda concerning quality improvement had provided Reasonable assurance. The Quality Committee had a significant amount of discussion around Covid-19 and Reset and Recovery Programme and concluded Reasonable assurance for BAF RISK 1.5 'Is the Trust's altered (Covid) capacity affecting the quality of service delivery and patient outcomes'.

4 Risks by theme

4.1 For this report, the 64 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.

4.2 Themes within the current risk register are as follows:

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

- due to an increase in service demand
- as a result of services being paused as a response to COVID 19
- vacancies including difficulties recruiting staff to posts

Specifically:

Ten risks are related to staff capacity due to an increase in service demand; five risks are related to services being paused in response to COVID 19, resulting in an increased workload and increased waiting times; six risks concern vacancies, including difficulties recruiting staff to posts.

4.2.2 The second strongest theme is Children and Adolescent Mental Health Services (CAMHS):

- working environment risks
- waiting list

Of these: Six risks relate to CAMHS Tier 4 (problems with existing building, audit processes, the complexity of patients and access to Prevention and Management of Violence and Aggression (PMVA training)); Three risks are CAMHS Community (waiting times, ligature risk in community bases, and ligature risk assessments); one risk relates to the subcontractor offering a reduced CAMHS service to Adel Beck and Wetherby Young Offenders Institute.

4.2.3 The third strongest theme is Information Technology (IT) systems which are not sufficient to meet the requirements of the Trust or services which use them including:

- Helpdesk Support Capacity
- Use of SystmOne for recording the method of patient contact
- Electronic Staff records (ESR) use across the Trust
- Electronic Patient records for Neighbourhood Teams
- OrderComms and Lille for Leeds Sexual Health
- Inability to printing Pathology labels

4.2.4 The fourth strongest theme is 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)

4.2.5 There is also a theme of patient safety risk because of delays in providing services due to the impact of the pandemic, including hearing screens within children's audiology, access to type 2 Diabetes structured education, delayed school immunisations programme.

4.3 Risk alignment with strategic objectives

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.

Percentage of risks aligned with each strategic objective:

Deliver outstanding care: 26% (previously 19%)

Use our resources wisely and efficiently: 7% (previously 7%)

Ensure LCH's workforce is able to deliver the best possible care in all our communities 61% (previously 67%)

Work in partnership to deliver integrated care and care closer to home 6% (previously 7%)

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.

4.4 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.

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

Risk register theme: Staff capacity

BAF Risk 3.1 having suitable and sufficient staff capacity and capability

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 3.5 develop and embed a health and safety management system

Risk register theme: Information Technology (IT) systems

BAF Risk 1.3 maintaining and continuing to improve service quality

BAF Risk 2.2 delivering contractual requirements

BAF Risk 2.4 maintaining the security of IT infrastructure

BAF Risk 3.1 having suitable and sufficient staff capacity and capability

Risk register theme: Staff safety

BAF Risk 3.1 having suitable and sufficient staff capacity and capability

BAF Risk 3.2 the scale of sickness absence

BAF Risk 3.5 develop and embed a health and safety management system

5 Risk register movement

- 5.1 There are currently no risks that a score of 15 or above (extreme) on the Trust risk register as at 18 March 2021:

6 New or escalated risks (scoring 15+)

- 6.1 No new risks scoring 15+ have been added to the risk register.
- 6.2 No risks have been escalated to a score of 15+ since February 2021

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

- 7.1 One risk has been deescalated below 15 since February 2021

Risk 1002 Coronavirus (COVID 19) Increased spread of infection. The reason for reducing the risk score is because the continued roll out of the vaccine programme and ongoing social distancing measures has meant there has been a decrease in the level of infection. The revised risk score is 12 (high).

8 Summary of risks scoring 12 (high)

- 8.1 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.

8.2 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 Integrated Children's Additional Needs Service (ICAN)	12
982	Provision of Educarers in Specialist Inclusion Learning Centres	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
1023	Potential inaccuracies when recording the method of contact (face to face, virtual, by phone)	12
1025	Information Technology (IT) Helpdesk Support Capacity	12
1036	Delayed delivery of immunisation programme to children and young persons (0-19 Public Health Integrated Nursing Service)	12

9 New or escalated risks (scoring 12)

9.1 One new risk scoring 12 has been added to the risk register since February 2021, and details of this risk has been provided to the Quality and Business Committees for scrutiny:

Risk 1036. Delayed delivery of immunisation programme to children and young persons (0-19 Public Health Integrated Nursing Service)

Initial risk score 16 (extreme)

Current risk score 12 (high)

Target risk score 3 (low)

Description:

Following the closure of schools in March 2020 and again in January 2021 there has been significant issues affecting the delivery of the School Vaccination Programme. Every effort has been made to deliver children's immunisations at alternative venues; this has not been overly successful due to children not attending appointments, an increase in administrative tasks (no automated booking system) and the Immunisations Coordinator being seconded. Consequently, there is now a back-log of children who require immunisations, some of which have a limited time window (two years) to be administered. There is a risk that not all children will vaccinated at the right time.

Controls in place:

Uplifting of two members of staff to coordinate the service
 Appointments have been offered at different venues
 Negotiation surrounding access to buildings with the schools that are open
 Additional community 'catch-up' clinics
 Reports about current position and service offer are being provided to PHE
 Escalated to the Director of Nursing and Director of Operations
 Project manager put into place

Actions include:

Liaisons with schools to ensure vaccinations can be provided
 Further booking of Saturday and evening sessions will continue as staffing allows

Expected date to reach target: 27/08/2021

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

Escalated Risk 994 Due to staff capacity, Patients are waiting too long for Community Dental Services

Previous score 8 (high)

Current risk score 12 (high)

Reason for escalation:

No ongoing access for complex children to be seen for a specialist opinion and access paediatric General Anaesthesia (GA) for assessment and treatment.
 No consultant paediatric specialist (position not filled) and no specialist paediatric dentist (staff on maternity leave)
 Local Agreement states all GA listed patients require a review by a specialist dentist or consultant.
 No support from other dental providers in Leeds has been acquired for the 'Amber' work. This has been escalated to senior team, commissioner and staff at the Leeds Dental Institute and future plan is needed.

10 Risk profile - all risks

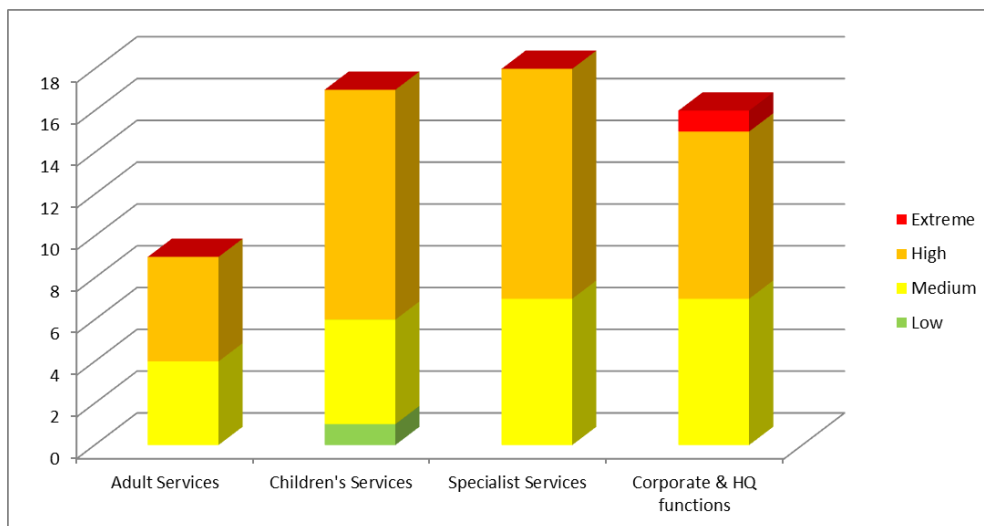
10.1 There are 20 open clinical risks on the Trust's risk register and 44 open non-clinical risks. The total number of risks on the risk register is currently 64. This table shows how all these risks are currently graded in terms of consequence and likelihood and provides an overall picture of risk:

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	2	3	0	0	5
3 - Moderate	1	13	17	13	0	44
2 - Minor	0	6	5	1	3	15
1 - Negligible	0	0	0	0	0	0
Total	1	21	25	13	4	64

11 Summary of all risks

11.1 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 9 March 2021. There is one extreme risk on the risk register.



11.2 Corporate services risks include: estates matters, Electronic Staff Records (ESR), data security.

12 Impact:

12.1 Quality

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.

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.

12.2 Resources

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

13 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 Board Assurance Framework (BAF) strategic risks that are linked to the strong themes identified in this report

Trust Board Meeting: 26 March 2021
Agenda item number: 2020-21 (137)

Title: Quarterly Report of the Guardian of Safe Working Hours

Category of paper: for assurance
History: Not applicable

Responsible director: Executive Medical Director
Report author: Dr Nagashree Nallapeta, Guardian of Safe Working Hours

Executive summary (Purpose and main points)

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.

- New appointment of GoSWH – Dr Nagashree Nallapeta, Community Paediatrician from January 2021.
- No exception reports submitted since last Board meeting.
- Progress made with appointments into the roles of LNC Junior doctors Representative and Post graduate medical education and revalidation administrator.
- Exploring options to improve Junior doctor engagement in Junior Doctor Forum and work underway to improve paediatric Junior Doctor training opportunities without reliance on exception reports.

Recommendations

The Board is recommended to:

- To support the new GoSWH in their role.
- To support GoSWH and Deputy Medical Director in the work underway to understand the impact of the on-call rota on community paediatric training time without reliance on exception reports.
- Recognise the work underway to engage trainee doctors and dentists within LCH NHS Trust and to promote the role of the GoSWH.

1 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 compliant with the 2016 Terms & Conditions of Service (TCS).
- 1.2 To identify risks affecting trainee doctors and dentists such as working hours, quality of training and advising board on the required response.

2 Background

- 2.1 Guardian of safe working hours (GoSWH) was introduced as part of the 2016 junior doctor's contract. The role of the guardian is to ensure the confidence of junior doctors that their concerns will be addressed and require improvements in working hours and rotas.

3 Quarterly report of guardian of safe working hours

- 3.1 There are currently 19 Junior Doctors employed throughout the Trust (in different specialities) as detailed in the table below. This includes Junior doctors employed directly by LCH and on honorary contracts.

Department	No.	Grade	Status
Adults	0		LCH contract
CAMHS	5	ST	LCH contract
	4	CT	Honorary contract
Community Paediatrics	3	ST Level 1	Honorary contract
	2	ST Level 2/ Grid trainee	LCH contract
Sexual Health	1	ST	LCH contract
GP	3	GPSTR	LCH contract
Obstetrics	1		Honorary contract
Dental Services	0		Honorary contract

QUARTERLY OVERVIEW

Vacancies	There are two vacancies in CAMHS Specialty Trainee (ST) establishment.					
Rota Gaps (number of night shifts needing cover)	December 2020		January 2021		February 2021	
	CT	ST	CT	ST	CT	ST
Gaps	n/a	18	n/a	17	n/a	13
Internal Cover	n/a	5	n/a	12	n/a	10
External cover	n/a	13	n/a	5	n/a	3
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	14 th January 2021					

3.2 **Rota gaps**

The CAMHS ST rota currently has vacancies related to maternity leave and gap in the rota (unfilled post). This does not impact on training opportunity for CAMHS junior doctors and on-call/night shifts are covered by a combination of internal and external locums as detailed in the above table. Cover is predominantly provided by internal locums. This has helped increase the consistency of care provided and ensures familiarity with Trust policy and procedure.

3.3 **Exception reports**

No exception reports submitted.

3.4 **Fines**

No fines levied by the GoSWH.

3.5 **Feedback from trainees**

Junior doctor virtual forum was held on 14th January 2021. Attendance from junior doctors remains a challenge. There was also an additional issue with snow on the day of the meeting which affected a few junior doctors who were unable to attend the meeting as scheduled.

3.6 **Update from the BMA**

BMA's JDC has advised that reassurance has been given from NHSE that any unspent Fatigue and facilities fund can be carried over into next financial year when it has not been possible to spend it in the current financial year.

4 **Impact**

4.1 **Quality**

This report has been informed by discussions with trainees, supervisors, CAMHS Medical Lead and Paediatric College tutor in Leeds Community Trust, along with information from human resources and guidance received from NHS employers and Health Education England.

Meetings have been held with the outgoing GoSWH, the Medical Director, Deputy Medical Director, Head of Medical Education & Revalidation to explore pending issues and opportunities for the new GoSWH to improve training opportunities and issues faced by junior doctors in the Trust.

Dr Catherine Agar has been appointed as the junior doctor trainee representative on the LNC. This post has been vacant for the past year and

Dr Agar's involvement will have a positive impact on LNC and GoSWH's engagement with junior doctors.

There has been progress in work related to administrative support for junior doctors, and there is now an accurate database of junior doctors in training at LCH. A post graduate medical education and revalidation administrator has been appointed. Working along with the Head of Medical Education and Revalidation, they will co-ordinate all junior doctor induction and administrative paperwork. This includes having a central email box, support from central bank of administration team and efficient link up with the relevant workforce and recruitment teams.

4.2 Challenges

Community Paediatric Training - There is a long-standing issue with training opportunities for community paediatric junior doctors. This is due to the impact of the acute paediatric on-call rota based in LTHT on community training time. Exception reporting for these missed training opportunities continues to be sparse, with an apparent acceptance by the junior doctors of the situation. GoSWH has re-started discussions with the college tutor for community paediatrics, and the paediatrician in charge of on-call rota to explore further ways to gather data around missed training opportunities and the impact of the on-call rota on training.

Engagement of Junior Doctors in JDF meetings - Work continues to explore further ways to help with engagement of junior doctors in the JDF meetings. GoSWH has explored including attendance to JDF to be acknowledged as a management experience or learning objective, opening up opportunities to include an educational component in JDF meetings and using Fatigue and Facilities funding to cater for tea/coffee vouchers in view of JDF meetings being on a virtual platform. A doodle poll option is being explored to offer flexibility of time and dates for future JDF meeting to improve attendance.

5 Resources

5.1 Fatigue and facilities fund

A survey was sent out to all Junior Doctors regarding the use of the remaining £7,538 from the NHSE provided Fatigue and Facilities fund. A suggestion of purchasing 5 additional laptops (£1,030.87 each including VAT) has been looked into to help plan for additional or split posts, including the possible additions to Core Psychiatry and Musculoskeletal team. This will mean a sum of £2,383.65 (£7,538 - £5,154.35) will be left to carry over. Ideas for using this money for well-being courses, building access fobs are being looked into as suggested by the Junior Doctors.

BMA JDC has advised that reassurance has been given from NHSE for any unspent Fatigue and Facilities fund can be carried over into the next financial year when it has not been possible to spend it.

6 Recommendations

The Board is recommended to support the new GoSWH in their role.

To support GoSWH and Deputy Medical Director in the work underway to understand the impact of the on-call rota on community paediatric training time without reliance on exception reports.

Recognise the work underway to engage trainee doctors and dentists within LCH NHS Trust and to promote the role of the GoSWH.

Trust Board Meeting: 26 March 2021

Agenda item number: 2020-21 (138)

Title: 2020 Staff Survey Update

Category of paper: For information
History: n/a

Responsible director: Director of Workforce
Report author: ODI Facilitator

2020 Staff Survey Results – Trust Board Update

Executive Summary:

This report provides the Trust Board with an update on the 2020 Staff Survey organisational results and outlines in summary what staff have told us about what it is like to work at LCH. The paper includes a comparison of 2020 Staff Survey results compared to our 2019 results, how we benchmark internally and nationally, and the approach for the dissemination of the information to our key stakeholders.

Finally, the report sets out how the organisation proposes to use the intelligence from the Staff Survey results to strengthen our ongoing and inclusive approach to staff engagement and provide further focussed areas for continuing improvement.

Recommendations:

For the Board to note the release of 2020 Staff Survey results to date and to endorse the proposed approach to the management of the information and its implications.

Background:

The 2020 Staff Survey ran from October-November 2020. We have now received all information from both our organisational Survey provider Picker, and the National Staff Survey Centre. This includes:

- Organisation level overview report (from Picker our 2020 Staff Survey provider)
- Internal benchmarking reports detailing information by team, characteristic and professional grouping
- National benchmarking report (National Staff Survey Centre 11/03/20); this information is now available in the public domain at www.nhsstaffsurveys.com
- Verbatim comments from survey respondents.

LCH Response Rate and Measures of Engagement:

The overall response rate for the 2020 survey was 45% - 10% lower than 2019. This equates to 262 less staff completing the survey this year. In terms of statistical validity Picker have confirmed to the Trust that these results are statistically significant and overall, their view was that 45% is a good response for a survey of this nature and type and as such we should work with the results. Additionally and to allay any further concerns regarding a lower response rate, we've researched further and understand that the completion rate is not a valid measure of actual engagement of staff within an organisation.

The difficult conditions during the second wave of the pandemic and a key time in terms of Staff Survey completion were also reflected in the response rates of our neighbouring Trusts – please see below:

- Leeds Teaching Hospitals Trust – 38%
- Leeds and York Partnership Foundation Trust – 47%
- Bradford District Care Trust – 44%
- Bradford Teaching Hospitals Trust – 44%
- Mid Yorkshire Trust – 45%
- South West Yorkshire Foundation Trust – 42.7%

As a Trust, LCH took a conscious decision at this time not to push on completion of the Staff Survey knowing what challenges our staff were facing day to day in terms of a second wave of COVID.

Finally for completeness and in terms of further understanding of response rates within LCH, all of our Business Units and directorates recorded decreases in their response rates – please see table below:

<i>Business Unit:</i>	<i>2020:</i>	<i>2019:</i>	<i>Difference:</i>
ABU	40.6%	55%	-14.4%
CBU	41.3%	47%	-5.7%
SBU	43.5%	55%	-12.5%
Corporate	76.3%	79%	-2.7%

We will reflect on the responses rates in our discussions with the business units and identify the key actions we can take to boost the response rate for the 2021 survey.

2020 Staff Survey Analysis

Headlines

A more detailed report is included in the **Appendix** to this report but in summary our headlines from the 2020 organisation wide report are as follows:

- The engagement score at LCH has remained at the same level as 2019 at 7.2. This engagement score is significant as it is used to compare each NHS Trust with others and is the score utilised by the CQC in their Well Led assessments; to have maintained this score between 2019 and 2020 is impressive in the context of a global pandemic.
- The BAME engagement score was 7.5 in comparison with the Trust overall score of 7.2, also very encouraging.
- The ‘organisation definitely takes positive action’ on Health Wellbeing’ question increased by 5% to 40% in the 2020 survey; this is pleasing given the LCH focus on the health and well-being of staff throughout 2020. The overall National figure for this question is 33% i.e. LCH 2020 score is 7% higher.
- Target measure the ‘reporting of physical violence’ has increased by 17% to 79% indicating the work undertaken in this area has had good impact.

- The question on Senior Managers involving staff in important decisions has also increased slightly as has the organisation acting fairly on career progression.
- The questions 'always know what work responsibilities are' and 'Team members have a set of shared objectives' have both decreased by 6%.
- The question relating to particularly clinical staff able to provide the care that they aspire to has decreased by 4% from last year's score but this is potentially unsurprising in the context of managing through a global pandemic.

The huge challenges of the pandemic have shone a light on the Trust's health and wellbeing and it is of great credit to the collective effort across the Trust and varied initiatives that out of the top 5 question increases between this year and last, that 4 of them are in the area of Health and Wellbeing.

Business Unit – Staff Survey Analysis

The headlines from the Staff Survey, areas that have improved and ones that we need to focus on, are currently being shared with the Business Units and priority areas for ongoing work as well as next steps will be identified. Member of the Board are welcome to review any of this detail by Business Unit or service if they would like to do so.

Equality, Diversity and Inclusion – Survey Analysis

The areas of improvement over the last 12 months and further areas of focus in terms of protected characteristics are being shared with equality leads and networks currently.

As set out above the overall BAME engagement score is 7.5 compared to the LCH overall score of 7.2 – please note that 111 BAME colleagues completed the study which equates to 35% of our BAME staff across LCH. The headlines in terms our BAME colleagues highlight some real positives including 75% of BAME colleagues would recommend LCH as a place to work - an increase of 5% from 2019 (LCH overall 69%). The Career progression (organisation acts fairly) score has increased significantly within this workforce to 65% from 40% in 2019 reflecting the focus on this area in 2019. The overall LCH score is 90% and therefore it is important to keep up the momentum in this area.

Please also note that our scores from this Staff Survey will be used against several of the key Workforce Race Equality Standards (WRES) indicators for 2020 and in line with practice nationally and across all Trusts since the inception of the WRES.

The Workforce Disability Equality Standards (WDES) highlight a number of areas where the Trust needs to make significant progress. The overall staff engagement score for colleagues with a disability or long-term condition is 6.8 in comparison to the Trust score of 7.2 and there are other issues highlighted which are worthy of some dedicated focus.

National Benchmarking

Information from the National Survey (please note that this information was only released 11/03/2021) provides the Trust with comparisons on a number of themed areas, with fellow Community and other Trusts across the country.

The below provides some flavour of the national comparisons – please note that the Community Trust grouping is the highest performing cohort amongst Trust types. Additionally whilst the below provides headlines, there is absolute recognition that further work needs to be undertaken to understand these further and what can be done to work with the results and improve our engagement with staff for the future.

Equality, Diversity & Inclusion - This area is benchmarking just below the Community Trust benchmark average and is similar to the best performing Trusts in the overall benchmark group.

Immediate Managers - Support from immediate managers has decreased slightly as compared with 2019 and benchmarks just below the average of the Community Trust peer group, however, LCH sits above the national NHS average score.

Quality of Care - Our quality of care score has declined very slightly between 2019 and 2020, however, we are on the average in terms of both the Community Trust and national peer groups.

Engagement – As set out above, this theme aggregates a number of questions around how engaged staff are and is a key organisational indicator. Overall, LCH is benchmarking just below the average of our Community peer group but above the overall Trust peer group average.

Safety Culture - LCH is performing just below the top of its peer benchmark group for this dimension and well above the overall Trust benchmarking group. This dimension includes questions around reporting, learning from incidents and confidence in the organisation to address concerns e.g. near misses.

Next Steps:

Staff Survey results are currently being shared with SMT, Leaders Network, our BAME network, Senior Operational Strategy Group and with staff side colleagues through both the JNC and JNCF. A discussion with the 50 Voices group will also be scheduled. Discussions are taking place with the Business Units highlighting the strengths and improvements and areas to focus on at both an overall service and team level.

There is a strong commitment across the organisation to using the richness of the staff survey information effectively, whilst recognising the views are captured at a point in time and that there is much other staff engagement and experience intelligence captured on an ongoing basis across the Trust. There is an expectation that discussions will be held within teams about how the survey results reflect the experience of staff, areas that should be continued and celebrated, and areas of improvement to focus on. Organisational Development and other corporate support will be available for those teams that would benefit from this.

Key areas of focus will also continue the themes which have emerged from the overall analysis at organisational level. Organisational themes include:

Health and Wellbeing.

This is a major priority for the Trust and the key findings of the survey are currently being analysed by the Health and Wellbeing group and at organisational and team level.

A Trust wide Health and Wellbeing summit, provisionally scheduled for the spring, is currently being co-designed where there will be opportunities for colleagues to reflect on survey findings and showcase best practice e.g. Men's Health Group, wellbeing champions, psychological support. It will be an opportunity to look at the Health and Wellbeing business case (benefits) for the Trust and highlight emerging new initiatives and where these can be taken into other parts of the Trust.

Equality, Diversity and Inclusion

Analysis of the survey results is underway with the BAME Network, and Rainbow Ambassadors to use the information to understand progress over the last 12 months and identify continuing areas of focus, which will be progressed through WRES, WDES and other established work-streams. The Trust has also renewed its Stonewall membership.

Areas of focus in 2021 will include career progression; reviewing the initiatives that have led to an improvement in the BAME career progression results in 2020 and the next steps to further narrow the gap with the rest of the LCH workforce. Using the Staff Survey to identify areas of the Trust where the allyship scheme can provide further impact will be an objective in 2021.

The data on disabilities shows a real need for further exploration in the Trust of the lived experience of colleagues with disabilities and to improve their experience of working at LCH. The Trust has engaged with the Purple organisation to work with us to achieve the Disability Confident accreditation. This process will help the organisation take a pragmatic view of where the Trust is now and develop a realistic and achievable action plan for improvement.

Exploration of Quality of Care responses:

Further analysis at team level of responses to questions about the ability of frontline staff to deliver care to the standard they aspire to will be undertaken to understand this theme further, capturing the lived experiences of our colleagues through the pandemic.

Recommendations:

The Board is asked to note the progress demonstrated through the 2020 Staff Survey results which adds to LCH's already rich picture of staff engagement and staff experience across the organisation which has emerged through ongoing open conversations, network meetings, Leaders Network, Freedom to Speak Up Guardian intelligence and Trade Union involvement.

The Board is also asked to endorse the proposed approach to the dissemination, analysis and use of the information.

Trust Board Meeting: 26 March 2021

Agenda item number: 2020-21 (139a)

Title: Digital Strategy – progress update

Category of paper: for information
History: Business Committee 24 February 2021

Responsible director: Executive Director of Finance and Resources
Report author: Assistant Director of Business Intelligence, Clinical Systems and IT

Executive summary (Purpose and main points)

The purpose of this report is to provide an update on the implementation of the Digital Strategy and provide the Board with the opportunity to comment on progress.

Reasonable progress on the delivery of the Digital Strategy continues with a bias towards the delivery of underpinning “infrastructure” although a number of clinically important digital projects are also progressing.

Exceptionally high demand for access to IT support, staff sickness and the ongoing impact of COVID has impacted progress throughout the period October to January.

SMT determined in January that the Electronic Patient Record (EPR) optimisation within the Adult Business Unit should be classified as a highest priority project and resources to progress this work have been allocated accordingly.

The Digital Strategy implementation plan is presented in Appendix One and the Principles which underpin this plan are presented in Appendix Two.

Recommendations

The Board is asked to note this report.

1 Introduction

The purpose of this report is to provide an update on the implementation of the Digital Strategy. The strategy is broad ranging and long term and the highlights included here are for those projects which are currently active.

2 Prioritisation Developments

The prioritisation of projects continues to be overseen by the Digital Strategy Implementation Group (DSIG). The set of principles (Appendix Two) developed through DSIG have been used to guide the development of the current project plan. DSIG will continue to monitor both internal and external drivers for change that may modify the overall digital plan.

3 Progress Highlights

Yeadon Decommissioning

The Yeadon Decommissioning Project involves the withdrawal of unsupported File Server hardware which has supported the Trust since the organisation was created. On the 15th January when the last of the servers was migrated to the cloud-based "Microsoft Azure" service. This now paves the way for the file servers at Yeadon (and the corresponding fail over devices at East Leeds) to be permanently powered down before their removal scheduled for the 31st March 2021.

Windows 10 Migration

The deadline to replace all devices running Windows 7 software with devices which run Windows 10 to maintain cyber-security has been put back from the 31st January until the 5th March 2021. There have been supply chain delays in the provision of laptops and there are a small number of Clinically Extremely Vulnerable staff who are isolating making it logistically difficult to provide a replacement device. In addition, significant pressures on both clinical and IT services has led to delays in some staff from collecting their new devices within the original timescale. As of the 17th March, 290 out of 350 devices have been replaced. From the 5th March a network policy was put in place to block any Windows 7 devices from connecting to the network so the focus of effort is now to contact those staff who have not come forward to replace their device.

Electronic Patient Record (EPR) Optimisation Adult Business Unit

Plans to accelerate the rate of deployment of the EPR Optimisation unit in the Neighbourhood Teams have been brought forward from April 2021 to January. The project to improve the safety and use of the EPR is now in the initiation stage with the terms of reference, scope and governance arrangements being established.

Office 365

The deployment of Office 365, which is replacing the unsupported Office 2010 continues. Thus far the project has considered and agreed the Information Governance requirements for storing information, developed a suite of training and support materials. Approximately 250 devices have been deployed with Office 365 and the project remains on track to complete by 31st October 2021.

Improvements to the Helpdesk Services

A milestone was reached on the 14 January 2021 where the separate helpdesk

numbers for IT, Clinical System and Workforce Information were combined into a single number, so that improved call routing can be implemented to help direct the caller the most appropriate team, with tailored announcement messages for each service. The next phase will see the introduction of a self-service portal on the new intranet, to allow staff to log their own issues via an on-line form. This is currently scheduled for the end of April 2021. Capacity issues within the IT Helpdesk are currently being addressed through the use of agency staff whilst the permanent recruitment of two whole time equivalent IT Helpdesk Officers continues. A further review of resources requirements and operational processes within this service is in progress.

Telephony Upgrade

The project to update the LCH phone system will not achieving full deployment before 31 March 2021 as planned. The project has completed several important milestones including the completion of 7 virtual workshops which saw 50 staff attending to help develop the specification which will be used with the supplier to ensure the new service is capable of meeting our requirements. The proposed upgrade is subject to contract approval by the Board; the governance may not be complete by the March Board meeting although the draft proposal which contains the commercial and pricing arrangements has been received and reviewed. Clarification meetings are being held with the supplier on a weekly basis to ensure the specification and functionality meet our requirements. There is an outstanding risk which needs to be resolved around a number CCG owned extension numbers which still reside on the LCH telephony infrastructure, this is being progressed with the CCG. Other issues include the incorporation of LCH services such as SPUR and Police Custody who have used the Leeds City Council telephony system since they were set up. Transferring these services will be complex, will involve some down time and likely to require the provision of new telephone numbers, so a communications exercise in advance of a transfer will be required to users of these services although there will be support such as pre-recorded voices messages and automatic call forwarding to assist with this exercise.

E-Learning Solution

The Digital Strategy Implementation Group has approved a pilot project to enable the Clinical Systems Team to purchase and develop training content which can be accessed by staff on-line. The software has been procured and the team will be developing the content and provides a step forward in terms of the digital training offer which can now be made.

Virtual Consultations

It was agreed at the Change Management Board in March that the Virtual Consultations Project was nearing completion and would move to business as usual. Whilst the very successful project status ends, development work will continue with services go ensure that the technology meets the needs of patients, staff and delivers good outcomes.

4 Recommendation

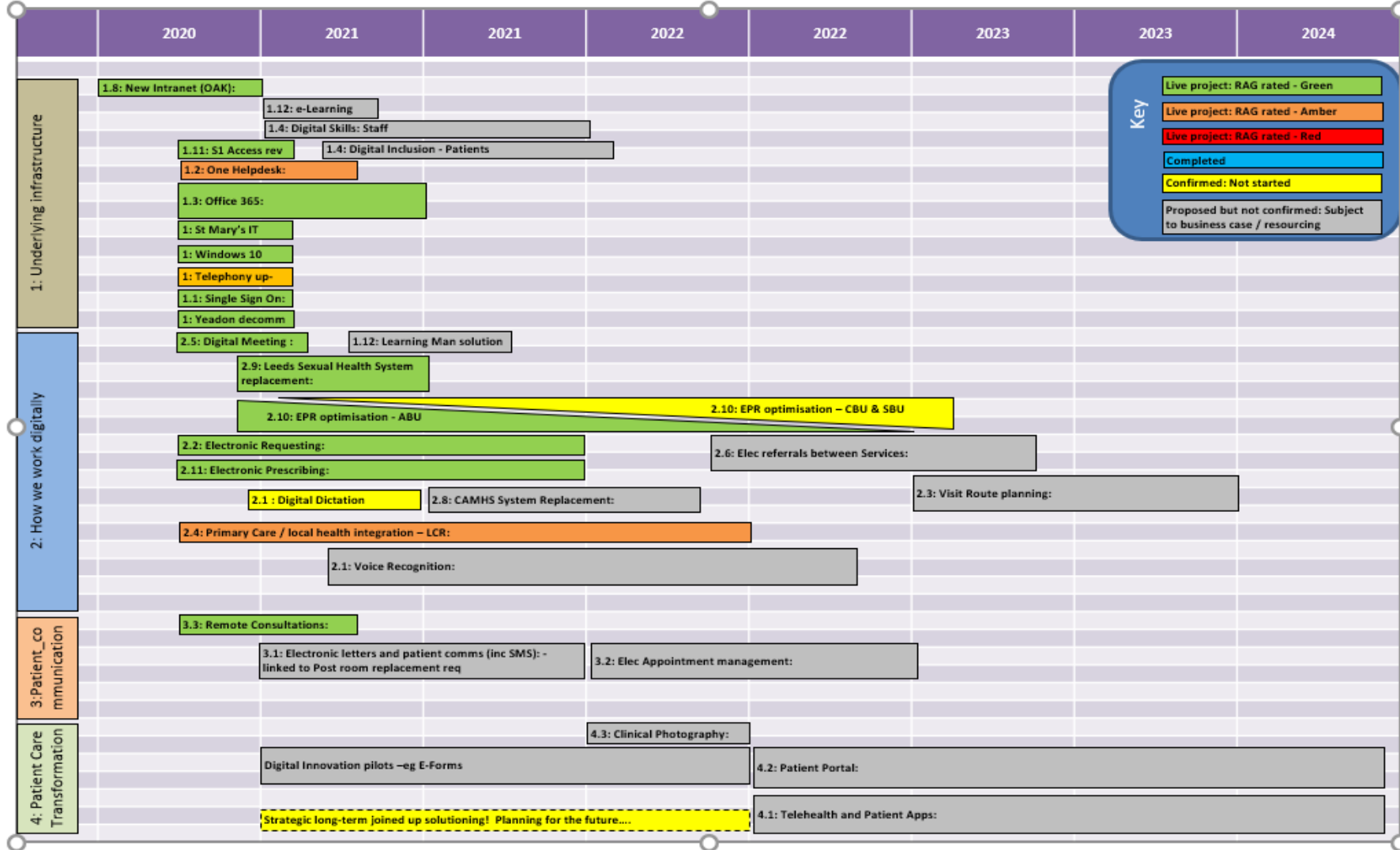
The Board is asked to note the progress made against the Digital Strategy Implementation plan.

Appendix 1

LCH - Digital Strategy – Plan on a page

V0.5

7 January 2021



Appendix 2 – Prioritisation Principles

Principal 1 Putting solid EPR and digital foundations in first

Ensuring we have the underlying safe, secure, reliable and robust digital infrastructure in place to facilitate working digitally amongst staff and with patients.

Principal 2 Operationally and Clinically led

The digital projects are taken from Clinical Services Business plans and strategies and test against them. The determinates of where each sits sit as a priority include: urgent need / burning (technical) platform, efficiency and financial benefits, patient and population and quality benefits

Principal 3 Sufficient funding and capacity

Only committing to any project once there is a clear business case, funding and the capacity to deliver has been identified from within Digital, Business Change and Development and Clinical Services.

Principal 4 Accounting for LCH Strategy and outside LCH influences

There are a number of external influences such as national digital priorities (eg cloud / internet first) which impact on the priority allocated to projects

Trust Board Meeting 26 March 2021.

Agenda item number: 2020-21 (139b)

Title: Engagement Strategy Six Monthly Update Report

Category of paper: For approval

History: Quality Committee 22 March 2021.

Responsible director: Executive Director of Nursing and Allied Health
Professionals

Report author: Patient Experience and Engagement Lead

Executive summary (Purpose and main points)

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

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

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

The Trust Board has requested bi-annual updates on the strategy progress; at March and September meetings. This paper provides an update on the work so far on 3 objective areas, there has been some progress and all objectives are on track for completion within the given timescales.

Main points

- We have been invited to share some of our work with NHSEI
- We are leading some cross city/cross partnership working and represented on many integrated working groups
- We have increased the number of engagement champions, the support and resources offered
- We have used feedback to develop a case for change.

Progress has been maintained on implementing the Engagement Strategy operation plan despite difficulties presented throughout the Covid-19 pandemic. Key priorities have continued to be delivered, however there has been a shift in focus to respond to the needs of services, the experiences of patients, carers and the public, and to support key organisation wide workstreams such as Reset and Recovery, Health Inequalities and Digital Inclusion.

Recommendations

The Board is recommended to:

- Note the actions of the year one implementation plan against the objectives of the Engagement Strategy.
- Approve the plan to work with service to develop a year two plan to support ongoing implementation of the Engagement Strategy.

1. Introduction

- 1.1 The Patient Engagement Strategy provides a framework for Patient Experience and Engagement work within the Organisation for the next 3 years (2019-2022). An operational plan (Year one) was agreed at Quality Committee in January to support what we aim to achieve in year one of the Strategy. A further operational plan (Year Two) is submitted with this report for approval, see appendix

2. Background

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

Updates on the remaining 3 priority areas will be provided in September 21.

3. Current position

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

3.1 Culture of Engagement

An Always Event Oversight Group meeting has continued to meet over the last 12 months; attendance has fluctuated in direct response to increase demand on services and staff redeployment. Support have been offered to business units individually to help to maintain momentum, this has included information sharing at the Specialist Business Unit Clinical Forum to help identify staff who can join the operational group to support the work in SBU.

A working group has been developed outside of the operational group to support the Children's Business Unit with plan and prepare for their Always Event focussing on the transition between child and adult services for young people and their families. A patient and carer survey has been developed to capture experiences and ask what is important to these people. This will form the next steps in the process to drill down into what is important to young people and families, and where things can be improved.

NHS E/I paused support for the Always Events work due to staff redeployment for several months in 2020. However relationships have been maintained and coaching calls and training have now been reinstated. LCH were approached by NHS E/I to share best practice on how the Always Events work has been able to continue at a steady pace over the last 12 months, this information will be shared with other Trusts within information sessions being delivered by NHS E/I and as part of the coaching call support NHS E/I provide.

Following a national pause on the Friends and Family question, services have reintroduced this where safe and possible to do so. Developments to how the survey is delivered have included introduction of an online survey and QR (Quick read) code, alongside the continued use of paper forms.

3.2 Working with others

As part of the city wide People's Voices Group LCH is leading a working subgroup to look at the potential for a city wide network as opposed to networks or databases in individual organisations. The work so far has included the facilitation of the working group made up of interested partners including health, Local Authority and the third sector. A proposal of functionality has been developed which is being shared with potential system providers. Funding and administration arrangements are yet to be agreed, however it is clear that sharing one network across the city would be more effective and efficient. It is envisaged that each involved organisation would be able to access the people signed up to the network to engage in activity, gather feedback and that this would be more representative of the people of Leeds than current networks allow.

In a complementary piece of work to the citywide network, the CCG is leading on the development of a city wide Insight repository and grey literature library. This would collate and code insight obtained from previous public engagements to inform partners citywide in their decision making process in the development of health and care services in Leeds. A grey literature library will store previous engagement reports and documents to support the decision making process in the development of health and care services in Leeds. The system will be easy to use and accessible to all partners across the city to upload their insight and involvement work. The system will store the data, and code it using terms that have been agreed by all citywide partners. All partners will be able to search the system for data on previous engagements. This searchable data will then be used to plan future health and care services. The data from the system will provide a broader picture of insights using a particular service rather than a snap shot and the system will show where the gaps are in the knowledge of the city. The identification of these gaps in our insight will steer new engagement work to help reduce health inequalities with seldom heard groups across the city.

LCH has continued to work closely with partners throughout the last six months and is a key partner in ongoing working groups and those set up to support the Covid-19 pandemic response. These include the Inclusion for all action hub which works on improving accessibility of services, the Digital working group to support digital

inclusion, and the Vaccine engagement working group to encourage uptake of the vaccine within low-uptake and vulnerable groups. The People's Voices group and 'How does it feel for me?' group continue to meet quarterly to work to ensure the people's voice is at the centre of key decision making within organisations and across the city, and to capture experiences across the system.

3.3 Leadership

Engagement Champion meetings have continued over the last 12 months, frequency of these meetings has increased from bi-monthly to monthly in direct response for a request for support from staff in these roles. The number of Engagement Champions across the organisation now sits at over 70 members of staff, with a good spread across all three business units and services within them. We are working with services who do not have a Champion to identify people to lead this work and join the group. Attendance at meetings has improved consistently with an average of 30-40 staff attending each monthly meeting; this has been positively impacted by a move to virtual meetings using Microsoft Teams, meaning more staff have capacity to attend. Improved engagement of staff and attendance at meetings has reflected an overall increased demand for support around Engagement work in service reset and recovery, and greater challenges in hearing the voices of patient and carer experiences during the pandemic, particularly the voices of communities at greatest risk of health inequalities. Staff have fed back that the forum is incredibly helpful in supporting engagement in services, sharing and listening to good practice and improving knowledge and skills.

Several meetings in Autumn 2020 took a focus on Reset & Recovery; project managers for reset joined the group and together we explored how to ensure the patient and carer voice is at the centre of all reset work. To support this an LCH engagement toolkit has been developed which is now available on OAK; this includes templates, guidance and information to strengthen each service's approach to patient experience. The Engagement pro-forma has been developed to facilitate individual service conversations on embedding patient/carer experiences into reset and ongoing service delivery, feedback for the document and process has been really positive. This has allowed the Patient Experience Team to introduce conversations and information on high priority areas such as health inequalities, accessible information and digital inclusion.

Services have received further support to develop patient and carer surveys to capture insights into people's experience of care; both as ongoing service development and in direct response to the coronavirus pandemic. Feedback is now being used by services to help shape and develop service provision moving forward, particularly around the impact of COVID and how this has seen services working and providing care differently. An example of this is the Leeds Sexual Health Service; they continue to receive feedback from patients regarding the length of time spent waiting to get through to the triage phone line under the new ways of working. LSH have collated this patient feedback to support a Case for Change to make

improvements to the telephone system to ensure it is fit for purpose, as more positive feedback suggests patients do actually find the telephone triage offer incredibly helpful. With support from the team the service were able to develop an online survey which has doubled the number of responses they now receive and is continuing to capture vital feedback from people who have accessed the service and the general public.

There has been mixed success in embedding patient/carer experience within team meetings and business units. Examples of where this is working well is within the Community Neurology Rehab Services who has updated their processes to include consideration of carer experience in all conversations, and have a regular slide at team meetings detailing FFT feedback and updates. However this is not consistent across all services and work over the next six months will focus on embedding this further with support from business unit Quality Leads (QL). In the CBU some early stage work is ongoing to share feedback across services where lessons can be shared within the CBU Quality Meeting. The QL in the CBU has also started sharing the QL Governance Report to all CBU Heads of Service to share feedback and updates so that everybody has greater awareness/oversight and to encourage joined up learning, thinking and discussion

4.0 Progress update for year one of the Engagement Strategy

Good progress has been made to embed process and structure to support the implementation of the engagement strategy, however not all objectives within the year one plan have been achieved. This has been due to changes in priorities in response to Covid-19, capacity within business units to support the work, and limited resource to fully support implementation.

Objectives that have not been achieved will be reviewed and carried over to year two of the strategy implementation. A full progress update for the year one plan is included in appendix 2.

5.0 Priorities for year two of the Engagement Strategy

Accessible Information Standards (AIS) - Some work has been achieved within the first year of the strategy to carry out an organisation wide audit of the AIS and to develop plans on how we can better embed this. Updates to the communication template on SystmOne are in progress to ensure this is mandatory and completed with the communication needs for all patients. Training and guidance for staff will be produced to detail how information can be provided in accessible formats, and reporting requirements will monitor compliance with this. It is vital over the next 12 months that we make all of our services and process accessible to all, and that we work with communities to build relationships to support this work.

Health inequalities - Engagement with those at greatest risk of health inequalities will be key to the successful development and implementation of the LCH Health inequalities strategy and the city wide ambition to improve the health of the poorest the fastest. We will work to improve our engagement methods, working closely with services, partners and communities to listen to and understand experiences. These experiences will directly feed into all levels of the organisation and it will be important to ensure there are structures and processes in place to support this.

Reset and Recovery - As a golden thread of reset and recovery it will be a priority to support services to engage with their patients/carers and communities to review how we deliver our services, to identify areas for change and improvement, and work with people to create services that are effective and meet the needs of the people who access them. Working closely with Business Intelligence and the Outcome team it will be vital to use the data that we collect to identify gaps in services to be able to work with communities to encourage uptake or self-management where appropriate.

6.0 Conclusion

Many of the organisation and reset and recovery priorities align to the Engagement Strategy, and this is also true of strategies of shared interest such as the Third Sector, Health Inequalities and Quality strategies. It is important to reflect on how Covid-19 has influenced our priorities and create a year two operational plan that reflects current need. Key to this will be how we ensure that the voices of all communities influence service delivery and access, and how we work as an organisation and as a city to improve access, reduce inequalities, encourage self-management and give patients, carers and the public a much louder voice. As we move again to reset and recovery it will be crucial that the Patient Experience Team work with services to develop business unit specific operational plan to identify, implement and embed the engagement priorities for the next 12 months. See Appendix 3 for draft year two priorities.

7.0 Recommendations

The Board is recommended to:

- Note the actions of the year one implementation plan against the objectives of the Engagement Strategy, and approve the carrying over of incomplete objectives to the year two plan.
- Approve the plan to work with services to develop a year two plan to support ongoing implementation of the Engagement Strategy.



Engagement Strategy 2019-22: Progress and Delivery

1. Introduction

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

This report provides the Quality Committee with an update on the progress made on the delivery of the CULTURE OF ENGAGEMENT, WORKING WITH OTHERS and LEADERSHIP priorities during the period September 2020– March 2021.

Details of the other 3 priorities and the associated schedule of dates for their updates to be presented at Quality Committee and Board are at Appendix 1.

What we plan to achieve	How we will achieve it	Progress
<p>- We will implement processes to hear the people's voice within all areas of the organisation</p>	<p>Always Events</p> <ul style="list-style-type: none"> - An awareness and understanding of Always Events (AE) is developed within the Trust via an Always Event Oversight Group - An Always Event Workplan is developed in the AE Oversight Group Meeting - The Always Event process is followed to support the identification of Always Events within all Business Units; this involves patients, carers and staff - Relationships and support is maintained with 	<ul style="list-style-type: none"> - Meetings have continued but attendance has fluctuated due to pressures on services. Training and information sessions have been delivered. Staff have attended an new cohort training launch. - A work plan remains in development as work in some business units have halted. This is an agenda item for the March Op meeting. - The AE for ABU is currently on hold due to the service (CUCS) being paused. CBU are developing their first Always Event focussing on transmissions for young people. Work in SBU remains in the very early stages and an AE remains to be identified but this will be supported through the Op group. - Monthly calls were paused in Summer/Autumn 20 but have recommenced and our attendance continues. We have provided information to NHSE at their request on how we have maintained the AE work

	NHS England and our allocated AE 'Buddy'	throughout the pandemic as an example of good practice.
We will measure the impact of the people's voice	<ul style="list-style-type: none"> - Implement an audit of all FFT questionnaires being used across the Organisation - Develop a plan to Identify service specific measures for FFT 	<ul style="list-style-type: none"> - FFT audit completed Jan-March 20 - Service specific surveys have been developed within some services; these have been produced as paper, online and QR code surveys.

What we plan to achieve

- We will define the aims and objectives of an LCH people's network

How we will achieve it

- Review Friends of LCH members network

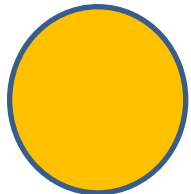
Progress

- The Friends of LCH Network has been reviewed with actions following this ongoing. LCH are part of a citywide working group to develop a citywide network/database of

3. WORKING WITH OTHERS

AIM: We work to improve the whole patient journey; working with people to maximise their strengths, reduce health inequalities and link with our partners across the city

OBJECTIVE: Establish our approach to a city wide network within the organisation



- We will work closely with existing networks in the city

- Review our approach to an LCH people's network; Aims and purpose

- Engage networks in the city and the people that use our services in our review of an LCH people's network

people to support citywide engagement. The outcome of this work will inform how we manage a network of people within LCH.

- An approach to patient, carer and family groups is in development to allow these to be managed within service, with central oversight and support provided. The development of these groups will be in partnership with people who use LCH services.

- We will develop our offer for involvement

- Review Engagement Expenses Guidance

- Implement processes to support the reviewed Engagement Expenses Guidance

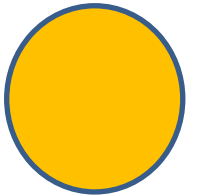
- Engagement expenses updated October 2020- shared on Elsie.

- Processes have been updated as part of the guidance review.

4. LEADERSHIP

AIM: There will be leadership from every voice- We are accountable to our citizens as well as the Trust board.

Objective: Engagement will be role-modelled and embedded across the organisation



What we plan to achieve	How we will achieve it	Progress
- Engagement Staff Champion roles	<ul style="list-style-type: none"> - The Terms of Reference for the Engagement Staff Champion meeting is reviewed - Review of Engagement Staff Champion role description - Engagement Staff Champions have allocated time to fulfil the role - Engagement Group Staff Champion meetings take place bi-monthly 	<ul style="list-style-type: none"> - Terms of reference reviewed and updated Jan-March 20 - Engagement Champion role description reviewed and updated Jan-March 20 - Engagement Champion role description includes allocated time for Champions to lead on engagement in their service. This remains inconsistent across services and work to support this is ongoing. - Frequency of meetings has been increased between Spring 20-Spring 21 in response to increased need for support, particularly in direct response to supporting engagement in reset and recovery.
- Dedicated staff roles; central PE Team and within Business units	<ul style="list-style-type: none"> - Implement processes to ensure that Engagement is a standing team meeting agenda item within all service team meetings; Support offered by PET, and this feeds into the Engagement Staff Champion meetings on a bi-monthly basis 	<ul style="list-style-type: none"> - Patient/Carer experience and engagement is now a standing agenda item on team meeting agendas, but this is not consistent across all services and business units and further work to embed this is required.



5. Overall progress rating:

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

RISK	How likely is the risk?	How severe is the risk?	Risk level	How do we manage the risk?
<p>Organisation-wide belief in the Engagement strategy: Failure to achieve full buy-in of staff to the strategic priorities and aims will mean that the strategy's aims are less likely to be achieved.</p>	2	3	6 (Moderate)	<p>As an organisation we have a commitment to fostering a fair and just culture and one in which our staff are engaged, seeking at all times to embody the Leeds Community Healthcare values and behaviours. This will support the embedding of an engagement culture across the organisation.</p>

				<p>We have visible and committed leadership of senior managers.</p> <p>Appropriate training is developed and delivered.</p>
<p>Capacity of workforce: If there is insufficient capacity across the Trust to deliver the strategy then the Trust's other priorities could take precedence. The impact will be that services may not reflect the needs of the population we serve and the strategy will not be sustained and embedded.</p>	3	3	9 (High)	<p>Budget and resourcing conversations to take place; identify resource opportunities to support the organisation-wide implementation of this strategy and workstreams within it.</p> <p>Produce Business case for bespoke posts centrally or for ABU and SBU.</p> <p>Trustwide communication- all communication must make it clear that engagement within the plan has to take place and services will be held to account for delivery.</p> <p>Training will be geared to ensure that delivering the strategy will not impact on frontline duties/performance.</p> <p>This strategy is designed to provide tools and resources to support working towards the aims providing more high quality experience and engagement throughout the organisation; building the skills of our workforce will in turn increase our</p>

				efficiency and aid capacity.
Capability of workforce: If the skills and abilities within our workforce are not developed the impact will be that the quality of engagement will be low and the patient voice will not be present in transacting change, and there is potential that we will not engage people in delivering the best possible care in all our communities.	2	3	6 (moderate)	<p>This strategy is designed to provide tools and resources to support the development of skills within the existing workforce, and to support recruitment of staff that is experience in this field.</p> <p>Training will be geared to ensure that delivering the strategy will not impact on frontline duties/performance.</p> <p>To provide more high quality experience and engagement throughout the organisation; building the skills of our workforce will in turn increase our efficiency and aid capacity.</p>

6. Recommendations

The Quality Committee/Board is recommended to note the progress which has been made in the areas of Culture of engagement, Working with others and Leadership and endorse the continuing work programme as set out within the Engagement Strategy.

Priority 1-3 Objectives (from the LCH Engagement Strategy 2019-22)

1. CULTURE OF ENGAGEMENT

2. **AIM:** Engagement will be embedded within our culture and underpins everything that we do

What we plan to achieve	How we will achieve it	How will we know we've achieved it?
The people's voice drives our organisation	<ul style="list-style-type: none"> - We will implement processes to hear the people's voice within all areas of the organisation - We will develop an infrastructure that enables this voice to have a much bigger influence - We will measure the impact of the people's voice 	<ul style="list-style-type: none"> - There is an increase in breadth of experience data we capture - The people's voice is considered as part of all organisation decision making and is embedded within processes - We are able to demonstrate how engagement has impacted on services and the organisation as a whole
We listen to people and learn from their experiences	<ul style="list-style-type: none"> - We will create opportunities to reflect on feedback and this will be embedded within our processes - We will proactively challenge and strive to continuously improve - We regularly audit to measure how learning is sustained 	<ul style="list-style-type: none"> - We have fostered an open, honest and reflective culture for patients and staff –the staff survey and feedback reflects this - There is evidence to show that our learning from experience makes things better
	- Engagement is a part of all roles	- Engagement is embedded within recruitment

Engagement is everyone's responsibility

processes

- We will follow guidance from NHS England and NHS Improvement around engagement

- Engagement forms part of the staff appraisal process

- We are working within an evidence-based framework

What we plan to achieve	How we will achieve it	How will we know we've achieved it?
<p>Establish our approach to a People's Network within the organisation</p>	<ul style="list-style-type: none"> - We will define the aims and objective of an LCH people's network - We will work closely with existing networks in the city - We will develop our offer for involvement 	<ul style="list-style-type: none"> - We have developed a network of people to contribute towards organisation improvement - Our network is linked within wider City networks - We have an organisation-wide approach to involvement

**2. W
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WITH OTHERS

AIM: We work to improve the whole patient journey; working with people to maximise their strengths, reduce health inequalities and link with our partners across the city

Develop and sustain links with our partners across the City

- By building positive working relationships with key partners across the city

- Partner relationships are effective and productive and support positive outcomes

- We will feed into city-wide developments as part of the Leeds Plan

- We are linked to all city-wide developments

- We will work together to improve the patient journey in the city

- Our patient feedback captures the whole patient journey

Demonstrate a Commitment to Carers

- We will sign the Leeds Commitment to Carers initiative

- **LCH** is part of the city-wide commitment to carers

- Providing support to staff members who are working carers

- Staff awareness and knowledge around carers is improved

- Providing carer awareness training to staff

What we plan to achieve	How we will achieve it	How will we know we've achieved it?
The people's voice has influence throughout the organisation	<ul style="list-style-type: none"> - We have representation of the people's voice within our quality and assurance frameworks; at the Patient safety and engagement group meeting (PSEGG) and at our public board meetings - We improve how we involve people as part of the serious incident review process 	<ul style="list-style-type: none"> - We have patient/carer/family representatives at the monthly PSEGG meetings with clear structure to these roles - There is patient representation embedded within the serious incident process - The Trust Board regularly listen to, and interact

3. LEADERSHIP

AIM: There will be leadership from every voice- We are accountable to our citizens as well as the Trust board.

with, the people who access our services through a range of ways

Engagement will be role-modelled and embedded across the organisation

- Patient Engagement Group staff champion roles

- Dedicated staff roles; central PE Team and within Business units

- All services have a PEG staff champion

- Champions are leading on experience and engagement within their service and feed into the central PE team

- There is allocated and sustained resource within each business unit for a PE staff role

- Measured through performance reviews and the appraisal process

We lead by example

- Senior Leaders, Board Directors and Senior Management Team live and breathe this approach in their daily activities

- The people's voice will be present at Trust Board Meetings

- We can demonstrate the impact of the patient voice across organisation structure

- All leaders are ambassadors for patient experience and engagement

- The Trust board is sighted on whether the strategy aims are being delivered through the Quality Committee

CULTURE OF ENGAGEMENT: Engagement will be embedded within our culture and underpins everything that we do					
Priority Objective	How	Who?	By when?	Outcome Measure	

APPENDIX 2- Year One Operational plan progress update

The people's voice drives our organisation	- We will implement processes to hear the people's voice within all areas of the organisation	Always Events - An awareness and understanding of Always Events (AE) is developed within the Trust via an Always Event Oversight Group	Patient Experience Team	November 2020	- Attendance at monthly AE Oversight group meeting represents all Business Units and Corporate Services	Complete
	- We will develop an	- Terms of Reference are developed for the	AE	April 2020	- The AE Oversight Group Terms of Reference are agreed by members of the meeting and are shared with through the Patient Safety, Experience and Governance Group Meeting	Complete

<p>infrastructure that enables this voice to have a much bigger influence</p> <p>- We will measure the impact of the people's voice</p>	<p>Always Event Oversight Group</p>	<p>Oversight group</p> <p>AE</p> <p>Oversight group</p>	<p>May 2020</p>	<p>-AE Oversight Group Meeting minutes document clear actions and timeframes</p> <p>- AE Oversight Group Meeting Workplan aims are completed</p>	<p>Complete</p> <p>Ongoing</p>
	<p>- An Always Event Workplan is developed in the AE Oversight Group Meeting</p>	<p>AE</p> <p>Oversight group/</p> <p>Patient Experience Team</p>	<p>September 2020</p>	<p>- Attendance at monthly coaching calls with Cohort 11 coaching group and NHS England</p>	<p>Complete</p>
	<p>- The Always Event process is followed to support the identification of Always Events within all Business Units; this involves patients, carers and staff</p>	<p>AE</p> <p>Oversight group</p>	<p>Ongoing until December 2020</p>		
	<p>- Relationships and support is maintained with NHS England and our allocated AE 'Buddy'</p>				

		- Implement new Friends and Family Test guidance and question in line with national guidance	Patient Experience Team	April 2020	- Monthly updates to NHS Digital including; the number of responses in each category; the number of responses collected by each method; where specified in the area of care guidance eligible population.	Complete
		- Embed the new national FFT guidance	PET	September 2020	- FFT data is reported on a 6 monthly basis via the performance brief - Comments, themes and learning is shared in the 6 monthly Patient Safety and Experience Report	Complete
			PET		- Completed audit of FFT	Complete
		- Implement an audit of all FFT questionnaires being used across the Organisation; at what point and how these are administered, to establish a baseline	PET	September 2020	- Action plan developed and agreed through the Patient Safety, Experience and Governance Group Meeting (PSEGG)	Ongoing

		of current FFT usage - Develop a plan to Identify service specific measures for FFT	PET	November 2020		
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WORKING WITH OTHERS: We work to improve the whole patient journey; working with people to maximise their strengths, reduce health inequalities and link with our partners across the city

Priority Objective		How	Who?	By when?	Outcome Measure	
Demonstrate a Commitment to Carers	- We will sign the Leeds Commitment to Carers initiative	- Bi-monthly Carers Working Group meetings; attended by representatives of Carers Leeds PET, ABU, CBU, SBU, LCH Human Resources and Staffside, Leeds City Council and Young Carer support providers.	Carers Working Group	Bi-monthly; Feb 20 April 20 June 20 August 20 October 20 December 20	- Attendance at Carers Working Group meetings is consistent	Complete

		<ul style="list-style-type: none"> - Attendance at quarterly city-wide Carers Partnership Meetings - LCH is part of the city-wide commitment to carers 	<p>Patient Experience and Engagement Lead</p>	<p>Quarterly:</p> <p>April 20</p> <p>July 20</p> <p>October 20</p>	<ul style="list-style-type: none"> - Patient Experience and Engagement Lead attendance at quarterly meetings 	<p>Complete</p>
	<p>- Providing support to staff members who are working carers</p>	<ul style="list-style-type: none"> - 6 sessions of Training for Managers delivered by Carers Leeds per year - 6 Working Carer Clinics (Led by carers Leeds) held for LCH staff per year 	<p>HR/ Workforce</p>	<p>December 2020</p>	<ul style="list-style-type: none"> - 6 Training for Managers sessions are delivered in Year one - 6 Working Carer Clinics are delivered in Year one 	<p>Complete</p>
	<p>- Providing carer awareness training to staff</p>	<ul style="list-style-type: none"> - 6 sessions of Carer Awareness Training delivered (by Carers Leeds) to staff per year - Build staff and patient awareness of the Yellow Card scheme 	<p>Patient Experience Team</p>	<p>December 2020</p>	<ul style="list-style-type: none"> - 6 Sessions of Awareness training are delivered in Year one 	<p>Complete</p>
			<p>Carers Steering</p>		<ul style="list-style-type: none"> - Increase in referrals to Carers Leeds from LCH services that are implementing 	<p>Complete</p>

		- Carers Leeds to attend Multi-Disciplinary/Team meetings	group Patient Experience Team/Carers Steering group	November 2020 Ongoing until December 2020	the Yellow Card Scheme - Staff confidence in signposting to support for Carers is increased, this is measured through staff and patient feedback questionnaires - Production of a film to demonstrate the work so far and is ongoing with Carers Leeds	e Comple te Comple te Ongoing
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Establish our approach to a People's network within the Organisation	- We will define the aims and objectives of an LCH people's network	- Review Friends of LCH members network	Patient Experience Team	November 2020	- Membership is reviewed and communication sent to all members	Ongoing
	- We will work closely with existing networks in the city	- Review our approach to an LCH people's network; Aims and purpose	Comms/ Clinical Leads/ Quality Leads/ PET	November 2020	- Our approach and aims of an LCH Network are published on the LCH website	Ongoing
	- We will develop our offer for involvement	- Engage networks in the city and the people that use our services in our review of an LCH people's network	Patient Experience Team	September 2020	- Members of city-wide networks are invited and attend workshops to review our approach and aims	Complete (ongoing)
		- Review Engagement Expenses Guidance	Patient Experience and Engagement Lead/PET	February 20	- Our offer of how we support people to engage is clear and shared on the LCH website and intranet	Ongoing
		- Implement processes to support the reviewed			- The Expense guidance is published on the LCH website and Intranet.	

		Engagement Expenses Guidance		April 20	- There are robust processes in place that support the Expenses guidance and allow for on-the-day cash reimbursement; these include petty cash requisition forms, petty receipt submission forms, Engagement activity planning guidance	Complete Complete
LEADERSHIP: There will be leadership from every voice- We are accountable to our citizens as well as the Trust board.						
Priority Objective		How	Who	By when?	Outcome Measure	
The people's voice has influence throughout the organisation	- We have representation of the people's voice within our quality and assurance frameworks; at the Patient Safety and Engagement Group Meeting (PSEGG) and at our Public	- The Trust Board listen to Patient stories at alternate bi-monthly Trust Board Meetings	LCH Trust Board members	February 20 June 20 October 20 February 21	- There is a patient story at each formal Trust Board Meeting	Complete
		- Healthwatch patient, family and carer videos are shared at alternate bi-monthly Trust Board meetings	Patient Experience Team	April 20 August 20 December 20	- The Healthwatch 'How does it feel for me?' videos are shared at every other Trust Board Meeting	Complete

	Board Meetings	<p>- Establish a process to ensure the People's voice forms part of each governance meeting</p> <p>- The people's voice will form part of the Quality Committee membership; through the Youth Board, PSEGG and the Engagement Staff Champion Group</p> <p>- Healthwatch Leeds will become a regular membership of Quality Committee</p>	<p>LCH Trust Board members/ Patient Experience Team</p> <p>CBU Involvement Lead/ PET/ Engagement Staff Champions/ PSEGG</p> <p>Executive Director of Nursing and AHPs</p>	<p>November 2020</p> <p>September 2020</p> <p>July 2020</p>	<p>- The People's voice is represented at the Patient Safety, Experience and Governance group meeting</p> <p>- The Youth Board, PSEGG, Engagement Staff Champion Group are having regular contact with Quality Committee</p> <p>- Healthwatch Leeds are a member of the Quality Committee</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
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Engagement will be role-modelled and embedded across the organisation	<ul style="list-style-type: none"> - Engagement Staff Champion roles - Dedicated staff roles; central PE Team and within Business units 	<ul style="list-style-type: none"> - The Terms of Reference for the Engagement Staff Champion meeting is reviewed 	Engagement Staff Champions/ PET	June 2020	<ul style="list-style-type: none"> - Terms of Reference is agreed at PSEGG and published on the LCH Intranet 	Complete
		<ul style="list-style-type: none"> - Review of Engagement Staff Champion role description - Engagement Staff Champions have allocated time to fulfil the role 	<ul style="list-style-type: none"> Clinical Leads/ Quality Leads/ Patient Experience Team 	June 2020	<ul style="list-style-type: none"> - Engagement Staff Champion role description is agreed at PSEGG and published on the LCH Intranet - All services have an Engagement Staff Champion 	Complete
		<ul style="list-style-type: none"> - Engagement Group Staff Champion meetings take place bi-monthly 	<ul style="list-style-type: none"> Engagement Staff Champions/ Patient Experience 	June 2020	<ul style="list-style-type: none"> - Engagement Staff Champion meeting agendas are contributed to by the Champions 	Complete

		- Implement processes to ensure that Engagement is a standing team meeting agenda item within all service team meetings; Support offered by PET, and this feeds into the Engagement Staff Champion meetings on a bi-monthly basis	Team Leads/ Engagement Staff Champions	Ongoing until December 2020 June 2020	<ul style="list-style-type: none"> - Engagement Staff Champion meeting agendas and minutes are made available on the LCH staff Intranet - The Engagement Staff Champion role contributes to Objectives within appraisals, and is measured through performance reviews and the appraisal process - Processes are developed and shared on LCH staff intranet 	Complete Ongoing Ongoing
LISTENING TO EVERYONE'S VOICE: We will listen openly to a diversity of voices; and consider how we learn from each and every experience						
Priority Objective	How	Who	By when?	Outcome Measure		

We learn from all experiences	- We will review our complaints, concerns and compliment s processes to ensure learning from this feedback is implemented and shared	- Review Complaint policy and process	Patient Experience Team; Complaint manager, Patient Experience and Engagement Lead	December 2020	- The revised complaint policy is signed off by the Policy Group and uploaded to the website and intranet	Ongoing- May 21	
		- As part of the review of complaint policy we will offer the choice of a meeting for all complaints that come into the Trust			- The complaint resolution meeting process is embedded; meetings are offered at the beginning of the process (and considered throughout) for all complaints	Complete (Ongoing)	
		- Review Concern process	Patient Experience Team;			- The revised concern and compliment processes are agreed at the PSEGG meeting, and shared Organisation-wide. These are uploaded to the website and Intranet	Ongoing- May 21
		- Review Compliment process	Complaint Manager	December 2020			
			Patient Experience Team/ Director of Nursing and AHPs	December 2020	- Complaint, concern and compliment training is developed and delivered	Ongoing	
		- Quarterly Patient Experience Bulletin		January 2020	- The Patient Experience Bulletin is published quarterly		
			Complaint Manager/Of	April 2020		Complete	

		<ul style="list-style-type: none"> - Internal audit actions - Patient experience audit of complaint process - Embed the Datix 'Action tab' function across all complaint investigators 	<p>ficer</p> <p>Complaint Manager</p>	<p>July 2020</p> <p>October 2020</p> <p>January 2020</p> <p>Monthly audits from February 2020</p> <p>February 2020</p>	<ul style="list-style-type: none"> - Completed Internal audit action plans - Complaint process audit is completed - Completed actioned plan on Datix 	<p>e</p> <p>Complete</p> <p>Ongoing</p> <p>Ongoing</p>
<p>Our services are accessible to all</p>	<p>- We will review the patient experience information we use to make sure</p>	<p>- Measure all service against the Accessible Information Standards and guidance to establish a current position</p>	<p>Patient Experience Team/ Quality Leads</p>	<p>September 2020</p>	<p>- Completed audit of Accessible Information Standards for all services</p>	<p>Ongoing</p>

	this is in line with the Accessible Information Standards	<ul style="list-style-type: none"> - Work with services to implement the Accessible Information Standards - Attend and contribute to the City-wide Improving Access for All Working Group led by Healthwatch Leeds 	<ul style="list-style-type: none"> Patient Experience Team/ Clinical Leads Quality Leads 	<ul style="list-style-type: none"> December 2020 (and ongoing) Bi-monthly from January 2020 	<ul style="list-style-type: none"> - Regular updates are provided to Healthwatch - Attendance at quarterly meetings - Meeting actions are completed 	<ul style="list-style-type: none"> Complete Complete
We engage at every opportunity.	Engagement will be embedded within organisation-wide policy, process and approach, e.g. Business	<ul style="list-style-type: none"> - Establish a plan to ensure the People's voice contributes to and is embedded within service developments and redesign - Work in conjunction with the Business Development Team to agree an 	<ul style="list-style-type: none"> Patient Experience Team Patient Experience Team/ 	<ul style="list-style-type: none"> December 2020 December 	<ul style="list-style-type: none"> - Action plan developed and agreed through the Patient Safety, Experience and Governance Group Meeting (PSEGG) - A plan is agreed with Quality Improvement Team - Key links with QI are made and sustained 	<ul style="list-style-type: none"> Ongoing Ongoing

	development	approach to engagement	Business Development Team	2020		
HOW WE DO WHAT WE DO: We have efficient systems and processes in place to maximise the potential of our engagement and the influence of the people's voice						
Priority Objective		How	Who?	By when?	Outcome measure	
Effective systems	Review our data collection approaches	- Scope what feedback methods are currently being used within each Business Unit	Patient Experience Team/ Clinical Leads/ Quality Leads	December 2020	- Completed scoping exercise across Business Units; Adults, Children and Specialist - A plan is agreed with Quality Improvement Team - Key links with QI are made and sustained	Ongoing Ongoing Ongoing
		- Work in conjunction with the Quality Improvement Team to agree a plan to build a set of quality improvement tools that enable the collection and analysis of quality data used to inform service improvement	Patient Experience Team/ Quality Improvement Team	December 2020		

CULTURE OF ENGAGEMENT: Engagement will be embedded within our culture and underpins everything that we do

Priority Objective		How	Who?	By when?	Outcome Measure
		approaches			

Appendix 3- Draft Year Two Operational Plan Priorities

The people's voice drives our organisation	- We will implement processes to hear the people's voice within all areas of the organisation	- An Always Event Workplan is developed in the AE Oversight Group Meeting - The Always Event process is followed to support the identification of Always Events within all Business Units; this involves patients, carers	Patient Experience Team AE Oversight group		- AE Oversight Group Meeting Workplan aims are completed - Action plan developed and agreed through the QAIG (Quality
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		and staff - Develop a plan to Identify service specific measures for FFT	Patient Experience Team		Assurance and Improvement Group).
	- We will develop an infrastructure that enables this voice to have a much bigger influence - We will measure the impact of the people's voice				
We listen to people and learn	- We will create				- We have fostered an open, honest and reflective culture for

<p>from their experiences</p>	<p>opportunities to reflect on feedback and this will be embedded within our processes</p> <ul style="list-style-type: none"> - We will proactively challenge and strive to continuously improve - We regularly audit to measure how learning is sustained 				<p>patients and staff –the staff survey and feedback reflects this</p> <ul style="list-style-type: none"> - There is evidence to show that our learning from experience makes things better
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WORKING WITH OTHERS: We work to improve the whole patient journey; working with people to maximise their strengths, reduce health inequalities and link with our partners across the city

Priority Objective	How	Who?	By when?	Outcome Measure
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<p>Establish our approach to a People's network within the Organisation</p>	<p>- We will define the aims and objectives of an LCH people's network</p> <p>- We will work closely with existing networks in the city</p> <p>- We will develop our offer for involvement</p>	<p>- Review Friends of LCH members network</p> <p>- Review our approach to an LCH people's network; Aims and purpose</p>	<p>Patient Experience Team</p> <p>Comms/</p> <p>Clinical Leads/</p> <p>Quality Leads/</p> <p>PET</p>		<p>- Membership is reviewed and communication sent to all members</p> <p>- Our approach and aims of an LCH Network are published on the LCH website</p>
<p>Develop and sustain links with our partners across the City</p>	<p>- By building positive working relationships with key partners across the</p>				<p>- Partner relationships are effective and productive and support positive outcomes</p> <p>- We are linked to all city-wide developments</p>

	<p>city</p> <p>- We will feed into city-wide developments as part of the Leeds Plan</p> <p>- We will work together to improve the patient journey in the city</p>				<p>- Our patient feedback captures the whole patient journey</p>
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LEADERSHIP: There will be leadership from every voice- We are accountable to our citizens as well as the Trust board.

Priority Objective	How	Who	By when?	Outcome Measure
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<p>The people's voice has influence throughout the organisation</p>	<p>- We have representation of the people's voice within our quality and assurance frameworks; at the Patient Safety and Engagement Group Meeting (PSEGG) and at our Public Board Meetings</p>	<p>- Establish a process to ensure the People's voice forms part of each governance meeting</p> <p>- The people's voice will form part of the Quality Committee membership; through the Youth Board, PSEGG and the Engagement Staff Champion Group</p> <p>- Healthwatch Leeds will become a regular membership of Quality Committee</p>	<p>LCH Trust Board members/ Patient Experience Team</p> <p>CBU Involvement Lead/ PET/ Engagement Staff Champions/ PSEGG</p> <p>Executive Director of Nursing and AHPs</p>		<p>- The People's voice is represented at the Patient Safety, Experience and Governance group meeting</p> <p>- The Youth Board, PSEGG, Engagement Staff Champion Group are having regular contact with Quality Committee</p> <p>- Healthwatch Leeds are a member of the Quality Committee</p>
<p>Engagement will be role-modelled and embedded across the</p>	<p>- Dedicated staff roles; central PE Team and within</p>	<p>- Implement processes to ensure that Engagement is a standing team meeting agenda item within all service team</p>	<p>Team Leads/ Engagement Staff</p>		<p>- The Engagement Staff Champion role contributes to Objectives within appraisals, and is measured through performance reviews and the appraisal process</p>

organisation	Business units	meetings; Support offered by PET, and this feeds into the Engagement Staff Champion meetings on a bi-monthly basis	Champions		
LISTENING TO EVERYONE'S VOICE: We will listen openly to a diversity of voices; and consider how we learn from each and every experience					
Priority Objective		How	Who	By when?	Outcome Measure
We learn from all experiences	- We will review our complaints, concerns and compliment s processes to ensure learning from this feedback is implemented and shared	<ul style="list-style-type: none"> - Review Complaint policy and process - Review Concern process - Review Compliment process 	Patient Experience Team; Complaint manager, Patient Experience and Engagement Lead		<ul style="list-style-type: none"> - The revised complaint policy is signed off by the Policy Group and uploaded to the website and intranet - The revised concern and compliment processes are agreed at the PSEGG meeting, and shared Organisation-wide. These are uploaded to the website and Intranet - Complaint, concern and compliment training is developed and delivered - Complaint process audit is completed

		<ul style="list-style-type: none"> - Patient experience audit of complaint process - Embed the Datix 'Action tab' function across all complaint investigators 			<ul style="list-style-type: none"> - Completed actioned plan on Datix
<p>Our services are accessible to all</p>	<p>- We will review the patient experience information we use to make sure this is in line with the Accessible Information Standards</p> <p>Working with our partners and</p>	<ul style="list-style-type: none"> - Measure all service against the Accessible Information Standards and guidance to establish a current position - Work with services to implement the Accessible Information Standards 	<p>Patient Experience Team/ Quality Leads</p> <p>Patient Experience Team/ Clinical Leads</p> <p>Quality Leads</p>		<ul style="list-style-type: none"> - Completed audit of Accessible Information Standards for all services - Regular updates are provided to Healthwatch <p>The data we collect reflects a much wider audience demographically</p>

	<p>community groups to increase our reach</p> <p>Our networks and groups will reflect the communities we serve</p>				<ul style="list-style-type: none"> - We are engaged with relevant community groups - The information/correspondence we produce is available in different languages and formats when required - We promote inclusivity through our information sharing; this is accessible to everyone
<p>We engage at every opportunity.</p>	<p>Engagement will be embedded within organisation-wide policy, process and approach, e.g. Business development</p>	<ul style="list-style-type: none"> - Establish a plan to ensure the People's voice contributes to and is embedded within service developments and redesign - Work in conjunction with the Business Development Team to agree an approach to engagement 	<p>Patient Experience Team</p> <p>Patient Experience Team/ Business Development Team</p>	<p>December 2020</p> <p>December 2020</p>	<ul style="list-style-type: none"> - Action plan developed and agreed through the Patient Safety, Experience and Governance Group Meeting (PSEGG) - A plan is agreed with Quality Improvement Team - Key links with QI are made and sustained

WE ARE <u>ALL</u> EXPERTS					
AIM: We recognise the skills and experience that each person can bring					
Our staff have the skills, knowledge and confidence to engage	<ul style="list-style-type: none"> - Staff training needs are identified as part of the appraisal process - Training is delivered across the organisation as required and available - Learning is shared through engagement forums, newsletters, within team meetings 				<ul style="list-style-type: none"> - Annual and six-monthly appraisals and review, monthly one-to-one meetings -Ongoing attendance and contribution to city-wide forums; the People’s voices group, Complaints sub-group and others

	<p>and at other relevant forums</p> <p>- We use city-wide forums to share learning with our partners</p>				
<p>HOW WE DO WHAT WE DO: We have efficient systems and processes in place to maximise the potential of our engagement and the influence of the people's voice</p>					
Priority Objective		How	Who?	By when?	Outcome measure
Effective systems	Review our data collection approaches	<p>- Scope what feedback methods are currently being used within each Business Unit</p> <p>- Work in conjunction with the Quality Improvement Team to agree a plan to build a set of quality improvement tools that enable the collection and</p>	<p>Patient Experience Team/ Clinical Leads/ Quality Leads</p> <p>Patient Experience Team/</p>	<p>December 2020</p> <p>December 2020</p>	<p>- Completed scoping exercise across Business Units; Adults, Children and Specialist</p> <p>- A plan is agreed with Quality Improvement Team</p> <p>- Key links with QI are made and sustained</p>

	<p>- Ensuring our systems are robust and fit for purpose to capture experience and feedback</p> <p>- Our reporting structures enable us to showcase our engagement activity</p>	<p>analysis of quality data used to inform service improvement approaches</p>	<p>Quality Improvement Team</p>	<p>- There will be an increase and variation of our data collection</p> <p>- We will have an increased capacity to capture the people's voice</p>
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<p>We have a protected resource to support experience and engagement activities</p>	<ul style="list-style-type: none"> - Development of an engagement toolkit - We will Implement standardised processes across the organisation - Each business unit will utilise an engagement budget - There will be clear guidance on expenses and reimbursements 				<ul style="list-style-type: none"> - There will be an increase in engagement activity Trustwide across a wider scope - Staff are confident and have what they need to lead engagement in services - There is consistency in how we engage - Experience and engagement activity has a clear rationale and is meaningful to all involved
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Priority	Priority's Aim	RAG status	Planned update to LCH Board
Culture of Engagement	Engagement will be embedded within our culture and underpins everything that we do.		March 2021
Working with others	We work to improve the whole patient journey; working with people to maximise their strengths, reduce health inequalities and link with our partners across the city		March 2021
Leadership	There will be leadership from every voice- We are accountable to our citizens as well as the Trust Board		March 2021
Listening to everyone's	We will listen openly to a diversity of voices; and consider how we learn		

voice	from each and every experience		September 2021
We are ALL experts	We recognise the skills and experience that each person can bring		September 2021
How we do what we do	We have efficient systems and processes in place to maximise the potential of our engagement and the influence of the people's voice		September 2021

Meeting: Trust Board Meeting 26th March 2021

Agenda item number: 2020-21 (139c)

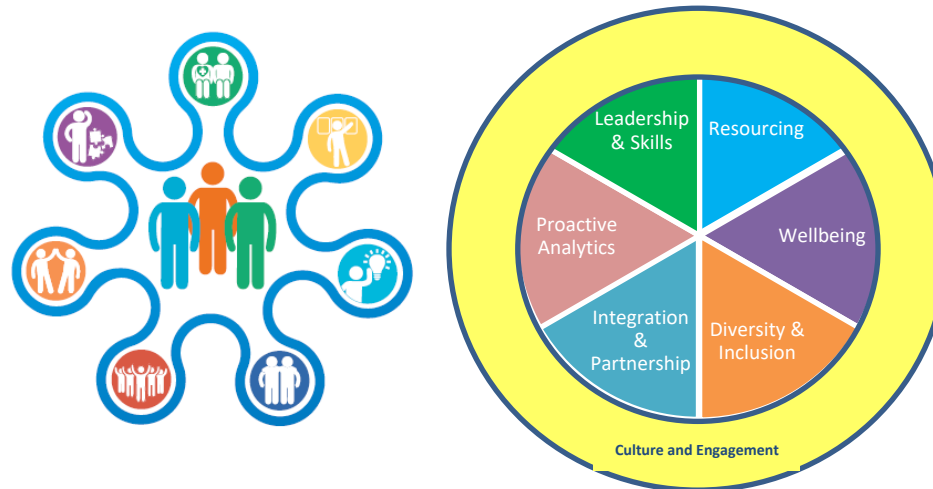
Title: Workforce Strategy – bi-annual update for the LCH Trust Board

Category of paper: For information

History: Not applicable

Responsible director: Director of Workforce

Report author: Director of Workforce



Workforce Strategy 2019-21: Progress and Delivery

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

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

1. Introduction & Purpose

This is the second bi-annual update to Trust Board on the delivery of Year 2 of the LCH Workforce Strategy.

This paper provides the Board with an update Workforce Strategy progress during the period October 2020 – February 2021. It acknowledges those areas that have experienced a level of pause or reduction in pace during the Covid-19 pandemic, as well as those areas that have accelerated or undergone transformation during the same period.

The paper also sets out draft plans for the development of the next LCH Workforce Strategy, including some anticipated areas of focus and a timeline for the Strategy's stakeholder engagement, development and approval. The draft plans are subject to Board approval.

2. Current context

Good progress continues to be made in all 6 priority areas of the LCH Workforce Strategy (**Fig 1**). A full update on each of the 6 priority areas can be found in Section 4 of this report.

Fig 1. The 6 LCH Workforce Strategy Priorities

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

During the tenure of the LCH Workforce Strategy to date, 12 of 23 months have been concurrent with the Covid-19 pandemic.

Whilst the progress made in Year 1 of the Workforce Strategy had already put LCH in a strong position, some items and objectives within the Workforce portfolio have experienced a degree of “pause” for a period of months during 2020/21, linked to the implementation of business continuity plans and the required prioritisation of Covid-19 response and support.

This enabled a necessary focus on **maximising workforce capacity, supporting people’s health and wellbeing**, and **communicating & engaging** with staff and trade union partners. It also impacted on the delivery of some elements of the Workforce Strategy, including for example the full implementation of Talent Management processes and the review of LCH onboarding processes.

In some areas of the Workforce Strategy, the pandemic has also catalysed positive transformation in organisational approach; for example our increased attention to psychological support; and the new opportunities taken to engage meaningfully with cohorts of staff including those who are Clinically Extremely Vulnerable, the LCH BAME Network, and working parents, to inform our organisational approach to specific issues.

In light of the impact of multiple surges of Covid-19, following previous discussion at the Board and at Business Committee, and as signalled in the previous LCH Workforce Strategy Update, we would now like to formally request the Board’s approval to extend the existing Workforce Strategy further into 2021.

Whilst this request will enable further work to take place on our existing Workforce Strategy priorities, the primary purpose of the extension is to ensure the new Workforce Strategy can proceed with thorough and wide engagement in its development, as the second surge of the pandemic continues to ease.

Plans for the new Workforce Strategy are described below, and, if the Board is in agreement, it is proposed that a final draft of the new Strategy is brought for approval to the formal Trust Board meeting of **1 October 2021**.

3. Plans for the next LCH Workforce Strategy:

In considering our local, system and national context, there are particular areas that we expect the new Workforce Strategy to focus on; although all areas will be subject to thorough engagement prior to their final confirmation.

Some of these areas would continue to build and expand on the progress already made during the lifespan of the existing Workforce Strategy, maintaining some of its priorities as key areas of focus, for example **Health and Wellbeing**, **Diversity & Inclusion** and **Resourcing**.

Others would see us develop our approach in response to and anticipation of new or forthcoming changes in the Health & Social Care landscape, including our approach to **System Working** and our response to the anticipated successor to the national **NHS People Plan 2020/21** (*We are the NHS: People Plan for 2020/21 – Action for us all.*)

We expect the new Workforce Strategy to seek to further strengthen our LCH culture and behaviours; in the context of different and more agile ways of working post-pandemic; increasing digital capability; and our ongoing commitment to supporting, listening to and engaging the LCH workforce.

Underpinning the Workforce Strategy will be its sense of connectivity with other organisational strategies and plans, and its line of sight to overarching organisational objectives, including the commitment to pursue health equality, and the determination to deliver the best possible care to all of the communities we serve.

We are keen to carry out detailed engagement to develop the new Workforce Strategy. A provisional schedule is at **Appendix 1**. The engagement plan includes a Board Workshop session in May 2021 and a first draft of the new Strategy coming to Board in June 2021.

4. Individual Workforce Strategy Priority Updates

This section of the paper provides an update on each of the 6 existing Workforce Strategy Priorities. The associated detailed objectives for each priority are set out at **Appendix 2**

4.1 Leadership & Skills:

Leadership & Skills

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

The LCH Leadership Programme, although suspended during 2020 due to the pandemic, has been adapted to be delivered online. The popular Manager as Coach course recommences from April 2021 and the first two cohorts are fully subscribed to. Our modular approach to the 'Management Essentials' and 'Leading LCH' components starts in May 2021. The Leadership offer is being reviewed and co-produced with the Business Units during 2021 and will include focus on diversity, inclusivity and compassionate leadership as well as a particular focus on our 'middle managers' and support to those in this cohort.

The vast majority of interaction with leaders has been in a virtual space, with weekly Leaders Network calls continuing to attract regular attendance in excess of 100 delegates from across LCH. Targeted communications and development sessions, in the form of 'Listening Spaces for Leaders', alongside dedicated programmes of work have taken place with a number of leadership teams across the organisation. Work has progressed rapidly during Winter 2020/21 on supporting staff health and wellbeing with dedicated psychological support funded through Charitable Funds. This is equipping our leaders with skills to enable them to have sensitive, compassionate conversations with staff. The staff survey results 2020 show 94% of staff (up 3% on 2019) think LCH take positive action on health and wellbeing and our engagement score remains the same as last year at 7.2, both good reflections of the concentrated efforts made during this extraordinary year, to ensure our people feel supported and engaged.

Progress in our **statutory & mandatory training** objectives had seen organisational compliance rise to 92.5% by January 2020. In January 2021 there is a decrease to 87.4%, in the context of the second wave of the Covid-19 pandemic. Work continues to support teams with compliance whilst they work to Business Continuity plans.

The Statutory and Mandatory Compliance project, aligning LCH training with national requirements, is on track to complete as per the timetable set out and recently agreed with the Audit Committee. .

4.2 Resourcing

Resourcing

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

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

- recruitment and deployment for the Leeds vaccination centres
- streamlining of pre-employment checking processes
- engagement and deployment of “Bring Back Staff” NHS returners and students
- switch to virtual selection processes and introduction of online induction and onboarding
- support to internal redeployment of LCH staff
- introduction of workforce sharing agreements and MOUs for use with a range of partners in Leeds and as needed.
- rapid upscaling of the staff bank to maximise LCH’s flexible workforce capability to respond to urgent demands in service
- implementation of a primary care bank cohort of Registered Nurses to support PCNs in their vaccine delivery model

Work has continued to focus on maximising workforce supply and successful recruitment of a cohort of new healthcare support workers (45 WTE’s) has been achieved and our excellent work in this space is being published as a national case study of good practice. New roles have emerged during this time such as the health centre navigator and vaccinators which have been implemented to support the COVID vaccination programme.

Turnover rates have continued to reduce, standing at 9% in February 2021. The current extremely low turnover is judged to be partially due to the pandemic stifling some movement in the labour market, and turnover is expected to rise in due course.

While applications across the range of LCH vacancies has followed a positive trend, fill rates have also increased from 78% to 90.2% with 574 vacancies advertised and 520 appointments made in FY20/21 to date. There has been an 8% increase in registered nursing appointments across the organisation.

Over the coming months, our **Resourcing** plan will see us refine and enhance our offer to ensure that once again the LCH workforce is in the best possible position to respond to the challenges ahead. A focus will be on inequalities in recruitment and working towards a flexible ‘One Leeds Workforce’.

4.3 Health & Wellbeing

Health & Wellbeing	Our staff at LCH are more likely to be well and at work as well as more engaged with work irrespective of service or geographical location than in 2016-18.	
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We have continued our heightened focus on **Health & Wellbeing** during the latter half of 2020 / 21, recognising the impact of the further waves of Covid-19 on LCH staff. Throughout this work, our approach has been guided by our Values & Behaviours; and in the context of our culture of workforce engagement.

Specific approaches to supporting the **Health & Wellbeing** of staff have been detailed in previous reports to Trust Board and Business Committee. These have included:

- Visible leadership from Board members around the importance and focus on health & wellbeing
- Continued support and risk assessments for “at risk” groups of staff
- An increased emphasis on psychological wellbeing, supported by Clinical Psychologists, with a particular focus on teams experiencing high levels of risk
- Targeted health, wellbeing and development offers to specific staff groups / communities
- Support for leaders around their own health & wellbeing together with skills and approaches for supporting their teams

In the main, sickness absence rates have remained lower than 2019, the exceptions being in April and January 2021 when the sickness rate rose to 6.1% (reflecting the peak periods of the pandemic). LCH’s sickness absence performance is a positive outlier in relation to other local Trusts; the reasons for this are multifactorial including flexible opportunities around home working, commitment to being at work during exceptional times and a supportive health and wellbeing offer. This is further supported by recent data from the 2020 NHS Staff Survey, where 94% of staff agree that LCH takes positive action around health & wellbeing (up 3% from 2019), whilst 50% of staff report they have come to work whilst not feeling well enough (an improvement of 8% from 2019).

There has been significant learning this year around how to effectively support our staff which we are committed to developing further going forward to achieve our goal of LCH being the best place to work.

4.4 Diversity & Inclusion

Diversity & Inclusion	Each member of the workforce is treated as an individual, with particular regard to advancing equality for those with a protected characteristic.	
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The Covid-19 pandemic has brought a heightened awareness of the wider **Diversity & Inclusion** agenda, with good progress made during this period.

For the third year running LCH has been shortlisted within the Top 50 UK Inclusive Employers list, ranking 21st this year, in recognition of the public commitment shown and progress being made across EDI areas including;

Race

The Allyship Programme was launched in November 2020, with 2 cohorts (18 x Allies), which has now successfully concluded. An Inaugural meeting of the Allyship network has taken place to share learning and experience, to keep the momentum and to help drive cultural change.

Evaluation of the Programme is currently underway to feed into the scoping for a further Programme and in the interim another NHS Trust is keen to explore with us utilisation of our materials and support – potentially they are offering to fund some of this as well.

The Reverse Mentoring initiative has continued at pace with the launch of Cohort 3, bringing the total number of participants to 40. All have had or continue with those important cultural conversations.

Sexual orientation

LCH believes in workplaces where all LGBT people are accepted without exception and promotes this through the NHS Rainbow badge, which now has over 600 staff as Rainbow Ambassadors. During LGBT history month we heard a personal story from one of our Rainbow Ambassadors, and we plan to work with and engage our Rainbow Ambassadors to explore alternative ways to celebrate Leeds Pride, within current Covid restrictions.

4.5 Integration & Partnership

Integration & Partnership	We work effectively as a system partner in the development and implementation of workforce and HR strategies, systems and plans across primary care, the city of Leeds and the West Yorkshire & Harrogate Integrated Care System (ICS)	
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LCH has played a key role in the design and implementation of the Leeds Covid-19 vaccination programme in recent months, with LCH Directors providing citywide leadership to the programme in the Senior Responsible Officer and Workforce Lead roles for the city. The delivery of the programme continues to be a truly partnership effort, with LCH providing flexible workforce to support a number of different vaccination delivery models, including hospital hubs, the Elland Road Community Vaccination Centre, and primary care vaccination sites.

The Workforce Sharing Agreement (WSA) designed by LCH to enable the deployment of NHS staff to care homes in cases of urgent resourcing need has been picked up both regionally and nationally for use by other organisations.

The LCH Employ / Deploy model, which LCH offers to Primary Care Networks (PCNs) continues to see significant increase in take up, with two thirds of PCNs now actively using the model with 44 staff employed through the ARRS scheme by LCH and a further 22 employed to staff primary care vaccination centres as needed. The model is now being reviewed and refined using the learning from its first 18 months of operation.

Through its joint working with the GP Confederation, LCH has recently supported the development and introduction of a suite of employment terms & conditions and policies & procedures for the Confederation.

LCH continues to play a central role in the Leeds One Workforce Strategic Board, which has recently undertaken a refresh of its priorities. The Director of Workforce is now the lead for Leeds on the Workforce Portability priority.

4.6 Proactive Analytics

Proactive Analytics

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

Our workforce systems teams have continued to make good progress during this last 6 months as they support and develop vital workforce systems and processes across the trust.

The team have invested significant time and effort in standardising and documenting our service offering. They have introduced ITIL best practices to help organise and manage both service requests, change requests and incidents. As part of this work, the governance required to manage and maintain our structures within our systems has also been developed and embedded and as a result our financial and workforce systems remain aligned.

The team have been working with the intranet project team to push Electronic Staff Record (ESR) data into the new platform to 'drive' functionality (workflow and approvals for example). This will make workforce data more visible, accessible and will help further improve the quality of our data.

We now provide self-service MI standard reports via ESR for our customers. There is further work being developed in this area to make additional improvements and this will include a standardised way to request information, and a data warehouse for a full suite of regularly requested and Trust wide useful information.

In addition to pandemic related development work highlighted during the last update, our teams have been working as part of the central vaccination hub to support the configuring of the rostering system, ensuring we allocate our staff correctly and they are paid in accordance with our principles and pay standards. The pandemic has provided us with the opportunity to really maximise the use of the E Rostering technology both in this space as well as the Trust wide redeployment work.

The ESR central team recently performed an audit on our system. The results of the audit show that we as a trust have good engagement with ESR and our workforce have lots of interaction with the system. There are opportunities to roll out additional system functionality and encourage more manager and employee self-service.

The good work during this period has been further qualified with successful payroll audits, the closure of legacy ESR audit actions, and the reduction of the 'ESR Data Quality' risk score on our corporate register to a more tolerable level.

5. Conclusion

In summary, good progress continues to be made against the priorities and objectives of the 2019-21 Workforce Strategy.

The work already carried out meets the overarching priority aims set out at the outset of the Workforce Strategy, and in some cases, there has been acceleration and transformation linked to the LCH response to the pandemic. However some of the Strategy's objectives have work ongoing.

With the current surge of the Covid-19 pandemic continuing to subside, a draft engagement plan has been set out for the development of the next Workforce Strategy which, if approved, would see a final draft of the Strategy coming to Trust Board for approval in October 2021. The engagement plan includes a Board Workshop session in May 2021 and a first draft of the new Strategy coming to Board in June 2021.

A range of likely areas of focus for the new Strategy have been set out, taking into account internal, system and national context.

6. Recommendations

- The Board is recommended to note the progress which has been made against the priorities set out in the Workforce Strategy 2019-21.
- The Board is asked to approve the draft plan for engagement and approval of the new Workforce Strategy, which would extend the lifespan of the current Strategy to accommodate it, culminating in the final draft coming to Trust Board on 1 October 2021.

Jenny Allen & Laura Smith
Director of Workforce
18 March 2021

Appendix 1: Draft Engagement & Approval Plan: new Workforce Strategy

	Mar/Apr 2021	May 2021	June 2021	July 2021	Aug 2021	Sep-21	Oct 2021
JNCF		12-May-21		07-Jul-21		06-Sep-21	
JNC		10-May-21		05-Jul-21		08-Sep-21	
BAME Network	21-Apr-21	No further meetings have been set but will be booked shortly and consultation will continue.					
SMT	21-Apr-21		23-Jun-21		18-Aug-21		
Business Committee			23/06/2021 WF Strategy discussion			29/09/2021 WF strategy discussion	
Senior Operations - Performance panel		21-May-21		23-Jul-21	20-Aug-21		
Trust Board	26 March 21 (Formal)	7 May 21 (Informal) WF Strategy session with DoW			6 August 21 (Formal) Draft strategy to Board?		01/10/2021 (Formal) Board approval of Strategy
Workforce Directorate Team time out- Strategy	22-Mar-21		10-Jun-21				
Workforce Directorate Time Out				15-Jul-21			
Leaders network	14-Apr-21	19-May-21	17-Jun-21	Further dates not yet confirmed.			
50 Voices		20-May-21				02-Sep-21	
Leeds HRD's			30-Jun-21				
Team LCH	Further sessions have not yet been confirmed and new dates will be added as soon as they become available, and consultations will commence.						
Senior Operations - Strategy	These meetings were paused in 2020 as a result of the pandemic and new dates will be added as soon as they become available, and consultation will commence.						
1:1 engagement with some individual stakeholders, eg Chair and Chief Executive	To be scheduled.						

Appendix 2 (a) Leadership & Skills objectives

Priority's Aim:

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

What do we plan to achieve?	How will we achieve it?	How will we know that we've achieved it?
Objectives	Initiatives	Outcomes
Leaders and managers understand the competencies and behaviours expected of them, and these can be objectively assessed.	Launch of LCH Leadership Competency Framework.	LCF embedded in appraisal processes developed needs embedding- ongoing LCF regularly utilised in recruitment & selection processes- developed and ongoing
Increasing numbers of leaders and aspiring leaders have the skills to lead across LCH and wider system.	Embedding and expanding a new Leadership & Management development offer.	Improvement in Staff Survey leadership question results Evaluation of 1:1 toolkit- Ongoing Takeup of L&M offer impacted by pandemic
Clear alignment of learning & development opportunities with organisational need; and clarity over access to development.	Redevelopment of the LCH Learning & Development offer and infrastructure Redesign of statutory, mandatory and role based training requirements in ESR.	Training Policy in place / Increased training uptake. Stat&Mand compliance improves, remaining within or exceeding tolerance i.e. 95% or higher. Continued focus interdependent with ESR review- Ongoing Stat & Mand compliance impacted by pandemic
Skills gaps and opportunities are identified and filled (e.g. Digital skills; Mental Health First Aid).	Engagement with Health & Care Academy Alignment of L&D offer with LCH business plan	L&D provision is in place for identified skills- ongoing
Creation of clear career pathways for our staff.	Embedded in appraisal cycle and linked to identification of training needs.	Succession planning in place / improved recruitment to roles / enhanced retention. ongoing
Organisational succession planning is supported by a clear Talent Management approach.	Identification of critical roles Development & introduction of Talent Management approach	Talent Management tool used in some recruitment planning 90% of leadership roles are filled first time (Mar 21)
Programme of Board development scoped and implemented.	Design and implementation of a Board Development Programme.	Programme designed, approved, and delivery commenced. Implementation paused in Spring 2020 and now in train for Summer 2021

Appendix 2 (b) Resourcing objectives

Priority's Aim:

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

What do we plan to achieve?

How will we achieve it?

How will we know that we've achieved it?

Objectives	Initiatives	Outcomes
Vacancy rates are reduced year-on-year across a range of critical professions	Development & implementation of an organisation wide workforce plan + focused action plans for "hard to recruit" roles.	Fill rates improved, turnover reduced
Workforce plans for each Business Unit based on a thorough understanding of workforce supply and demand	Organisation and Business Unit workforce plans address critical skills shortages including through apprenticeships. Agreed plan for Q3/Q4 20/21. Draft WFP being developed for FY21/22 under RSG Governance Implementation of E Rostering and Bank systems as well as E Job Planning.	E-rostering implementation is completed against plan ON TARGET Apprenticeships are aligned with workforce needs and plans
Innovative and effectively targeted resourcing campaigns + integration with wider system initiatives as appropriate.	Source permanently the digital marketing skills needed. Develop and implement resourcing campaigns aligned with workforce needs. HCSW activity, NQNs and WYOI	Applications have increased Fill rate for roles is higher Number of "hard to recruit" roles is reduced
Standardised and consistent on-boarding approach from recruitment to engagement. Delayed due to Covid	Review and refresh of on-boarding approach. Work just beginning under RSG governance regarding local induction and onboarding Initiatives to keep in touch and share stories of new staff.	Retention in less than 12 months service has improved. Review of induction onboarding now underway again
Aligning to the talent management approach, we will provide guidance on who and how we source, develop and retain.	Efficient and effective resourcing services, utilising the latest approaches to attract key skills groups, and engage on the most appropriate employment terms.	Resourcing review complete – timescales now extended
A joint operational resourcing approach	Development of a joint operational resourcing approach for	Resourcing review complete – timescales

for contingent and permanent labour is in place.	contingent and permanent labour. Covid response by the resourcing function clearly demonstrates this. Needs review and next steps.	now extended
New roles are developed to anticipate and address skills gaps & integration opportunities	Nursing Associate programme + Apprenticeships Consideration of expanded preceptorship options – In train	Vacancy rates drop Career development options expand

Appendix 2 (c) Health and Wellbeing objectives

Priority's Aim:

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

What do we plan to achieve?	How will we achieve it?	How will we know that we've achieved it?
Objectives	Initiatives	Outcomes
A reduction in staff sickness absence between 18/19, 19/20 and 20/21 resulting in declining resourcing challenges.	Delivery of all associated objectives and initiatives. Sickness absence project to understand better measurement and reporting + getting people back to work.	Reduction in sickness absence percentage. Reduction in incidents of absence – including within long term sickness absence. Comment – sickness absence rates, during 2020, have remained lower month on month than 2019, with exceptions during the peaks of the pandemic, April and January 21
Support leaders and managers to create positive workplace cultures – improve morale and wellbeing and eliminating bullying and harassment.	Design and develop the principles of “people before process”. Leadership development programme. Work has taken place within the Adult Business Unit about zero tolerance and work is currently taking place around civility and respect, as outlined within the NHS People Plan	Sickness absence rates improve or remain within tolerance. Positive impact on related Staff Survey questions.

<p>Staff feel supported when ill and upon return to work and that support comes in part from excellent leadership. New leaders understand the competencies and behaviours expected.</p> <p>Comment – during the Covid pandemic we have listened and responded to staff need, such as providing virtual open sessions to support working parents, carers, staff who are shielding to support staff and support for our BAME staff</p>	<p>Management and leadership skills requirements incorporated into part of new leadership programme.</p> <p>Comment – Formal management and leadership programme paused due to the Covid pandemic, however they were supported through alternative means/methods as HWB was at the very heart of everything we did.</p>	<p>Reduction in formal people processes (increase in Jan Feb 21 after previous sustained fall)</p> <p>Leadership programme evaluation.</p> <p>Staff Survey and other engagement initiatives indicating achievement.</p>
<p>Clear health and wellbeing offer for staff to access.</p>	<p>HWB Engagement Group established which reports to a HWB Steering Group and in turn Business Committee on progress.</p> <p>Focus throughout the year(s) on particular areas e.g. mental health, bullying and harassment, MSK.</p> <p>Comment – during Covid, a weekly HWB group met to progress this agenda, which included ODI, staff side and manager reps.</p> <p>Focus throughout the year(s) on particular areas e.g. mental health, bullying and harassment, MSK.</p>	<p>Feedback from staff stories.</p> <p>Statistics on numbers of staff accessing services at start of “feel good pledge” are increasing.</p> <p>Improvements in HWB staff survey questions</p>

Appendix 2 (d) Diversity & Inclusion objectives

Priority's Aim:

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

What do we plan to achieve?	How will we achieve it?	How will we know that we've achieved it?
Objectives	Initiatives	Outcomes
<p>Increase the Board's knowledge and understanding of experiences and challenges BAME staff from different backgrounds face.</p> <p>Comment – 3rd cohort of Reverse Mentoring currently in place</p>	<p>Design, develop and launch a BAME Reverse Mentoring Scheme</p>	<p>Improvement in experience of BAME staff measured through Staff survey results.</p> <p>Feedback from Mentor and Mentee at start/during and at the end of the Programme.</p>
<p>Leaders and managers understand the WRES action plan and behaviours expected of them in improving BME staff's experience and opportunities.</p> <p>Comment – the BAME staff network group were actively involved in re-defining the WRES Action plan which was ratified by Trust Board.</p> <p>Using the recent staff survey results more focused work to take place with leaders and managers to understand their role in supporting a diverse workforce</p>	<p>Development of a Trust WRES Action plan</p> <p>Race for Equality Event</p>	<p>Feedback from BME staff on working in LCH.</p> <p>Delivery of action plan – ONGOING FOR 21/22</p> <p>Active participation at event + clear next steps agreed.</p>
<p>Leaders, managers and staff understand the behaviours expected of them and legal requirements under the Equality Act.</p> <p>Comment – WRES and WDES action plans ratified by Trust Board and in place</p> <p>Reasonable adjustment training was provided</p> <p>Sourced an external provider; Purple, to work in partnership with us to support the Disability Leaders accreditation</p>	<p>Develop a Trust WRES and WDES Action plans.</p> <p>Deliver disability training to managers.</p> <p>Disability Confident – Leaders accreditation</p>	<p>WDES action plan ratified by Trust board.</p> <p>WRES metrics improvement.</p> <p>Evaluates well and training put into place.</p> <p>Achievement of Disability confident level.</p>
<p>Continue to promote workforce diversity and inclusion across all protected characteristics by working with appropriate partners.</p>	<p>Delivery of WRES and WDES action plans.</p> <p>Partnership working with Stonewall Diversity Champions programme.</p>	<p>Staff survey results.</p> <p>Externally recognised through awards for dedication to workplace diversity (14TH and 21st in Inclusive Employer Top 50)</p>
<p>Understand the Gender Pay Gap and take action to address gaps / areas of concern.</p>	<p>Review and interpret 2018 analysis and identify actions to close the gap</p>	<p>Gender Pay gap as measured nationally reduced or mitigated</p>

Appendix 2 (e) Proactive Analytics objectives

<h3>Priority's Aim:</h3>	<p>Workforce systems including the Electronic Staff Record are improved by a newly-created Systems & Intelligence function, delivering sophisticated workforce data and analytics that drive impactful business decisions.</p>
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What do we plan to achieve?	How will we achieve it?	How will we know that we've achieved it?
Objectives	Initiatives	Outcomes
<p>Transparency and access to information across the organisation which is used to inform decision making ultimately positively impacting on our communities and patients.</p>	<p>Provide customers with access to standard workforce information and performance metrics via a single user friendly interface.</p>	<p>A suite of standard reports produced and reviewed periodically - Completed Ad hoc information requests are reduced because services routinely receive information that meets their needs - Completed</p>
<p>Development of a specialist workforce function which applies analytical techniques to drive strategic workforce decisions and help the organisation to evolve.</p>	<p>Development of strategic workforce planning methodology and tooling. Working alongside the business to achieve mutual granular understanding of skills and functions rather than roles Routinely measure staff engagement, supplementing traditional engagement surveys</p>	<p>Resourcing decisions are based on sound workforce plans – Introduced and ongoing New ways of working are modelled, in partnership - Introduced and ongoing Staff engagement is valued on a par with traditional business data - Introduced and ongoing</p>
<p>Standardised, consistent and managed service offering which looks to protect our workforce systems and data, and ensure that systems are utilised and fit for purpose</p>	<p>Critical systems and processes reviewed and enhanced where controls allow Support and education for Systems & Intelligence team and customers</p>	<p>Data quality is measured and managed aligned to our organisational goals - Ongoing Continual monitoring of system utilisation to ensure that they are being used correctly and provide maximum benefit - Completed</p>

Appendix 1 (f) Integration & Partnership objectives

Priority's Aim:

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

What do we plan to achieve?	How will we achieve it?	How will we know that we've achieved it?
Objectives	Initiatives	Outcomes
The healthcare workforce in Leeds can flow across organisational boundaries with minimal disruption to clinical working time.	Automatic transfer of recognised statutory and mandatory training via ESR Inter Authority Transfer Strategic leadership of the Leeds "One Workforce" Statutory & Mandatory training work-stream <i>this workstream now replaced by Staff Portability workstream, to be led by LCH</i>	New employee time spent on statutory and mandatory training is reduced by >50% - <i>this target now replaced in new Portability workstream</i> Elements of statutory and mandatory training are universally shared across Leeds NHS providers – FOR IG
The GP Confederation directly employs staff, with a suite of policies, procedures and contractual terms in place – all of which are CQC ready.	Establishment of GPC Workforce Subgroup and associated resources to design and implement working arrangements	GPC operates its own Remuneration Committee, contracts and suite of policies & procedures COMPLETE TUPE of key staff to GPC has taken place COMPLETE
LCH bank arrangements fill some temporary staff assignments in primary care settings.	Introduction of bank Practice Nurse opportunities and training	Practice Nurse assignments are filled by LCH bank arrangements on a regular basis – IN PLACE FOR B5 RNS IN PCN COVID VACCINATION
Integrated working with colleagues employed by partner organisations is normal, not exceptional.	Support to teams exploring integration Facilitation of joint and hosted recruitment	More LCH teams are integrated with partners LCH regularly recruits with / for partners – COVID VACCINATION A GOOD EXAMPLE

Public Board Meeting: 26 March 2021

Agenda item number: 2020-21 (140a)

Title: Revenue and Capital Budgets 2021/22

Category of paper: Approval
History: Business committee 24 March 2021

Responsible director: Executive Director of Finance and Resources
Report author: Executive Director of Finance and Resources

Executive summary (Purpose and main points)

This report describes the national, ICS and Trust approach to the allocation distribution and setting of Leeds Community Healthcare's revenue and capital budgets for 2021/22.

Given the considerable uncertainty of the NHS financial regime for 2021/22 the budgets recommended for approval in this report will almost certainly require adjustment as the year progresses.

Recommendations

The Board is asked to approve a revenue expenditure budget of £179.8m and a capital budget of £3.7m.

REVENUE

1. National Revenue Allocations

1.1. As the Board are aware, the annual NHS finance and operational planning round is delayed. In order to support this situation, at a national level, the financial framework operating in the second half of 2020/21 will be confirmed as continuing into Q1 of 2021/22 and may continue into Q2 and possibly longer.

1.2. At the time of writing this report the position remains that the full detail of the Q1 arrangements remain subject to agreement with the Government and that further adjustments may be necessary to affordability within the agreed quantum.

1.3. Nationally, NHS England will construct an ICS level Q1 2021/22 funding envelope based on:

- Second half of 2020/21 funding envelope (comprising allocations, system top-ups and Covid allocations)
- Additional funding for unavoidable inflation
- Additional committed funding for primary care and mental health services
- Depending on affordability against the confirmed total quantum a further adjustment may be required to moderate envelopes

Specific items will be funded outside of the envelopes including, for example, testing and vaccinations)

1.4. NHS England will construct Q1 2021/22 Trust and CCG financial plans as a default position based on Q3 2020/21 actuals (including “normalising” adjustments (eg additional annual leave accruals in 2020/21).

1.5. The approach to the loss to Trusts of non-NHS income (eg car park or trading income) is still under discussion.

1.6. NHS England note that:

- Before the addition of any new funding, which will be expected to be backed with new expenditure, there will be, at ICS level, a surplus representing system headroom or a deficit requiring the ICS to take action to moderate organisational positions
- As Q1 2021/22 organisational plans are being constructed from Q3 2020/21 actuals the plans will implicitly assume the continuation of Covid and system top up funding. ICSs are able to vary this assumed distribution.
- By mutual consent within the ICS, and on a net neutral system basis, organisations will be able to adjust their bottom line positions
- Inflation funding will be based on 0% headline AfC growth and subsequently adjusted for the agreed pay award
- Further funding for recovery of elective and mental health services will be available in addition to system envelope funding
- NHS provider contract values are expected to be uplifted by an appropriate level for inflation:
- Organisations will continue to be able to make intra-system contract amendments without approval from NHSE/I

- Commissioners and providers are not required to sign contracts between themselves in this period.
- CQUIN will remain suspended.

2. West Yorkshire ICS Approach

- 2.1. West Yorkshire ICS Finance Directors and Chief Financial Officers are proposing a different approach to the distribution of funding for 2021/22 Q1 than is described nationally.
- 2.2. The current national proposition is that for Q1 of 2021/22 (and possibly Q2), **organisational plans would be based on run-rates for October – December 2020**, again uplifted for the same national pressures, with the system plan being the sum of those organisational plans. Where envelopes exceed plans the system will be permitted to distribute surplus funding; where plans exceed envelopes adjustments will be required to balance.
- 2.3. The WY&H ICS proposition is that Q1 **organisational plans would instead be based on existing H2 plans** updated to reflect national pressures. This would have the advantage of recognising, for example as in LCH's case that a materially disproportionate amount of expenditure took place in Q4 of 2020/21 which would not be recognised in the national approach.
- 2.4. The ICS is conscious that whatever approach is agreed it must be affordable. Board members may recall that the initial ICS financial plan for H2 2020/21 aggregated all organisational positions to a £38.7m deficit (after expected national correction), with only LCH and 4 of 6 CCGs planning break even.
- 2.5. However, assuming that expected losses of non-NHS income and the costs of additional annual leave provisions were covered nationally, the ICs plan totalled a £1.5m surplus with only 3 organisations planning a deficit and only one of any materiality, NHS Leeds CCG.
- 2.6. Since the agreement of these adjusted plans organisational positions have improved by £43.3m. In the absence of any detailed numbers from NHSE/I it is reasonable to take some comfort from the position that the system of which LCH is a part achieved a good financial position in 2020/21.

3. LCHs position

- 3.1. This section describes the approach taken to revenue expenditure budgeting in the Trust. Whilst the approach being proposed in the WY&H ICS of basing the LCH allocation on our H2 20/21 plan, within which we will achieve a significant surplus would appear to provide some comfort for our expenditure plans there are material risks.
- 3.2. The principal risk arises from the uncertainty of funding for developments commissioned by NHS Leeds CCG.
- 3.3. Under the pre-Covid financial regime the Trust had agreed certain elements of a 2020/21 contract value with the CCG whilst others remained subject to agreement and some undoubtedly would have been subject to dispute. The following table provides a high level view of the extent of the agreements with NHS Leeds CCG and of the risks. Relationships are good with colleagues in

the CCG and the Trust can have reasonable confidence that, if the risks identified do materialise, we would work together and across the city to mitigate them.

	£m	Comment
20/21 Pre-contract value	100,312,987	Agreed
2020/21 Developments	3,552,938	Agreed but risk in Covid financial regime if spend not incurred in 20/21 H2
21/22 Base contract value	103,865,925	
Developments invoiced outside the Block	3,964,496	Agreed. Low risk as invoiced separately on actuals
Issues not agreed for 20/21	2,753,000	Disputed but low risk in 21/22 Q1 as costs were in our 20/21 spend
CCG 21/22 commissioned recurrent developments with CCG yet to identify funding	3,326,798	High risk; no recurrent funding stream and reliant on adequacy of total emergency finance regime income
CCG 21/22 commissioned non-recurrent developments with CCG yet to identify funding	788,357	High risk; reliant on adequacy of total emergency finance regime income

3.4. The approach taken to budgeting for LCH costs in 2021/22 is as follows:

- Recurrent 20/21 budgets have been rolled forward
- Inflation has not been yet been applied as national guidance not recieved
- Unidentified CIPs totalling circa £2.5m not recurrently delivered are rolled forward
- Budgets for tendered services are provided at the level identified in the tender to deliver the service specification. The key risks are:
 - o Income risk on the 0-19 Public Health Integrated Nursing Service due to shortages of staff in Q1 to deliver the full 0-19 specification
 - o Income risk from NHS Leeds CCG if planned activity levels are not delivered or the CCG does not have sufficient funding to meet the full year effect of costs of agreed activity growth. The Trust would expect this to be a Leeds or ICS issue to solve.
- No national CIP requirement has yet been identified; no new CIPs are included in the expenditure budgets
- Draft unavoidable cost pressures of £1.4m have been included in the expenditure budget in reserves. They will not be allocated to department or service budgets until reviewed and agreed by SMT in April. The three cost pressures over £100k are £400k for additional data costs from people working remotely or at home, £300k for Microsoft 365 licences and £130k of additional contributions to the NHS Litigation Authority.

3.5. The Trust has an underlying deficit of £2.5m arising from the £2.7m of issues not settled with the CCG for 2020/21 due to the introduction of the emergency financial regime. £0.6m benefit is realised from the transfer of CAMHS Tier 4 services but the additional cost pressures add a further £1.4m and, based on previous years it can be expected that inflation funding will not meet all inflationary costs. That position still requires the unidentified prior year recurrent CIPs to be achieved in addition to any new requirement to be identified in forthcoming guidance.

3.6. The Board is asked to approve service and departmental expenditure budgets totalling £179.8m prepared on the bases described in this paper. Whilst there is a high level of uncertainty concerning the financial regime beyond Q2 2021/22, the actual level of income the Trust can anticipate to meet these expenditure budgets and the current and future financial flows, there is a need to provide some initial certainty of resources to budget holders and the Board's approval today would enable budgets to be allocated for the new financial year.

CAPITAL

4. NHS capital settlement for 2021/22

4.1. Following the Spending Review, the NHS provider capital allocation for 2021/22 has been set by the Government at £6.2bn; it was £5.8bn in 2020/21. Within this the operational capital allocation distributed through system capital envelopes will remain at £3.7bn, as in 2020/21. £0.2bn additional funding on top of this core allocation will be added to envelopes to support the procurement of diagnostics equipment and help address issues within hospitals with reinforced autoclaved aerated concrete (RAAC). A key priority for 2021/22 is that funding addresses the high and severe RAAC risks and reporting demonstrates that critical infrastructure risk (CIR) is appropriately prioritised by systems and trusts through at least a proportionate increase in investment compared with the last five years. In addition, investment should continue to improve digital maturity.

4.2. The settlement also allows for other projects outside envelopes, including community diagnostic hubs (CDHs), mental health dormitory eradication, year 2 of the A&E schemes, new hospitals and hospital upgrades.

5. NHS operational capital funding

5.1. This capital settlement means that trusts can continue with affordable self-financed spending, taking account of normal slippage, emergency capital requirements and investments in backlog maintenance. Alongside the operational capital settlement, the Government continues to back the NHS national strategic investments; the New Hospitals Programme (NHP) as part of the delivery of the wider Health Infrastructure Plan (HIP) and sustainability and transformation partnership (STP) capital schemes, for which they have provided a multi (four)-year settlement.

5.2. For 2021/22, the NHS capital allocation will be split into three categories:

1. **A system-level allocation (£3.9bn)** – to cover day-to-day operational investments (which have typically been self-financed by organisations in integrated care systems (ICS)/STP or financed by the Department of Health and Social Care (DHSC) through emergency loans). This allocation includes funding for CIR, high and severe risk RAAC hospitals, diagnostic equipment and COVID-19 responses.

2. **Nationally allocated funds (£1.2bn)** – to cover nationally strategic projects already announced and in development and/or construction such as hospital upgrades (STP capital funded schemes) and new hospitals.

3. **Other national capital investment (£1.1bn)** – including national programmes such as CDHs, national technology funding and the continuation of the Mental Health Dormitory Replacement Programme started in 2020/21.

5.3. The Health Infrastructure Plan

The HIP sets out reforms to make clearer and more transparent links between local spending plans and national spending limits. Every ICS/STP will receive a 2021/22 operational capital spending envelope derived from the system-level allocation. While providers remain legally responsible for maintaining their estates and for setting and delivering their organisational-level capital investment plans, every ICS/STP will be responsible for ensuring overall capital spending across its system remains within these budgets. Consequently, organisational plans and the deployment of discretionary emergency capital will ultimately need to be consistent with these envelopes and reflect system-wide discussions on prioritisation.

6. Methodology for system allocations

Funding line	Allocation methodology
Depreciation	2020/21 forecast outturn (based on month 7)
Self-financed and other internal cash (including commercial loans)	Allocated based on gross asset value and historical surpluses
Emergency finance [including previously agreed loans and emergency finance public dividend capital (PDC)]	Allocated based on gross asset value and backlog maintenance
RAAC	Allocated on a bespoke risk-assessed basis to those trusts/systems with the most urgent issues to resolve
Additional diagnostics equipment contribution	Allocated based on gross asset value

The table below sets out what expenditure is included and excluded from the national capital envelopes in 2021/22.

Included	Excluded
<ul style="list-style-type: none"> • Depreciation funded • Other internal cash • Emergency capital PDC – new and previously approved • Normal course of business loans • Other loans, e.g. Salix • Other commercial borrowing • Replacement diagnostic equipment (CT and MRI machines) • Backlog maintenance and CIR • RAAC hospitals • BAU digital/IT investments including match funding • Finance leases • COVID responses • CIR or COVID costs committed in 2020/21 but accounted for in 2021/22 	<ul style="list-style-type: none"> • STP waves 1 to 4b (nationally agreed elements) • NHP/HIP 1 and 2 (nationally agreed elements) and other large schemes previously agreed to be nationally funded and outside envelopes • Energy efficiency schemes where funded by national allocations • NHSX nationally-funded projects • Other national programmes (nationally-led diagnostic programmes, mental health dorms, year 2 of the A&E schemes, etc) • Residual interest

7. West Yorkshire ICS Capital Allocation

7.1. At the time of writing (17 March) the capital envelope for the ICS has just been issued. Initial indications are that, based on Trust's initial capital expenditure thinking the resource is over committed by £7.5m (4.6%) which, in the view of this Director of Finance would be recoverable through further iterations of planning.

7.2. However, there is a need for a detailed consistency check between individual organisations' assumptions as to what is funded in the operational capital envelopes and NHSE/Is view.

7.3. LCH's indicative resource within the ICS envelope is £4,335k which comprises:

£2,032k	21/22 planned depreciation based on M7 20/21 forecast outturn
£263k	self financed – gross asset value distribution
<u>£1,518k</u>	self financed and other loans – historic surplus distribution
£3,812k	total self financed
£501k	additional CDEL
£42k	diagnostic
<u>£4,355k</u>	total capital allocation

8. LCH capital plan

8.1. The high level initial working assumption underpinning LCH's initial £3.7m was:

£2.30m	Estates
£0.75m	IT
£0.30m	Clinical equipment
£0.35m	EPR

8.2. Inherent in that thinking was a desire to bring forward a more explicit link between the Trust's estate backlog maintenance:

8.3. Given the indicative allocations of capital resources for LCH it is proposed that all backlog maintenance work identified be progressed, with the significant elements prioritised. This would require funding of £724,348 (excluding VAT and fees) (including £453,953 to address significant backlog and Phase 1 fire strategy works). Any sums identified for building whose purpose may change under the LCH or city wide estate strategies will be risk assessed prior to the capital being committed.

8.4. The Trust has also been developing a plan to remodel Seacroft Health Centre to use the space much better, creates 14 HTM compliant clinical rooms (there are 7 clinical rooms now and not all are compliant), create a better staff space and address all backlog maintenance.. The estimated cost is £1.6m. A business case will be brought forward in due course before any scheme commences but it is proposed to include the scheme in the indicative capital programme for 2021/22.

8.5. Whilst the total 'estates' plan slightly exceeds the initial £2.3m, what is actually delivered can be varied during the year to live within the resource available

- 8.6. Similarly, detailed plans will be established to assess the need for capital investment in IT, clinical equipment and EPR and the initial notional plan varied during the year.
- 8.7. As the resources allocated to LCH exceed our initial plan we can expect to be asked to agree to not utilise the full allocation in order to mitigate any aggregate overcommitment at ICS level.
- 8.8. **The Board is asked to approve initial capital budgets totalling £3.7m.**

Annex Ai: Backlog maintenance

The 2004 document published by NHS Estates: A risk-based methodology for establishing and managing backlog, is still the relevant guide for classification of backlog maintenance as High Risk, Significant Risk, Moderate Risk and Low Risk. The definitions are provided at the end of this Annex.

High and Significant Risk backlog combined are known as Critical Infrastructure Risk (CIR) – elements are judged to be CIR if they have a risk to either health and safety or business continuity.

1. Previous LCH Position

Six facet condition surveys of the Trust estate were undertaken in 2018. Since this time, the survey information has been adjusted each year to remove those capital works undertaken. This resulted in a £1.9m reduction in overall backlog maintenance since 2017-18.

In 2019, the total figure reporting into the NHS ERIC Return, and recently reported in the local news media, was £3,064,329, consisting of:

High Risk Backlog	£149,000
Significant Risk Backlog	£592,505
Moderate Risk Backlog	£1,354,665
Low Risk Backlog	£967,559
Total	£3,064,329

The high-risk element of £149,000 related to Otley Clinic roof, which is due replacement, and posed a business continuity risk from leaks. The risk has been addressed through mitigation rather than remediation, as clinical services are not currently provided from the building and the areas where leaks have occurred are closed off from use.

The significant risk elements have largely been addressed in the 2020/21 capital programme. Remaining items relate to repairs in Burmantofts (security grilles), Horsforth (car park, walls, heating, building fabric, roof), Otley (building fabric/structure) and Seacroft (footpaths and automatic doors). All of these items have been monitored and risk assessed by the estates team in order to ensure that the business continuity issues that they relate to did not arise:

Peer Comparison shows that compared to other Community Trusts in relation to total backlog maintenance and Critical Infrastructure Risk LCH performs well and has CIR at the lower end of the levels of Community Trusts, both in terms of level of Critical Infrastructure Risk, but also in terms of CIR per sq m of Gross Internal Floor Area.

LCH has invested well in remediation of backlog maintenance over the 2019-20 financial year, with £271.65/sq m being invested compared to a peer median of only £17.59/sq m. This investment amounts to 21.70% of overall total backlog maintenance, again higher than the peer median (17.18%).

In line with good estate management practice, the six facet surveys have recently been renewed across the estate. Building inspections have taken place alongside a consideration of a draft the capital programme. These surveys consider a 5 year maintenance plan for the Trust, given how the estate is used. This is risk assessed. The 5 year plan shows a requirement to complete £1.18m of backlog maintenance works over the next 5 years to mitigate all backlog risk. This compares to £3.1m

backlog maintenance reported previously, demonstrating that overall backlog has reduced significantly, and confirming the trend for the Trust over the last 4 years
The latest surveys show:

- There are now no items which are considered high risk in the estate
- At present, there is no backlog maintenance in the estate which requires immediate rectification. This means that in next year’s ERIC return, a nil backlog position will be reported, in line with the data definition which states that:
Organisations should take account of assets that are forecast to fall below condition B in future years in their forward investment planning processes but should not classify such items as backlog for the purpose of the ERIC return unless the asset has fallen below condition B standards at the end of the reporting year.
- In 2021-22, there is £594k backlog maintenance identified. Of this, £323,499 is significant backlog across the estate with over 75% of this at Otley Clinic which includes the roof works referred to previously and other replacement and maintenance requirements, comprised as follows:
 - Critical Infrastructure Risk has now reduced to £611k. This is all significant risk, however not all is required to be spent immediately.

Not all of the works identified as significant risk in financial year 2021-22 require capital in order to be addressed. The works which can be revenue funded have been instructed to be undertaken immediately in order to mitigate risk.

In addition to the 6 facet surveys commission, fire strategies including fire survey drawings have recently been undertaken to establish compartmentation and identify hazard rooms. These are now being reviewed by a specialist company against existing compartmentation to produce costed plans. These are being undertaken in two phases, with the first phase of 8 buildings now complete and showing a cost £130,454 plus VAT to rectify fire issues. The second phase of surveys addressing the remaining 8 properties, are now underway. This is the first time that such surveys have been undertaken and will allow fire strategies and priced schedules of work to be produced for all buildings. It is proposed that this work be added to the Significant Backlog figures to be addressed in the next financial year.

The latest surveys provide a plan to further remedy backlog maintenance over the next five years, and it is important that this forms the base of an estates capital plan, with backlog maintenance being addressed as programmed in each year. Significant backlog needs to be prioritised, but there needs to be a recognition that moderate and low backlog also carry importance and avoid accumulating costs or risks in future years

Backlog maintenance definitions

High Risk	Must be addressed as an urgent priority in order to prevent catastrophic failure, major disruption to clinical services or deficiencies in safety liable to cause serious injury and/or prosecution
Significant Risk	Require expenditure in the short term but should be effectively managed as a priority so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety
Moderate Risk	Elements should be addressed by close control and

	monitoring. They can be effectively managed in the medium term so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety. These items require expenditure planning for the medium term
Low Risk	Can be addressed through agreed maintenance programmes or included in the later years of your estate strategy

Public Board Meeting: 26 March 2021

Agenda item number: 2020-21 (140bi)

Title: 2021/22 Strategic Framework

Category of paper: Approval

History: Business Committee 24 March, Quality Committee 22 March 2021

Responsible director: Chief Executive

Report author: Executive Director of Finance and Resources

Executive summary (Purpose and main points)

The purpose of this report is to present to the Board the draft 2021-22 strategic framework

The normal annual planning and commissioning process for financial year 2021/22 has not taken place as a result of national guidance issued in December to 'stand down' these processes due to continued Covid pressures, and extend Covid Reset and Recovery planning into quarter one 2021/22.

As a result of this, planning for 2021/22 beyond quarter 1 has been limited to reviewing the strategic framework: Trust vision, ambition, strategic goals and priorities for 2021/22.

A key part of the Trust's strategic framework are our strategies e.g. Quality, Workforce, Business Development, Digital, Estates Strategy. The 2021/22 implementation plans for these strategies will include workstreams that directly support the 2021/21 Trust priorities as well as workstreams that are central to achieving the longer term aims of those strategies but do not directly support the Trust's 2021/22 priorities.

The 2021/22 priorities reflect Board and LCH wider leadership's views from the November 2020 Board workshop:

- to have significantly fewer priorities
- priorities to clearly reflect the dominant focuses, the over-riding focus being ensuring responsiveness to Covid pressures internally and across the Leeds system
- other dominant focuses being the organisational commitment to reducing health inequalities and supporting staff health and well-being
- recognition of the uncertain context and the need to flex plans throughout the year in response to Covid pressures

Our priorities and plan will also need to reflect organisational commitment to developing and implementing collaborative arrangements at place through the developing Integrated Care Partnership and at ICS level in response to the government white paper on system integration issued in February 2021.

We will review the priorities once national planning guidance is issued - expected imminently.

Recommendation

The Board is asked to approve the 2021/22 Priorities subject to any change required following receipt of NHS Planning Guidance

Public Board Meeting: 26 March 2021

Agenda item number: 2020-21 (140c)

Title: Key Performance Indicators 2021/22

Category of paper: Approval
History: Quality Committee (February), Business Committee (February)

Responsible director: Executive Director of Finance and Resources
Report author: Head of Business Intelligence

Executive summary (Purpose and main points)

The tables comprising this report propose amendments to the 2020/21 Key Performance Indicators for 2021/22. They are proposed for inclusion in the Performance Brief with the aim of providing assurance to the Senior Management Team, Business Committee, Quality Committee and Board on quality, performance, compliance and financial matters.

The proposals to Board follow scrutiny and amendment and agreement at the Business and Quality Committees.

It is accepted that these KPIs as proposed provide only a partial snapshot of the Trust. They may be considered as overly focussed on reporting activity that can be counted and reporting activity that is required for contractual purposes. There is a need to provide wider assurance to the Board through our performance reporting system and steps are being taken to develop that approach. This could be through the identification of new indicators that enable progress against new priorities, eg reducing health inequalities, to be reported and broader performance reporting using lessons learned during the past year.

It is recognised that these KPIs are being proposed in the absence of NHS planning guidance and considerable uncertainty in many areas of service delivery due to the continuing response to Covid19. For that reason, proposals for further revision may be brought forward as the year progresses.

Recommendations

The Board are recommended to approve the proposed initial KPIs.

Key Performance Indicators 2021/22

The following measures are proposed for inclusion in the Performance Brief in 2021/22 with the aim of providing assurance to the Senior Management Team, Business Committee, Quality Committee and Board on quality, performance, compliance and financial matters.

Key:

Remains the same	Removed	For development
Amended	New Measure	RbE = Reported by Exception

Safe - people are protected from abuse and avoidable harm	Resp. Dir.	Target - Annual	Frequency	Notes	Action
Overall Safe Staffing Fill Rate - Inpatients	SL	>=97%	M	Remove; measure is bi-annually at Board level.	
Safer Staffing – Community Services	SL	TBC	TBC	Measure to be developed during 2021/22 for inclusion in 2022/23 performance brief	
Patient Safety Incidents Reported in Month Reported as Harmful	SL	Value between UCL and LCL & showing no variation	M		
Serious Incident Rate	SL	Value between UCL and LCL & showing no variation	M		
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	TBC	M		
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	M		
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	TBC	M		
Number of Falls Causing Harm	SL	TBC	TBC	Measure to be developed for April 2021/22 for inclusion in 2022/23 performance brief	
Number of Medication Errors Causing Harm	SL	TBC	TBC		
Reduction in Gram Negative Infections	SL	TBC	TBC		

Number of teams who have completed Medicines Code Assurance Check 1st April 2020 versus total number of expected returns	RB	100%	Q		
Percentage of Incidents Applicable for DoC Dealt with Appropriately	SL	100%	RbE		
Attributed MRSA Bacteraemia - infection rate	SL	0	RbE		
Clostridium Difficile - infection rate	SL	3	RbE		
Never Event Incidence	SL	0	RbE		
CAS Alerts Outstanding	SL	0	RbE		
Data Quality Maturity Index (DQMI) - CSDS dataset score	BM	TBC	RbE		
Data Quality Maturity Index (DQMI) - IAPT dataset score	BM	>=95%	RbE		
Data Quality Maturity Index (DQMI) - MHMDS dataset score	BM	>=95%	RbE		

Caring - staff involve and treat people with compassion, kindness, dignity and respect	Resp. Dir.	Target - Annual	Frequency	Notes	Action
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Inpatient and Community (FFT)	SL	>=95%	M	Remove; see note about inpatient FFT	
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Inpatient Care (FFT)	SL	>=95%	M	Remove; provide as contextual information in narrative. From 1 st April this will only apply to Hannah House and CRU. CRU is currently closed.	
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)	SL	>=95%	M		
Total Number of Formal Complaints Received	SL	No Target	M		
Total Number of Formal Complaints Received Related to COVID-19	SL	No Target	M	Remove; provide as contextual information in narrative	
Number of Formal Complaints Upheld	SL	No Target	M	Remove; reported to Board bi-annually. All complaints are upheld.	
Number of Formal Complaints Responded to within timeframe	SL	No Target	M	Remove; provide as contextual information in narrative	
Number of Compliments Received	SL	No Target	M		
Patient engagement, satisfaction and experience	SL	TBC	TBC	Measure to be developed during 2021/22 for inclusion in 2022/23 performance brief	
<i>Mixed Sex Accommodation Breaches</i>	SL	0	RbE		

Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Resp. Dir.	Target - YTD	Frequency	Notes	Action
CAMHS T4 - Percentage of inpatients admitted who have had a Care and Treatment Review undertaken within 18 weeks of admission.	SP	100%	RbE	Remove: Tier 4 CAMHS moving to LYPFT	
CAMHS T4 - Percentage of inpatients who have had a Care and Treatment Review undertaken every 3 months.	SP	>=95%	RbE		
CAMHS T4 - Percentage of inpatients who have been screened for alcohol and tobacco usage and offered advice/interventions as appropriate	SP	100%	RbE		
Number of NICE guidelines with full compliance versus number of guidelines published in 2019/20 applicable to LCH	RB	100% by year end	Q		
Number of NICE guidelines with full compliance versus number of guidelines published in 2020/21 applicable to LCH	RB	No Target	Q		
Clinical Outcome Measures - Percentage of services at stage 3; measures agreed and services have access to them	RB	75% by year end	Q		
Clinical Outcome Measures - Percentage of services at stage 6; using measures with some patients some of the time	RB	60% by year end	Q		
<i>Number of Unexpected Deaths in Bed Bases</i>	<i>RB</i>	<i>No Target</i>	<i>RbE</i>	Monthly	
<i>Number of Sudden Unexpected Deaths in Infants and Children on the LCH Caseload</i>	<i>RB</i>	<i>No Target</i>	<i>RbE</i>	Monthly	
NCAPOP audits: number started year to date versus number applicable to LCH	RB	100% by year end	Q		
Priority 2 audits: number completed year to date versus number expected to be completed in 2020/21	RB	100% by year end	Q		

Total number of audits completed in quarter	RB	No Target	Q		
Patients recruited into Studies	RB	100%	Q		
Unplanned hospitalisation of patients under our care/Re-admission within 30 days of patients under our care.	RB	TBC	TBC	Measure to be developed during 2021/22 for inclusion in 2022/23 performance brief	
Improving recovery in the community - Stroke at 30 days and 6 months (numbers and degree of recovery	RB	TBC	TBC		
Improving recovery in the community - Fragility fractures degree of recovery and rehabilitation at 30 and 120 days.	RB	TBC	TBC	Measure to be developed during 2021/22 for inclusion in 2022/23 performance brief	
Dental indicator	RB	TBC	TBC		

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	Resp. Dir.	Target - YTD	Frequency	Notes	Action
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	M		
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	M		
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	M		
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	M		
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	M		
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	M		

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	Resp. Dir.	Target - YTD	Frequency	Notes	Action
Staff Turnover	LS/JA	<=14.5%	M		
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	M		
Stability Index	LS/JA	>=85%	M		
Short term sickness absence rate (%)	LS/JA	<=2.2%	M		
Long term sickness absence rate (%)	LS/JA	<=3.6%	M		
Total sickness absence rate (Monthly) (%)	LS/JA	<=5.8%	M		
AfC Staff Appraisal Rate	LS/JA	>=90%	M	Target changed to 90%	
6 universal Statutory and Mandatory training requirements	LS/JA	>=90%	M	Will be amended to a single measure aligned to new competency structure and encompassing all 13 requirements. Target changed to 90%	
Clinical Statutory and Mandatory training requirements	LS/JA	>=90%	M		
Medical staff appraisal rate (%)	RB	100.0%	M	Remove. Agreed with SMT after discussion at QC	
Percentage of Staff that would recommend LCH as a place of work (Staff FFT)	LS/JA	>=52.0%	Q		
Percentage of staff who are satisfied with the support they received from their immediate line manager	LS/JA	>=52.0%	Q		
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target	M		
Percentage of staff in each of the AfC bands 1-9 and VSM (including exec. board members)	LS/JA	14% by 2023 and 18% by 2028	M		
Total agency cap (£k)	BM	TBC	M		
Percentage Spend on Temporary Staff	BM	No Target	M		

Finance	Resp. Dir.	Target - YTD	Frequency	Notes	Action
Net surplus (-)/Deficit (+) (£m) - YTD	BM	TBC	M		
Capital expenditure in comparison to plan (£k)	BM	TBC	M		
CIP delivery (£k)	BM	TBC	M		
COVID specific costs identified and submitted (£k)	BM	No Target	M	Remove	

Measures with Financial Sanctions	Resp. Dir.	Threshold - YTD	Frequency	Notes	Action
LMWS – Access Target; National Measure (excluding PCMH)	SP	25%	M	Remove: we have shown that national figures are counting PCMH activity towards access targets so this is no longer relevant	
LMWS – Access Target; Local Measure (including PCMH)	SP	25%	M		
LMWS - Number of IAPT patients being assessed within two weeks of referral	SP	TBC	M	New measures as new incentives added to contract.	
LMWS - Number of people from Black, Asian and Minority Ethnic (BAME) groups entering IAPT treatment (access)	SP	TBC	M		
LMWS - Number and % of people from BAME groups who have accessed IAPT treatment moving to recovery	SP	TBC	M	New measures as new incentives added to contract.	
LMWS - % of older people (65+) entering IAPT treatment (access)	SP	TBC	M		
LMWS - Number and % of older people (65+) who have accessed IAPT treatment moving to recovery	SP	TBC	M		
T3 Weight Management- Percentage of patients currently waiting under 18 weeks	SP	>=92%	M		
LCPS - Number of Serious Incidents and Never Events not reported by email within 2 working days	SP	0	M		
LCPS - Number of Serious Incidents and Never Events where final investigation wasn't completed within 60 working days	SP	0	M		
LCPS - Annual audit report of referrer satisfaction with the service to be received by the CCG within 1 month of the date it is due	SP	0	M		
LCPS - Any patient listed for a category 2 procedure listed in the NHSE EBI guidance should has within the record agreed documentation that the patient meets the required inclusion criteria	SP	0	M		
0-19 - % of infants who had a face to face newborn visit within 14 days of birth.	SP	0	Q		
0-19 - % of 6-8 week reviews completed within 12 weeks of birth.	SP	0	Q		
0-19 - % of 12 month reviews completed within 12 months.	SP	>=87%	Q		
0-19 - Number of PBB Programmes commenced	SP	>=83%	Q		
0-19 - Number of HENRY Programmes commenced	SP	>=80%	Q		

0-19 - Percentage of actual staff in post against funded establishment	SP	95%	M		
0-19 - % of 0-19 staff (excluding SPA) co-located in Children's Centres	SP	42.5	Q		
0-19 - Roll Out of Chat Health to secondary schools	SP	>=95%	Q		
LSH - HIV testing uptake on first appointment in MSM with unknown status	SP	>=25%	M	Remove; Financial penalties no longer applied	
LSH - Number of people accessing EHC and leaving with a form of contraception.	SP	>=70%	M		
LSH - Service should diagnose 85% towards the chlamydia diagnosis rate in 15-24 year olds	SP	>=85%	M		
LSH - Percentage of clients requesting an appointment to be seen within 48 hours of contacting the service unless they choose to opt out.	SP	>=58.4%	M	Remove; Financial penalties no longer applied	
PolCust - % of calls attended within 60 minutes	SP	2225.25	M		
PolCust - Provision of a full rota	SP	>=90%	M		

Trust Board: 26 March 2021

Agenda item number: 2020-21 (140d)

Title: Revisions to Board Assurance Framework strategic risks (draft)

Category of paper: for approval

History: Senior Management Team 17 March 2021

Responsible director: Chief Executive

Report author: Head of Corporate Governance (Company Secretary)

Executive summary (Purpose and main points)

The content of the Board Assurance Framework (BAF) requires an annual review to ensure the strategic risks remain relevant. The Trust's priorities and objectives for the coming year have been set out, so this is an ideal time for the Board to review the BAF.

The Senior Management Team has reviewed the BAF and has suggested some revisions to the strategic risks associated with the Trust's strategic objectives and priorities.

The suggested changes are laid out in the attached document for the Board to consider and approve.

Once the changes are agreed at Trust Board, new strategic risks will be assigned to an executive director and to a committee or to the Board for oversight. Controls to manage the new or amended strategic risks and the required sources of assurance will also need to be established.

Recommendations

The Board is asked to review the BAF strategic risks and approve any changes required for the 2021/22 version of the BAF.

The suggested changes to the 2021/22 BAF are as follows:

Strategic Goal 1: Deliver outstanding care

BAF Risk	2021/22 suggestion	Risk score (as agreed in 2020)			
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 (Exec Director of Nursing / Quality Committee)	Retain	Current	3	4	12
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. (Exec Medical Director / Quality Committee)	Retain	Current	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 (Exec Director of Nursing / Quality Committee)	Retain	Current	2	4	8
RISK 1.4 If the Trust does not engage patients and the public effectively, the impact will be that services may not reflect the needs of the population they serve. (Exec Director of Nursing / Quality Committee)	Retain	Current	4	3	12
Risk 1.5 If, as a result of the Trust's altered capacity due to the Covid-19 pandemic, the Trust cannot deliver services in a timely and equitable manner, then the impact will be further increases to waiting lists and the potential for harm to patients or complaints to the Trust. (Exec Medical Director / Quality Committee)	Retain	Current	4	3	12
(1.6) Create a new risk about tackling health inequalities? (Exec Medical Director /	Consider including this as a strategic risk – and agree risk scores (suggested				

Quality Committee)	scores are in next column). Suggested risk description: <i>“If the Trust does not optimise its services to reduce the impact of health inequalities, and allow appropriate data capture to understand and address this, the impact will be on patient outcomes, the Trust’s resources and reputation.”</i>	Current	4	3	12
		Target	1	3	3
		Suggested risk score: 4 = likely 3 = moderate harm			

Strategic Goal 2: Use our resources wisely and efficiently

BAF Risk	2021/22 suggestion	Risk score			
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 (Exec Director of Operations / Business Committee)	Suggest we combine this risk with risk 4.4: Key workstreams of system change programmes. At the moment the list of projects includes digital, estate, EPR, Admin review, which are programmes rather than projects.	Current	3	3	9
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 (Exec Director of Operations / Business Committee)	Retain and reword (as suggested below) then review the risk score. Wording to be expanded to include “... <i>contractual requirements it may be an indicator of patient care not being delivered at the required level or quality required by commissioners and adverse consequences for the immediate and longer term financial position of the Trust</i> ”.	Current	2	3	6
RISK 2.3 If the Trust does not improve productivity, efficiency and value for money and achieve key targets, supported by optimum use of accurate performance information, then it may fail to retain a competitive market position. (Exec Director of Finance and Resources / Business)	Retain	Current	3	3	9

<p>Committee)</p> <p>RISK 2.4 If the Trust does not maintain the security of its IT infrastructure then there is a risk of being increasingly vulnerable to cyber-attacks causing disruption to services, patient safety risks, financial loss and reputational damage. (Exec Director of Finance and Resources / Audit Committee)</p>	<p>Retain</p>	<table border="1"> <tr> <td>Current</td> <td>3</td> <td>4</td> <td>12</td> </tr> </table>	Current	3	4	12								
Current	3	4	12											
<p>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. (Exec Director of Finance and Resources / Business Committee)</p>	<p>Retain and reword (as suggested below) then review the risk score.</p> <p>Wording to be amended to <i>“If the Trust does not deliver key financial targets agreed with NHS England through the ICS financial framework then it will cause reputational damage and raise questions about organisational governance”</i></p>	<table border="1"> <tr> <td>Current</td> <td>2</td> <td>3</td> <td>6</td> </tr> </table>	Current	2	3	6								
Current	2	3	6											
<p>Add new risk (2.6) regarding investing in digital capacity and capability? (Exec Director of Finance and Resources / Business Committee?)</p>	<p>Consider including this as a strategic risk – and agree risk scores (suggested scores are in next column).</p> <p>Suggested risk description: <i>“If the Trust does not invest and create the capacity and capability to respond to the increasing dependency on digital solutions then systems may be unreliable, under developed, or not procured. The impact will be on the delivery of patient care and on staff resources and wellbeing.”</i></p>	<p>Suggested risk score:</p> <p>4 = likely 3 = moderate harm</p> <table border="1"> <tr> <td>Initial</td> <td>4</td> <td>4</td> <td>16</td> </tr> <tr> <td>Current</td> <td>4</td> <td>3</td> <td>12</td> </tr> <tr> <td>Target</td> <td>1</td> <td>3</td> <td>3</td> </tr> </table>	Initial	4	4	16	Current	4	3	12	Target	1	3	3
Initial	4	4	16											
Current	4	3	12											
Target	1	3	3											

Strategic Goal 3: Ensure our workforce community is able to deliver the best possible care in all of the communities that we work with

BAF Risk	2021/22 suggestion	Risk score			
<p>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. (Director of Workforce / Business Committee)</p>	See comment below (3.2)	Current	4	4	16
		Suggest we lower the current risk score to 12: 4= Possible 3= Major harm			
<p>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. (Director of Workforce / Business Committee)</p>	Suggest we incorporate this risk in the staff capacity risk (3.1)	Current	3	3	9
<p>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. (CEO / Business Committee)</p>	Retain	Current	3	3	9
<p>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. (Director of Workforce / Business Committee)</p>	Retain	Current	3	3	9
<p>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 death, injuries and/or ill health. The Trust may not be compliant with legislation and could experience regulatory interventions, litigation and adverse media attention. (Exec Director of Finance and Resources / Business Committee)</p>	Retain	Current	4	3	12
<p>Risk 3.6 If the Trust is unable to maintain business continuity in the event of significant</p>	Retain	Current	3	4	12

<p>disruption, there is a risk that essential services will not be able to operate, leading to patient harm, reputational damage, and financial loss. (Executive Director of Operations / Business Committee)</p>														
<p>Add new risk (3.7) about staff equality and inclusion. (Director of Workforce / Trust Board)</p>	<p>Consider including this as a strategic risk – and agree risk scores (suggested scores are in next column).</p> <p>Suggested risk description: <i>“If the Trust does not create and embed a culture of equality and inclusion, then it will fail in its duty to attract and retain a diverse workforce that is representative of the communities it serves, and will not reap the benefits of diverse thinking and representation.”</i></p>	<p>Suggested risk score: 3 = possible 3 = moderate harm</p> <table border="1" data-bbox="1018 517 1382 723"> <tr> <td>Initial</td> <td>4</td> <td>4</td> <td>16</td> </tr> <tr> <td>Current</td> <td>3</td> <td>3</td> <td>9</td> </tr> <tr> <td>Target</td> <td>1</td> <td>3</td> <td>3</td> </tr> </table>	Initial	4	4	16	Current	3	3	9	Target	1	3	3
Initial	4	4	16											
Current	3	3	9											
Target	1	3	3											

Strategic Goal 4: Work in partnership to deliver integrated care, care closer to home and reduce health inequalities

BAF Risk	2021/22 suggestion	Risk score			
<p>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. (CEO / Board)</p>	<p>Reword this risk to be aligned with the outcome of the ICS White Paper when known.</p> <p>Suggested risk description: <i>“If the Trust does not play an active part in the collaboration across the health and care system (ICS and ICP), then the system may not achieve better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources.”</i></p>	Current	2	3	6
<p>RISK 4.2 If the Trust does not maintain relationships with stakeholders, including</p>	<p>Suggested that we merge this risk into 4.1</p>	Current	2	4	8

<p>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. (CEO / Board)</p>					
<p>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. (Exec Director of Finance and Resources / Business Committee)</p>		Current	3	3	9
<p>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. (CEO/ Business Committee)</p>	<p>See notes against 2.1 (projects). Suggest the two risks are merged.</p>	Current	3	3	9

Public Board Meeting: 26 March 2021

Agenda item number: 2020-21 (141i)

Title: Developing an Integrated Care Partnership (ICP) in Leeds

Category of paper: for approval

History: Leeds Health and Care Partnership Executive Group

Responsible director: Chief Executive

Report author: Leeds Health and Care Partnership Executive Group

Executive summary (Purpose and main points)

This paper is to seek approval of a city wide approach to the development of an ICP for Leeds

Recommendations

It is recommended that Boards:

Recommendation 1 – Reaffirm support for our shared ambition as measured by the strategic indicators described within the city’s Left Shift Blueprint.

Recommendation 2 – Commit their organisations to a further degree of integration by tasking their leaders to scope, define and propose arrangements for a Leeds ICP.

Recommendation 3 – Provide support in principle to the creation of a partnership agreement and/or joint committee that has delegated powers to underpin and enable the Leeds ICP.

Recommendation 4 – Provide sign-up to securing a co-ordinating/integrating set of capabilities in the city through a dedicated ICP function and commitment to doing things once where it makes sense to do so.

Recommendation 5 – Sign-up to a specific relationship with the ICP, as a constituent part of the ICS, that takes responsibility for the discharge of duties in Leeds (as opposed to duties being discharged separately to the ICP).



Developing an Integrated Care Partnership in Leeds – Progress, proposals and next steps

Report of: Leeds Health and Care Partnership Executive Group (PEG)

Date: Version 9.1, 15/03/21

1 Purpose

This paper has been written by the Leeds Health and Care Partnership Executive Group (PEG) whose members include: the CEOs from the NHS in Leeds; Leeds City Council (LCC); Healthwatch; Directors of Adults and Health, Childrens and Families; Public Health; and advocates from the 3rd sector, General Practice and Clinical Senate.

This paper will be used to support discussions with Boards and executive teams to:

1. Affirm commitment to the shared purpose and degree of ambition set out in the Leeds Health and Wellbeing Strategy and measured through a shared set of outcomes and measures.
2. Gain a mandate to scope the establishment of a Leeds Integrated Care Partnership (ICP) and underpinning governance arrangements, including a formal partnership agreement and/or joint committee.
3. Confirm Board support for the establishment of a set of shared integration functions and capabilities for the city as a key component of a proposed ICP.

2 Recommendations

It is recommended that Boards:

Recommendation 1 – Reaffirm support for our shared ambition as measured by the strategic indicators described within the city’s Left Shift Blueprint.

Recommendation 2 – Commit their organisations to a further degree of integration by tasking their leaders to scope, define and propose arrangements for a Leeds ICP.

Recommendation 3 – Provide support in principle to the creation of a partnership agreement and/or joint committee that has delegated powers to underpin and enable the Leeds ICP.

Recommendation 4 – Provide sign-up to securing a co-ordinating/integrating set of capabilities in the city through a dedicated ICP function and commitment to doing things once where it makes sense to do so.

Recommendation 5 – Sign-up to a specific relationship with the ICP, as a constituent part of the ICS, that takes responsibility for the discharge of duties in Leeds (as opposed to duties being discharged separately to the ICP).

3 Achieving our ambition

3.1 Our shared ambition

Our Leeds Health and Wellbeing Strategy has set the focus of our partnership that together we will make Leeds the best city in the UK for health and wellbeing, a healthy caring city for all ages, where the poorest improve their health the fastest. The best city for all ages, both now and for future generations.

Despite some fantastic work to date, good health and prosperity in our city is still not felt by all and there is evidence that some inequalities are widening and will worsen as a result of the Covid pandemic. Making Leeds a more equal city with more people benefiting from the life chances currently enjoyed by the few is at the heart of our vision. This is why we emphasise the importance of good health, the need to boost resilience, and focusing on prevention as a means of enabling higher quality, person-centred service provision.

A social model of health is fundamental to prevention of poor physical and mental health, which take into account influences on health and wellbeing, including social, cultural, economic, and environmental factors. We believe that people are the catalysts for change in their local communities and within the front-line and should be actively involved in identifying, planning, designing and implementing solutions to health issues and unjust health inequalities. Strategic alliances of individuals, communities, services, professionals and local councillors, will be used and developed further to support this shift.

Improving health services needs to happen alongside achieving financial sustainability, making the best use of the collective resources, and working more purposefully in an integrated way to ensure we improve the health and wellbeing of the people of Leeds.

3.2 Delivering our ambition

Having a shared ambition is only part of the picture. We need a clearly defined and shared work programme to collectively own and deliver. This work programme also needs people centred outcomes and indicators that are jointly owned and which can be used to measure our success not just in the here and now but also improving the health and wellbeing of the Leeds population over a longer time period.

In November 2019, NHS Leeds CCG committed on behalf of the partners to lead the development of the 'Left-shift Blueprint' as one of the contributions towards delivering our collective partnership ambition. Over the last 12 months, as a partnership, we have developed the 'Left-shift Blueprint' which sets out how health and care services will be delivered in Leeds over the next five years.

Whilst this work is essential to ensuring a coherent approach to improving health and wellbeing outcomes across the city, it is even more critical that it is undertaken now given the planned initiatives to rebuild hospital estates and to understand and address the impact of the pandemic on health outcomes and health inequalities. It is essential that through the 'Left-shift Blueprint' we develop an agreed model of care for the city which drives health improvement, meets future demand and can also be delivered within our future estates footprint. The 'Left-shift Blueprint' sets out our system wide ambitions through three types of strategic indicators.

- Health outcome ambitions – these are longer term indicators looking at over a 10 year period

- System activity metrics – these indicators will provide a more immediate view of impact and will be measured through the Leeds Data Model
- Quality experience measures – these will use a balanced scorecard approach using a mixture of user voice: Healthwatch and other user-led feedback mechanisms, compliments and complaints information, multi-agency and multi-disciplinary case file audits, and metrics. It is important that these reflect experience from a population rather than just a service perspective.

It is proposed that for each of these strategic indicators, our ambition is to:-

- Be as good as, if not better than the England average
- Where measurement allows – we will commit to reducing the gap between Leeds and deprived Leeds by 10%

These specific targets and metrics have been developed and selected due to their impact and span across our populations in terms of our ability to influence and deliver across health and care pathways. The various programme boards have played a significant role in helping shape these. Wherever possible effort has been to ensure clear links to other existing and emerging delivery models across the health system (such as Building the Leeds Way and the development of the Primary Care Networks (PCN) and Local Care Partnerships (LCP)) in order to retain cohesion across sectors in our delivery aims. An overview of the strategic indicators as developed to date are provided in Appendix 1.

The particular health outcome ambitions are set out below.

Health Outcome Ambitions	Improve infant mortality and narrow the gap	Reduce weight in 10-11 year olds and narrow the gap	Improve Healthy Life Expectancy and narrow the gap	Reduce PYLL avoidable causes & rates of early deaths and narrow the gap	Reduce premature mortality for those with LD and SMI and narrow the gap	Reduce Suicide rate and narrow the gap	Increase the proportion of people who experience a 'good death' and narrow the gap
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Measurable improvement across these strategic indicators will be driven by clinicians, professionals, 3rd sector and people of Leeds using Population Health Management (PHM) approaches and local insight (at LCP and city level) to identify, design and implement interventions and service change that will have the biggest impact. In-line with our Health and Wellbeing Strategy ethos of starting with people and communities, we will ensure that coproduction runs through all aspects of change. Clinical and professional leadership at place level (through the Clinical Senate), at programme level (through named clinical and professional leads at programme and Programme Board level) and at LCP level (through multi-professional LCP teams) will be critical to successful delivery of our ambition.

Recommendation 1 – Boards are asked to reaffirm support for our shared ambition as measured by the strategic indicators described within the city's Left Shift Blueprint.

4. Proposal to create a formal Integrated Care Partnership for Leeds

4.1 Our partnership and journey towards integrated care

Leeds has a long history of successful partnership working with people at the heart and with a breadth of assets¹ to enable genuine whole system change. There are many examples of how, by working together as a partnership, we have achieved successes and improvements to lives of people who live and work in Leeds. Some examples are provided in the diagram below.



Most recently, the response to the Coronavirus pandemic across the city has once again demonstrated what can be achieved when health and care staff from different organisations and different roles work together, alongside communities, to achieve shared goals. There is a strong consensus that our response to the pandemic offered an opportunity around integrated clinical working and clinician engagement that coincides with an ambition to develop an ICP and progress health and care integration.

Building on this success, we want to proactively create the conditions that enable and support our health and care staff from all professions to continue to work together, and with people and communities, to deliver measurable progress towards our ambition to improve outcomes and reduce inequalities for our population.

¹ Home to: NHS England/Improvement; NHS Digital; several of the world's leading health technology and information companies; one of Europe's largest teaching hospitals; many good or outstanding services and providers; being one of the first integrated care Pioneers; Council recognised as a Department for Education Partner in Practice; one of four 'first wave' national Population Health Management (PHM) sites; several leading universities; a diverse and thriving third sector; and a GP Confederation - a membership organisation that comprises of all 19 Primary Care Networks, with the governance that allows for integration and collaborative working with other providers

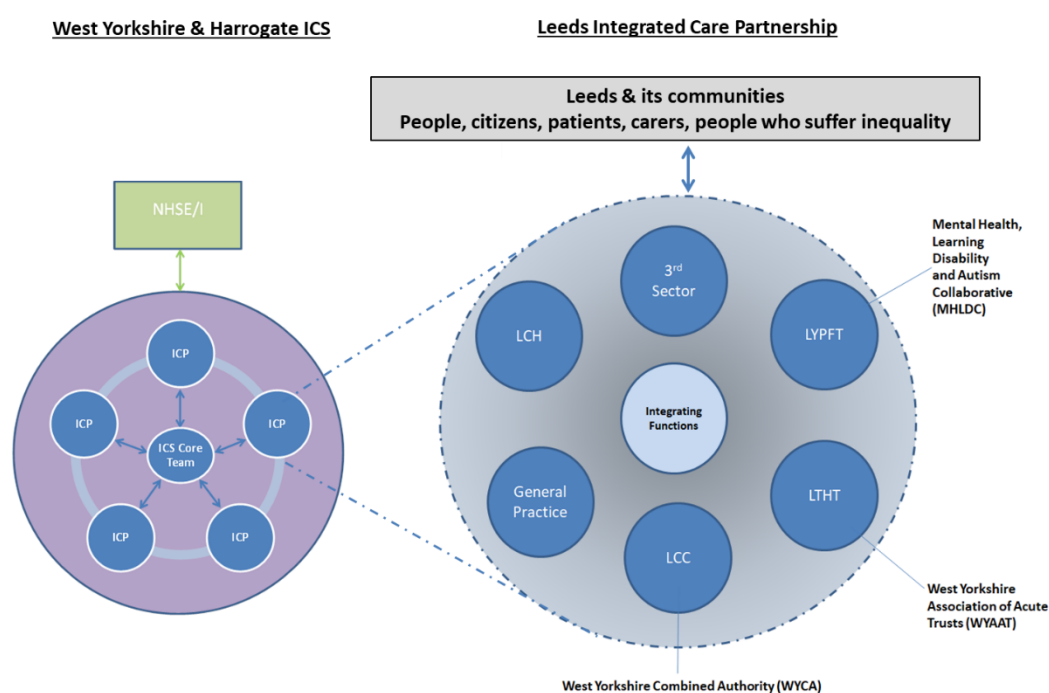
4.2 Proposals for an Integrated Care Partnership for Leeds

There is opportunity to develop and enable closer working relationships and practice by establishing more formal integrated care partnership arrangements in Leeds.

The proposed legislative changes outlined in the February 2021 Health and Social Care White Paper² and the associated development of the West Yorkshire & Harrogate ICS (WYHICS) Operating Model strengthen the case for formalising integrated care partnership arrangements in Leeds.

From April 2022, ICSs will become statutory organisations absorbing commissioning functions currently undertaken by CCGs and NHS England. Strong place based arrangements (Integrated Care Partnerships) are the cornerstone of the emerging WYHICS Operating Model (depicted in Figure 1 below).

Figure 1 – Proposed Operating Model for WYHICS and what a Leeds ICP could be



Central to the proposed WYHICS Operating Model is that 'Place' is the primary unit of planning and collaboration, with place-level partnerships working closely with local Health and Wellbeing Boards. Joint committees between the members of Integrated Care Partnerships and Provider Collaboratives will enable more integrated working and mean that ICPs and Provider Collaboratives will be able to discharge the duties of an ICS at place level. Continuing to have a strong place based approach is essential to delivering high quality person centred care, working with people at a neighbourhood (LCP) level.

Within the context of our shared ambition, our track record of collaboration and integration and the opportunities afforded through national reform; a Leeds ICP could be described as:

² [Integration and Innovation: working together to improve health and social care for all \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/91212/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all.pdf)

“An alliance of health and care partners that work together to improve the health outcomes and reduce inequalities of the population by using our resources collectively to deliver population-health driven integrated care”.

The formalising of existing partnership arrangement into a Leeds ICP would help us achieve measurable delivery of our shared ambition (as set out in the ‘Left Shift Blueprint’) by enabling us to jointly plan and agree how we use our collective resources to enable clinically-led design and implementation of initiatives and services that improve quality, clinical effectiveness and people’s experience.

Establishing a place level ICP for Leeds also creates an opportunity to connect Population Health Management (PHM) approaches at place and Local Care Partnership level, to enable resources to be directed to populations (geographical and needs-based) where the greatest opportunities for improvement exist. There are opportunities to create a citywide improvement capability with shared methods and data to improve value and quality across care pathways. Just as engagement with people is key, for meaningful change, clinical leadership and engagement is also essential; citywide ambitions and improvement activity need to be applicable to all health and care staff so that those who are doing the work can improve the work. It is also important to work with the research and academic sector to apply skills and expertise the sector can bring to innovation. As depicted in Figure 1, the WYHICS Operating Model is constructed around place-level ICPs supported by an ICS core team. Within this model, a Leeds ICP would operate with sufficient autonomy to remain focussed on the delivery of our ambition for Leeds whilst retaining its membership as part of the wider WYHICS.

Work is required to scope, define and propose arrangements for a Leeds ICP clearly articulating how these arrangements will better enable us achieve our ambition within our collective available resources.

4.3 Engagement and coproduction

Creating a culture of collaboration around a shared vision through engagement with our teams, and the people of Leeds, will be key to making meaningful change. Leeds’s successful partnership has been in part due to the way all partners are engaged with the aim to coproduce and have people’s voices at the heart. It is recommended Leeds embarks on an ambitious ‘Team Leeds’ engagement programme to coproduce the future ‘integrated care partnership’, the principles and the culture with both staff (including clinicians and the 3rd sector) and the public. It is proposed that the staff element is led by the Strategic Workforce Programme and the public element is led by Healthwatch with both elements supported by the Health Partnerships Team.

Recommendation 2 – Boards are asked to commit their organisations to a further degree of integration by tasking their leaders to scope, define and propose arrangements for a Leeds Integrated Care Partnership

4.4 Creating of a Partnership Agreement / Joint Committee

Legislation proposed in the recent White Paper specifies that to enable Integrated Care Partnerships to discharge duties on behalf of the ICS, there must be a ‘weight bearing’ partnership agreement and/or joint committee at the (Leeds) place level to underpin the ICP.

The arrangements set out within a partnership agreement will be designed to further strengthen relationships between partners within the Leeds ICP, all of whom are strategic planners (commissioners) and/or providers of health and care services in Leeds, for the benefit of the population of Leeds. The arrangements will also enable the ICP to operate with a level of autonomy required to act and make decisions to enable the ICP to fulfil its purpose and deliver its ambition. Specifically this would include the ability to manage the delegated budget for the city to enable delivery of agreed priorities.

The ambition will be that the ICS provides sufficient support through former CCG colleagues to ensure that the ICP can move quickly to ensure it is able to discharge the ICS duties at place. Our CCG colleagues who are already embedded in the city and our ICP development work will continue to be so regardless of changes in the statutory organisation that employs them. The ICP will identify those areas where it believes the ICS will add additional value by undertaking them once across West Yorkshire.

A key area to be agreed is the membership model for the Leeds Integrated Care Partnership. Membership will need to include both statutory health and care organisations and non-statutory partners (covering the 3rd sector, independent sector and statutory sector) recognising the whole partnership approach we have in Leeds. Initial thinking based on learning from other areas is to have two categories of membership – “full member” and “associate member”. The membership type will likely be determined by how organisations are constituted and their statutory authority. All members will be able to input to any discussions requiring a decision, but decisions concerning statutory NHS requirements are only taken by full members. However, both full and associate members will be equally committed to delivering the objectives of the ICP.

It is proposed that members of the Leeds ICP will work together under a governance framework (set out in a partnership agreement) to develop place-based arrangements to enable the collective planning and delivery of person centred integrated care. These arrangements may ultimately include requirements in relation to outcomes, risk/gain share, financial and contract management and regulatory requirements. The agreement will also include a financial framework to allow pooling of resources and ensuring there is system visibility of budgets where there is no direct alignment or pooling to ensure that decisions take account wider system implications.

The emerging Operating Model for the WYHICS proposes that appropriate governance arrangements should be in place, in shadow form, from September 2021. As changes to the national legislation will take many months to be developed and enacted, there may be a need to iterate any local governance arrangements once changes to legislation are made. Appendix 2 provides a high level overview of potential content of a partnership agreement.

4.5 Relationship with existing organisational governance in Leeds

As part of the development of the ICP and underpinned by a formal agreement, it is important to note that:

- Existing individual Boards will retain accountability and responsibility for individual organisations but will have chosen to work together in specific ways on specific programmes and delivering a set of shared capabilities.
- Boards are doing this because they believe that by working more formally together we will deliver the shared purpose and ambition.

- The Leeds Health and Wellbeing Board will continue to lead partnerships in Leeds and fulfil its statutory functions to produce a Health and Wellbeing Strategy, Joint Strategic Needs Assessment and promote integration.
- The WYICS Operating Model is founded on the principle that the ICPs are the place-based units of the ICS. Individual organisations and the integrated care partnership will contribute to and thus have regard to plans set by the ICS.
- The future relationship between the ICP and the Leeds Health and Care Partnership Executive group needs to be defined.
- The review of ICP governance arrangements creates a useful opportunity to review the wider partnership governance and to streamline where appropriate.

Work is required to understand, scope and recommend options regarding the membership and form of partnership agreement and/or joint committee to underpin the Leeds ICP. This will require collaborative working with governance leads from organisations across the Leeds health and care system as well as input from legal experts.

Recommendation 3 – Boards are asked to provide support in principle to the creation of a partnership agreement and/or joint committee that has delegated powers to underpin and enable the Leeds Integrated Care Partnership

5. Securing a co-ordinating/integrating set of capabilities in the city

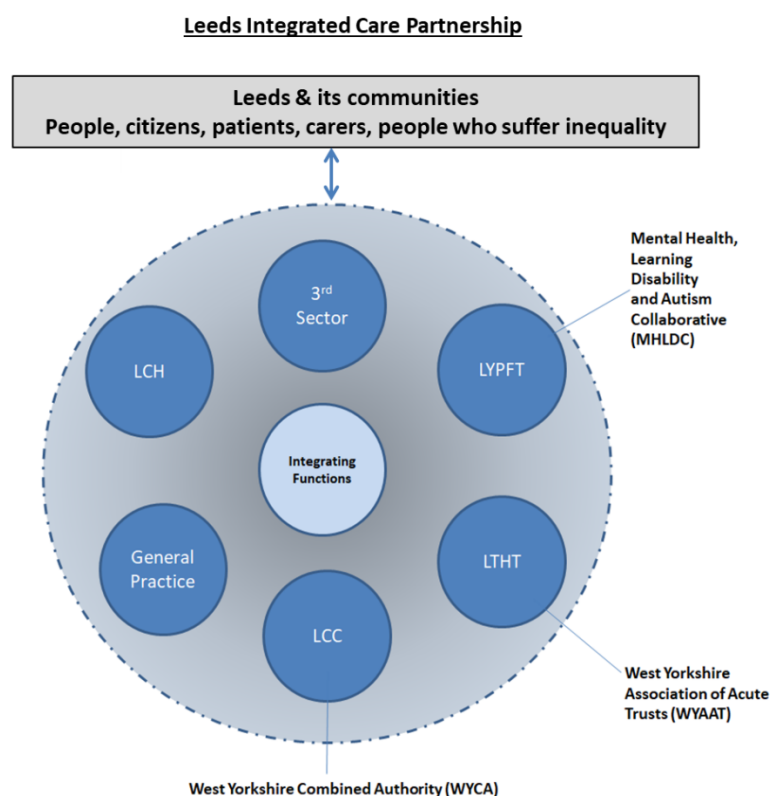
5.1 Shared capabilities

Successful integrated health and care systems from across the world have in common, a set of coordinating or integrating capabilities. The existence of these capabilities allows each partner to both retain a level of organisational autonomy whilst coming together where it makes to do so to jointly deliver the shared ambition in a consistent efficient way.

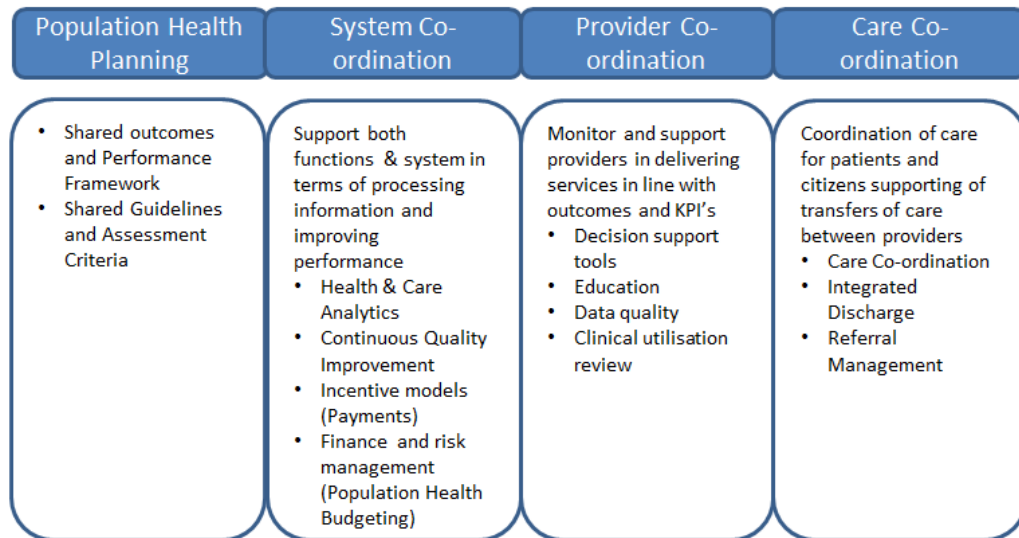
As part of the aforementioned legislation, from April 2022, functions undertaken by CCGs will be undertaken by ICSs and CCGs will no longer exist. Through its Shaping Our Future programme (SOF) NHS Leeds CCG has redesigned the way it will operate from a traditional commissioning organisation to an organisation able to use Population Health Management approaches to deliver Strategic Planning and System Integration capabilities in its future capacity.

As part of the emerging WYICS Operating Model, CCG staff will continue to work and be embedded in Leeds to deliver a set of value-adding integrating capabilities to the ICP, as well as ensuring the ICP is capable immediately of discharging in place the duties of an ICS.

Figure 2 – Integrating functions as part of the Leeds Integrated Care Partnership



Though the former CCG staff play a key role in the integrating functions, it is important that all partners play a role in the different integrating functions and that there is strong alignment with all partners. A high level summary of the integrating / coordinating capabilities which could be established are described in Figure 3. The CCG through its Shaping Our Future programme is already in process of developing many of these capabilities ahead of any changes in legislation. A fuller description can be found in Appendix 3.

Figure 3 – Joint integrating / coordinating capabilities

It is important to note that establishing this full range of capabilities for the ICP will require time and in some cases technical development. Time limited external expertise may be required to understand the priorities for capability development and also to provide targeted technical support in the development of some of these capabilities.

Recommendation 4 – Boards are asked to provide sign-up to securing a co-ordinating/integrating set of capabilities in the city through a dedicated ICP function and commitment to doing things once where it makes sense to do so.

5.2 Relationship with West Yorkshire and Harrogate Integrated Care System

Leeds is a strong supporter of the devolved place based leadership approach we have adopted across the region and the principle of subsidiarity with work taking place at the appropriate level and as near to local as possible. We know from engaging with the public and staff, there is a much stronger connection to place and local community rather than an ICS body which can feel much more distant to the front-line.

By implementing the proposals set-out in this paper, Leeds will be in a strong position to support the ICS to discharge its duties through a place based model.

Leeds is and will continue to be an active member of the West Yorkshire and Harrogate Integrated Care System (ICS) to improve health and healthcare across the wider region. Leeds has taken leadership roles across the ICS for example, Chairing the West Yorkshire Association of Acute Trusts (WYAAT), Chairing the Mental Health, Learning Disabilities and Autism Provider Collaborative (MHLDC), as well as taking on sector rep roles for local authority which will strengthen this approach and alongside this our contribution to West Yorkshire wide programmes.

Recommendation 5 – Boards are asked to sign-up to a specific relationship with the ICP, as a constituent part of the ICS, that takes responsibility for the discharge of duties in Leeds (as opposed to duties being discharged separately to the ICP)

6. Next steps

A significant amount of work is required to explore, scope and propose options around the constitution, governance and membership of a Leeds ICP. This work will require a significant contribution from all partners at place level and will also need to develop within the context of the evolving ICS Operating Model and national legislation.

It is proposed that existing partnership structures will need to be adapted to establish an Integrated Care Partnership Development Programme Board with CEO / Accountable Officer level membership from the NHS, LCC, 3rd sector, Healthwatch and clinical representation to drive forward the development of a Leeds ICP. The Programme Board will need to engage with Governing Boards at each stage of the development of the proposals to ensure that they progress with the support of the partnership.

The following is the outline of the next steps.

Citywide 'hearts and minds' engagement and co-production process	March – July 2021
Agree a range of priority programmes for the first twelve months that reflect our health ambitions and the development of ICP	April 2021
Sign-off of a formal collaboration agreement	May 2021
Joint Committee in place in shadow form	June 2021
Describe the approach to delivering the integrating / coordination functions in Leeds	June 2021
Joint Committee formally established	September 2021

Appendix 1

Proposed system level outcomes and indicators

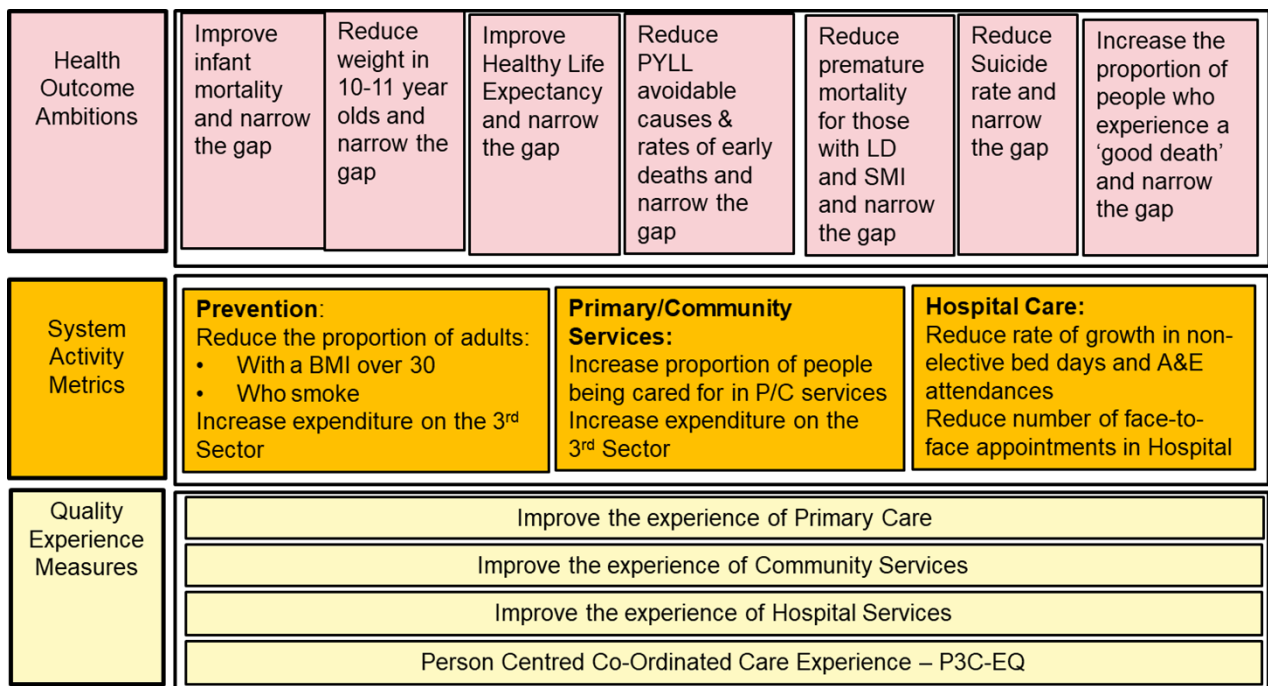
The 'Left Shift Blueprint' proposes the following system wide ambitions through three types of strategic indicators.

- Health outcome ambitions – these are longer term indicators looking at over a 10 year period
- System activity metrics – these indicators will provide a more immediate view of impact and will be measured through the Leeds Data Model
- Quality experience measures – This will use a balanced scorecard approach using a mixture of user voice: Healthwatch and other user-led feedback mechanisms, compliments and complaints information, multi-agency and multi-disciplinary case file audits, and metrics. It is important that these reflect experience from a population rather than just a service perspective.

It is proposed that for each of these strategic indicators, our ambition is to:-

- Be as good as if not better than the England average
- Where measurement allows – we will commit to reducing the gap between Leeds and deprived Leeds by 10%.

An overview of the strategic indicators as developed to date are described in the diagram below. These will be refined through further engagement with partners.



Appendix 2

Outline partnership agreement

If Boards support the recommendations outlined in this paper, then it is likely that a partnership agreement will need to cover the following:

- Those the agreement is made between, includes full and associate.
- The background, any context and reasons for the agreement
- Definitions and interpretations
- Status and purpose of the agreement
 - Sets out the main reasons for the agreement and what parties have signed up to do.
- When the agreement commences and duration
- Vision
 - That of the Leeds Health & Wellbeing Strategy
- Objectives
 - A combination of the Leeds Health & Wellbeing Strategy and Left Shift Blueprint
- Principles of collaboration
 - The way the collaboration will work together, decisions it will make and behaviours
- Problems, resolution and escalation
- Reserved Matters
 - Where there are statutory duties a members has to comply with outside of the agreement
- Transparency
- Obligations
 - Includes the obligations of full and associate members
- Governance agreements
 - The architecture, decision making responsibility. What different groups, committee, boards are responsible for
- Conflicts of interest
- Financial planning
- Exclusion and termination
- New members
- Liabilities
- Variations
- Confidentiality
- Intellectual property
- Schedules
 - Definitions
 - Priority areas
 - Principles
 - Implementation
 - Governance TORs
 - Rights and obligations of full and associate members
 - Dispute resolution

Appendix 3

Changes the CCG is making to support the development of co-ordinating/integrating capabilities

<p>Population Health Planning</p>	<ul style="list-style-type: none"> • Outcomes: The Director of Population Health Planning (recently appointed by the CCG) has a value adding offer that is linked to shared outcomes and performance. • Data Architecture: The joint Chief Digital Officer between LCC and the CCG is starting the development of proposals to create an office of data analytics and ensure that common data architecture is in place.
<p>System Co-ordination</p>	<ul style="list-style-type: none"> • Quality Improvement: Establishment of citywide quality improvement capability, combining existing experience from use of the Institute for Healthcare Improvement, LTHT Leeds Improvement Method and the CCG Quality Improvement Team. This capability can help create high quality care and value across pathways and help establish citywide methods and capability for improvement. • Incentive Models: A capability to manage the commercial relationships between partners within the partnership including development of incentives and importantly to ensure general practice management is retained in Leeds • Finance and Risk Management: Teams to support the ICP to manage overall financial position independently and value adding capabilities around understanding population health and financial risk – population health budgeting <p>The CCG has also identified:</p> <ul style="list-style-type: none"> • support for governance requirements which will sit alongside organisational governance • support for development and implementation of ICP policies in smaller members of the partnership that don't have the capacity at a broader level • support to develop and maintain a roadmap on the journey towards integration
<p>Provider Co-ordination and care Co-ordination</p>	<p>Pathway integration functions are designed to pick-up many of these capabilities and able to flex in the future whilst recognising that the NHS will still like named leads for key areas such as Cancer or Mental Health.</p> <p>Capacity around training and development has not been included as the city already has the Leeds Health & Care Academy. However, what is more radical in international examples is that care co-ordination is a key function not placed in any individual provider as we currently operate it. This is not set out in detail in the CCG design as will need further discussion across the partnership.</p>

Public Board Meeting: 26 March 2021

Agenda item number: 2020-21 (142a)

Title: Going Concern Consideration

Category of paper: for approval

History: Draft paper was considered by Audit Committee on 12 March, the paper includes revisions following this meeting.

Responsible director: Executive Director of Finance and Resources

Report author: Executive Director of Finance and Resources

Executive summary (Purpose and main points)

There is no presumption that an NHS trust is a going concern. In preparing the annual accounts those charged with governance are specifically required to consider whether the Trust is a going concern so that financial statements are prepared on that basis. This report has been prepared to assist the Board with this consideration.

The matters covered by the paper have been considered previously by the Audit Committee at its meeting on 12 March and the paper has been updated to reflect comments made at this meeting.

Considering the matters in this paper and an awareness of all relevant information it is concluded that there are no material uncertainties related to events or conditions that may cast significant doubt about the ability of the Trust to continue as a going concern.

NHS bodies are considered to be going concerns unless there are plans to dissolve them.

The continuation of the provision of services is considered sufficient evidence to produce accounts on a going concern basis in the public sector.

In line with national guidance for NHS providers and commissioners there will be no contracts for NHS income in place for Quarter 1; instead NHS income will be allocated to the Trust, via the West Yorkshire Integrated Care System, in a similar way to the interim regime that has been in place for 2020/21. Although this brings some uncertainty around income streams there is no doubt the Trust's services will continue and the implementation of the national regime will ensure suitable funding arrangements are established for 2021/22.

If any material matters come to light between now and the approval of the accounts they will be drawn to the Board's attention.

Recommendations

The Board is recommended to:

- Agree the preparation of the annual accounts for 2020/21 on a going concern basis.

Going Concern Consideration

1.0 PURPOSE OF THIS REPORT

- 1.1 This report provides information to the Board upon which the assessment of the concept of going concern can be made. The accounts to be approved by the Board in June will be prepared on a going concern basis. This paper was previously considered by the Audit Committee on 12 March and has been up-dated to include comments made at the meeting.

2.0 BACKGROUND

- 2.1 The going concern concept forms part of the completion of the Trust's accounts. It enables the external auditors to properly assess the Trust's accounts to ensure they are a "true and fair" reflection of the financial position at the end of the reporting period.
- 2.2 Accounting standard IAS 1, Presentation of Financial Statements, requires management to make an assessment of the Trust's ability to continue as a going concern. The Treasury's Financial Reporting Manual (FReM) interprets IAS 1 in such a way that the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents is normally sufficient evidence of going concern.
- 2.3 In the UK, the period used by those charged with governance in making their assessment is usually at least one year on from the date of approval of the financial statements.
- 2.4 The financial statements should be prepared on a going concern basis unless management either intends to apply to the Secretary of State for the dissolution of the Trust without the transfer of the services to another entity, or has no realistic alternative but to do so.
- 2.5 Where management are aware of material uncertainties in respect of events or conditions that cast significant doubt upon the going concern ability of the Trust, these should be disclosed.

3.0 CONTENT

There are a number of areas to be considered when assessing an organisation's financial standing and whether it is a going concern. The ones applicable to a NHS Trust are considered below.

- 3.1 The Trust's financial monitoring throughout 2020/21 provides evidence that financial duties and targets will be met or exceeded. The Trust will achieve at least breakeven as agreed with the Integrated Care System (ICS); a surplus is forecast. Historically, the Trust has achieved all its regulatory financial duties.
- 3.2 The Trust's financial performance is monitored externally by NHS England/Improvement through monthly reporting. The ICS receives periodical high-level updates on the financial position, revenue and capital, and there are monthly meetings to discuss the West Yorkshire and Harrogate overall position. Internally, the Trust's financial performance has been monitored monthly by the Senior Management Team and by the Business Committee and the Board at each of their meetings.
- 3.3 The Trust has reported a use of resources risk rating of 1 since it was introduced in October 2016. A rating of 1 represents the lowest risk rating for provider organisations; the Trust has reported 1 all year; the forecast for the year end is an overall score of 1.
- 3.4 The Trust expects to have a high level expenditure budget for the year approved by the Board on 26 March by which time income levels for Quarter 1 should have been advised by NHS England and agreed by the ICS. Income levels for the remainder of the year from all our commissioners, based either on agreed contract values or assumed historic levels, will form the balance of our income budget.
- 3.5 For 2020/21 the Trust will meet the ICS control total target for revenue performance.
- 3.6 The Trust has low levels of outstanding debt; the majority of the contract income is paid monthly; for 2020/21 this has been in advance.
- 3.7 The Trust's liquidity remains very strong with circa £32m forecast to be in the bank at year-end; over £53m at the end of February. The Trust's cash flow forecasts indicate there are sufficient cash resources to meet all liabilities for the next 18 months.
- 3.8 The Board of Directors is an experienced team; there has been no turnover within the Executive members of the Board during the financial year. In terms of Non-Executive Board membership; following an extensive recruitment campaign a new Chair was appointed in August 2020, the successful candidate was the existing Deputy Chair. Replacement Non-Executive Director appointments have been made for the vacancy arising from the Chair appointment and in respect of the current Chair of Audit Committee who has reached the end of the term of office. An associate Non-Executive Director post has also been established during the year. The timely appointment of these posts ensures continuity of governance arrangements.
- 3.9 The Board has inherently considered the matter of the Trust as a going concern, through its ongoing assessment of sustainability and the resources needed to ensure it continues in operational existence for the foreseeable future. This is in line with the Group Accounting Manual January 2021 section 4.12-4.17.

- 3.10 The management team has no intention of applying to the Secretary of State for dissolution of the Trust.
- 3.11 The NHS contracting and planning processes for 2021/22 have been paused to enable management time to be able to concentrate on the organisational response to the pandemic. There will be a national income allocation to each provider organisation to fund expenditure during the first quarter of the year. It is expected that from July 2021 normal contracting systems will resume. The Trust has commenced preparatory work with NHS Leeds CCG on the contract for 2021/22 and future years.
- 3.12 Although the lack of confirmed contracts with NHS Commissioners brings uncertainty around income streams at the time of writing, there is no doubt that the services the Trust provides will continue and suitable funding arrangements will be established for 2021/22 and beyond following the publication of national guidance. This is a matter of timing rather than significant financial risk.
- 3.13 The most recent CQC assessment of the Trust's service delivery rated services to be Good overall.
- 3.14 The management team is not aware of any operating or other issues that would prevent the annual accounts being prepared on a going concern basis.

4 CONCLUSION

- 4.1 Considering the matters in this paper and an awareness of all relevant information it is concluded that there are no material uncertainties related to events or conditions that may cast significant doubt about the ability of the Trust to continue as a going concern.
- 4.2 The going concern conclusion will be disclosed in the annual report.
- 4.3 If any material matters come to light between now and the approval of the accounts they will be drawn to the Board's attention.

5 RECOMMENDATIONS

- 5.1 The Board is asked to agree the preparation of the annual accounts for 2020/21 on a going concern basis.



Public Board Meeting: 26 March 2021

Agenda item number: 2020-21 (142b)

Title: Declarations of interest and compliance with fit and proper person requirements made by directors for 2020/21

Category of paper: for information
History: Not applicable

Responsible director: Chief Executive
Report author: Company Secretary

Executive summary (Purpose and main points)

Board members: declarations of interest

As part of the actions to prepare the Trust's annual report and accounts, the Trust is also required to collate the data on any declarations of interest disclosed by directors during the course of the year. The full schedule of disclosures is then included as part of the annual report.

The Trust's policy on declarations of interest requires directors to declare any significant financial or personal interests that each member, or a close relative or associate (such as partner, child, or sibling) has in any business or other activity or pursuit which may compete (or intends to compete) for any contract or agreement to supply goods or services to the Trust. In addition, directors are asked to declare: any other substantial connection or position of trust with related organisations; any other commercial interest; any area of potential conflict and details of hospitality or gifts in excess of £35.

In March 2021, all directors were asked to review and update their declarations of interest and a schedule of disclosures for 2020/21 is appendix 1 to this report.

Board members: fit and proper persons requirements

The Health and Social Care Act 2008 (regulated activities) Regulations 2014 set out requirements by which all directors should be, and continue to be, fit and proper persons by nature of the fact they hold positions of significant responsibility and can maintain the confidence of public, patients and staff.

The regulations require directors to: be of good character, have the necessary qualifications, competence, skills and experience, be able by reason of their health (subject to reasonable adjustments) to properly perform tasks intrinsic to the position and not to be unfit to hold office on a range of grounds (eg undischarged bankruptcy, criminal convictions, inclusion on barred lists, serious misconduct in the course of carrying out a regulated activity etc).

NHS bodies are required to apply these requirements in two ways: pre-appointment checks and ongoing assurance (as an annual exercise). In March 2021, directors were asked to make a statement in relation to their compliance with the requirements. All directors have made a declaration that they comply with the 'fit and proper person test'. In addition, annual checks have been conducted to confirm former satisfactory background checks are still current, these include Google search, health and social care regulators' checks, disqualified directors, insolvency and bankruptcy registers.

Recommendations

Note the declarations made by directors for 2020/21 (in draft).

Leeds Community Healthcare NHS Trust
Director's declarations of interests for disclosure 2020/21 (draft)

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
Brodie Clark (Trust Chair)	Director Clark Advisory Ltd – consultancy services on security and Government Affairs.	None	None	Non-Executive (Compass) charity until May 2020	None	None	None	None
Thea Stein (CEO)	None	None	None	Trustee of Nuffield Trust CQC Executive reviewer	None	None	None	None
Neil Franklin (until 7 May 2021)	None	None	None	Donisthorpe Hall Care Home – advisor to the Board	None	None	None	None
Jane Madeley (until 31 March 2021)	None	None	None	Chief Financial Officer University of Leeds	None	None	Any contracts between the University of Leeds, Leeds Faculty of Medicine and Health, Leeds Academic Health Partnership, NIHR Clinical Research Network	None

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
Richard Gladman	Director of Verbena Digital Ltd	Part ownership of Verbena Digital Ltd	None	None	None	None	None	None
Prof Ian Lewis	None	None	None	Trustee: Rossett School Harrogate	None	None	None	None
Helen Thomson	None	Helen Thomson Ltd	None	Trustee:Sue Ryder	Council Member University of Huddersfield DHSC IRP panel member until September 2020	None	Executive Director Pennine Acute Hospital NHS Trust	None
Alison Lowe (From 1 December 2021)	None	None	Chief Executive at Touchstone	Chair of Trustees, Leeds Survivor-led Crisis Service. Trustee Leeds CAB	None	Former Labour Councillor 1990-2020	None	None
Khalil Rehman (Associate Member from 1 December 2020)*	Director Salix Homes Ltd, Director Medisina Foundation	None	None	Non Executive Director , East Lancashire Hospitals NHS Trust,	None	None	None	None

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
Rachel Booth (Associate Member from 1 December 2020)*	None	None	None	None	Full time employee of BUPA	None	None	None
Bryan Machin	None	None	None	Trustee at St Anne's Community Services. St Anne's is a charity and housing association.	None	None	None	None
Dr Ruth Burnett	None	None	None	Medical Director Leeds GP Confederation	None	None	None	None
Sam Prince	None	None	None	None	None	None	None	Hamper of hair and beauty products from Professional Beauty Systems in acknowledgement of setting up the Covid Vaccination Programme (Gift provided to each member of the team)

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
Steph Lawrence	None	None	None	Director of Nursing Leeds GP Confederation	None	None	None	None
Laura Smith*	None	None	None	Director of Workforce Leeds GP Confederation Leeds	None	None	None	Hamper of hair and beauty products from Professional Beauty Systems in acknowledgement of setting up the Covid Vaccination Programme (Gift provided to each member of the team)
Jenny Allen*	None	None	None	Director of Workforce Leeds GP Confederation Leeds Indirect interest – husband is a partner at KPMG KPMG bid and	None	None	None	None

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

* Non-voting Board member

Public Board Meeting: 26 March 2021

Agenda item number: 2020-21 (143)

Title: Charitable Funds Application for funding

Category of paper: For approval
History: Charitable Funds Committee

Responsible director: Executive Director of Nursing and AHP's
Report author: Executive Director of Nursing and AHP's

Executive summary (Purpose and main points)

This paper is to seek approval of a bid for charitable funding for wellbeing hampers, lunches and fruit for staff. The bid is above the approval limit for the Charitable Funds Committee and requires Trust Board approval.

Recommendations

For the Trust Board to approve this bid as recommended by the Charitable Funds Committee.

1 Introduction

The Charitable Funds Committee can approve bids up to £25,000, any value above this must be approved by the Trust Board.

2 Background

The paper and copy of the bid, is presented to the Trust Board for approval on the recommendation of the Charitable Funds Committee.

3 Current position/main body of the report

The bid can be seen in appendix 1, the total value of which is £26,700 for wellbeing hampers, lunches and fruit for staff.

4 Impact:

4.1 Quality

The lunches support staff health and wellbeing and have been well received in the past.

4.2 Resources

As per the bid £26,700 from Charitable Funds.

4.3 Risk and assurance

No risks identified.

5 Next steps

The lunches will be ordered and arranged for staff once funding is approved.

6 Recommendations

The Board is recommended to:
Approve the bid.

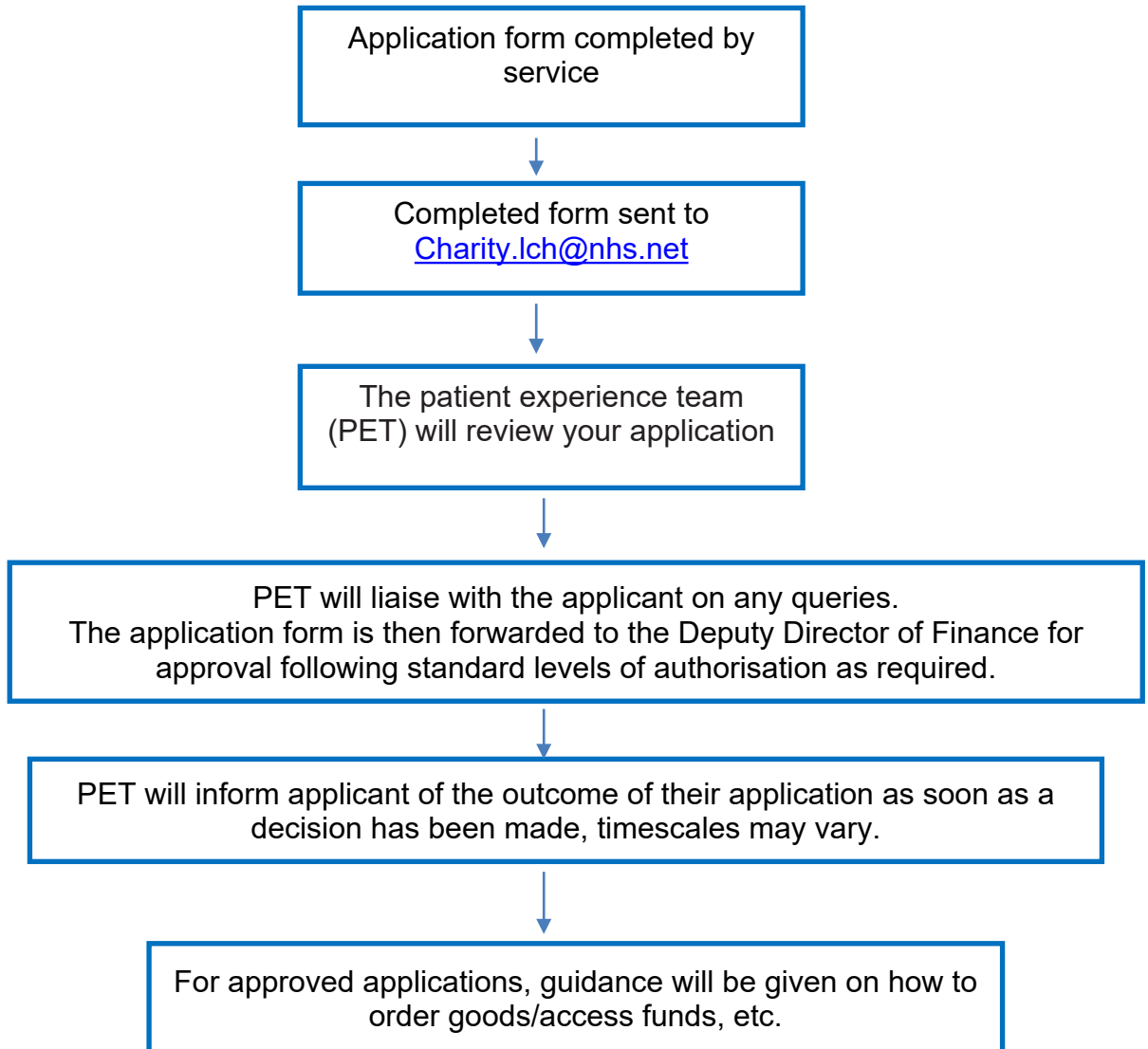


Appendix 1

Leeds Community Healthcare Charity is one of more than 400 registered charities in the UK associated with NHS trusts.

The charity's aim is not to fund patient care, but to enhance and improve it – providing grants to existing or new projects that are over and above those served by government funding. It has the capability to make a difference to patients, their families and staff of the trust.

To submit a Charitable Fund application, please follow the steps below:




For more any further information, please email us at Charity.lch@nhs.net

Please note: your charity's Localgiving page: www.localgiving.org/leeds-community-healthcare-nhs-charity

Application ref. No: 20-21-38

8 PART 1: APPLICATION FOR CHARITABLE FUNDING

Leeds Community Healthcare Charity's aim is not to fund patient care, but to enhance and improve it – providing grants to projects that are over and above those served by government funding. It provides funds to benefit community healthcare services provided by Leeds Community Healthcare NHS Trust through investment in patient and staff welfare, education of staff and research projects.

1. Please tick () the appropriate bidding category for your application: 

Direct benefit to patient group

Environment

Equipment

Social / activities

Other

or **Benefit to patients through investment in staff**

X Welfare

Education / training

Research related activities

2. **Application details** 

What do you want funding for? We would like to do another round of the wellbeing hampers, lunches and fruit for staff.

How do you know this is a good idea? Throughout the COVID-19 pandemic, we purchased lunches and hampers and distributed these across teams who were working. During the first wave we received a lot of donations, which were greatly received. During the second and third wave we have received no donations but have continued to supply staff with lunches, fruits and refreshments. Staff feedback was great and people really appreciated not only having a lunch, and drink but also the thought that had gone into them.

This is for staff to provide support and a morale boost during the increased pressures of the pandemic, and to support staff health and wellbeing during an extremely challenging period.

Timescales: 3 months (March-April/May)

Costs (per item and total):

Lunches - £5pp - £4000 x 3 = £12000 this is using the same supplier of really nutritional food, who we used last time and received great feedback.

Fruit - 2400 pieces of fruit at 50p = £1200 this will be supplied from the same company who have been providing lunches

Hampers - £4500 x 3 = £13,500 (these include various individual items such as tea, coffee, biscuits, milk, sugar etc.).

It was agreed during a discussion with the DoW that we continue to provide lunches and refreshments/ snacks for staff working in bases. We hope to keep spirits up and staff healthy throughout the pandemic.

Staff, who receive the goods, will be those working on the agreed delivery dates. All staff, regardless of band and role are entitled to enjoy some of the goodies which are delivered. This includes front of house staff and domestic staff. As with the first round of lunches and hampers, we will liaise directly with service managers to agree the date's goods will be delivered.

Hampers are a much easier way of ensuring everyone receives something regardless if they are working on the day of delivery, due to the goods being dry with good use by dates. This cost is based on the previous round of hampers, plus additional funding for the teams which have now reset who were previously based at home.

3. How does this fit with the charity's aim? (above):

Patient benefit: How will this benefit patients and carers?	Staff need to be strong and fit to enable them to get through the COVID-19 pandemic. We also need to maintain good mental wellbeing.
Additionality: How is this over and above your core NHS funding?	This is something that benefits the whole trust and not individual services.
Public perception: Is this something we'd be proud to include in publicising the good work of the charity?	Yes – absolutely! We support our staff with some of the charitable funds we receive.

4. Sustainability: what will happen when this funding ends?

Will your project require resources beyond this application? (E.g. maintenance, staff time / training) If so how will this be achieved? What is the sustainability, continuity or exit plan? This might include alternative sources of funding or generating new funds.

We are working under unprecedented and challenging circumstances. It is anticipated that these provisions will support staff wellbeing throughout this current lockdown and up to Spring 2021. Spring will hopefully bring less challenging circumstances with the roll out of the Covid-19 vaccine, lighter/warmer days, and reduced demand on services etc.

Bid submitted by: Rashpal Padam/ Emma Coupland

Service: Safe Working Environments

Contact (email/telephone): emma.coupland@nhs.net or Rashpal.padam@nhs.net

Date of request: 12 February 2021

Amount required: £26,700 (including VAT)

Service manager approval (print name and signature): Jenny Allen, Director of Workforce

Service manager comments about the bid:



Health and Wellbeing agenda is a priority for SMT and are very supportive of recognising and thanking staff for their hard work and dedication during challenging times.

Please email your application form to Charity.lch@nhs.net.

PLEASE NOTE THAT ITEMS MUST BE PURCHASED WITHIN 3 MONTHS OF THE APPROVAL. OTHERWISE THE FUNDS WILL BE RETURNED TO THE CHARITY TO FUND FUTURE BIDS.

**PART 2:
FOR OFFICE USE ONLY
APPROVAL**

Fund

- General
- Hannah House
- Staff Benefit
- Staff, Patients & Volunteers Covid-19

Amount recommended for charitable funding:

Deputy Director of Finance (Requests up to £4,999.99. Higher values require Committee approval)

Signature _____

Date _____

On behalf of the Charitable Funds Committee (Requests over £5000)

Signature _____

Date _____

Paper title:	Review of Memorandum of Understanding (MoU) (and associated actions)	Agenda Item (144i)
Presented by:	WYMHL D&AC Chairs	
Prepared by:	Paul Hogg, Director of Corporate Affairs (on behalf of the Company Secretaries)	

Purpose of the report		
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To present the refreshed MoU to the four Trust Boards for approval, following discussions at the Committees-in-Common (CinC) meeting of Chairs and Chief Executives held on 21 January 2021.	For approval	X
	For discussion	
	For information	

Executive summary

The Chairs of the four members of the WYMHL D&AC tasked the Company Secretaries to consider a number of governance issues relating to the work of the CinC meetings and advise on some housekeeping changes to the MoU, which was due for review. At the meeting of the CinC held on 21 January 2021 a number of minor changes to the MoU were supported (attached at Appendix 1, tracked changes and clean copy) for submission to Trust Boards.

The CinC also endorsed the adoption of a 'Triple A' assurance report (attached at Appendix 2) that would be produced for inclusion on the public agenda of Trust Board meetings (and where applicable the public agenda of Council of Governors' meetings). Public and private minutes of CinC meetings would continue to be presented at Board meetings. Finally, the CinC supported the suggestion that Non-Executive Directors would be offered the option of observing a CinC meeting as part of their orientation and induction, with attendance arranged through the WYMHL D&AC Secretariat.

These changes further strengthen the governance arrangements for the CinC meetings. It was agreed that any substantial revisions to the MoU should be undertaken once there was clarity on the future direction for ICSs and how the CinC can maintain its strategic decision-making roles set against future legislation.

Recommendations

- That Trust Board:
- approve the refreshed MoU at Appendix 1;
 - note the use of the 'Triple A' assurance report that will be used to summarise CinC meetings to Trust Boards; and
 - note that a more substantial review of the MoU will be commissioned by the CinC when appropriate.

Appendix 2: Escalation and Assurance Report Template

Report from: WYMHSC Committees-in-Common

Date the meeting:

Key discussion points and matters to be escalated from the discussion at the meeting:
Alert/Action:
<ul style="list-style-type: none">• to escalate an issue that requires further discussion or action by individual Boards•••
Advise:
<ul style="list-style-type: none">• to highlight an issue that may require further monitoring (by the Committee-in-Common) over a period of time•••
Assure:
<ul style="list-style-type: none">• to provide positive news on performance, best practice, improvements or learning•••
<u>Risks discussed:</u>
<ul style="list-style-type: none">• High level overview
<u>New risks identified:</u>
<ul style="list-style-type: none">• High level overview

Report completed by: WHMHL D&AC Programme Director

Date:

**WEST YORKSHIRE MENTAL HEALTH, LEARNING DISABILITIES
& AUTISM COLLABORATIVE**

DATE

30 April 2018

- 1. BRADFORD DISTRICT CARE NHS FOUNDATION TRUST**
- 2. LEEDS & YORK PARTNERSHIP NHS FOUNDATION TRUST**
- 3. LEEDS COMMUNITY HEALTHCARE NHS TRUST**
- 4. SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST**

**MEMORANDUM OF UNDERSTANDING
FOR WEST YORKSHIRE MENTAL HEALTH, LEARNING DISABILITIES AND AUTISM
COLLABORATIVE (WYMHL&AC)**

No	Date	Version Number	Author
1	15/11/17	01 -	Trust Company Secretaries / Governance leads
2	29/11/17	0.2	Trust Company Secretaries / Governance leads
3	4/12/17	0.3	Trust Company Secretaries / Governance leads
4	15/01/18	0.4	Trust Company Secretaries / Governance leads
5	7/03/18	0.5	Trust Company Secretaries/Governance lead
6	15/03/18	0.6 Incorporating comments from audit committee chairs	Trust Company Secretaries/Governance lead
7	25/04/18	0.7 Incorporating comments from Boards	Trust Company Secretaries/Governance lead
8	11/02/21	0.8 incorporating approvals from Committee-in- Common meeting held	Trust Company Secretaries/Governance lead

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Date: TBC

This Memorandum of Understanding (**MoU**) is made between:

- (1) **BRADFORD DISTRICT CARE NHS FOUNDATION TRUST** of New Mill, Victoria Road, Saltaire, Bradford, West Yorkshire, BD18 3LD;
- (2) **LEEDS & YORK PARTNERSHIP NHS FOUNDATION TRUST** of 2150 Century Way, Thorpe Park, Leeds, West Yorkshire, LS15 8ZB
- (3) **LEEDS COMMUNITY HEALTHCARE NHS TRUST** of First Floor, Stockdale House, Headingley Office Park, Victoria Road, Leeds, West Yorkshire, LS6 1PF
- (4) **SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST** of Fieldhead Hospital, Ouchthorpe Lane, Wakefield, West Yorkshire, WF1 3SP

(each a "**Party**" and together the "**Parties**").

RECITALS

- (A) In entering into and performing their obligations under this MoU, the parties are working towards a collaborative programme including ownership and commitment to collaboration as set out in the West Yorkshire and Harrogate Health and Care Partnership (STP) ("**WYHHCP**").
- (B) The Parties together form the West Yorkshire Mental Health, Learning Disabilities and Autism Collaborative ("**WYMHLD&AC**") and have agreed to collaborate in delivering region-wide efficient and sustainable acute and specialist mental health services for patients. The Parties have formed Committees in Common ("**WYMHLD&AC C-In-C**") which have the specific remit of overseeing a comprehensive system wide collaborative programme to deliver the objective of a more collaborative model of care for acute and specialist mental health services in West Yorkshire (WY). The intention being to deliver a system model, operating as a network, that is coherent, integrated, consistent (reducing unwanted variation) and focused on quality and value for the population and patients (the "**WYMHLD&A Collaborative Programme**").
- (C) This MoU is focused on the Parties' agreement to develop the detail in relation to the function and scope of the WYMHLD&AC C-In-C; developing the principles that will underpin collaborative working and the timetable for implementation in order to tackle a number of significant operational, clinical and financial challenges for services in the WYMHLD&AC service area.
- (D) The Parties recognise the different levels of provision of acute and specialist mental health services in portfolios of services and this will be reflected in any agreements the collaborative makes and managed through the Gateway Decision Making Process.

OPERATIVE PROVISIONS

1. DEFINITIONS AND INTERPRETATION

- 1.1. In this MoU, capitalised words and expressions shall have the meanings given to them in this MoU.
- 1.2. In this MoU, unless the context requires otherwise, the following rules of construction shall apply.
- 1.3. a reference to a "**Party**" is a reference to the organisations party to this MoU and includes its personal representatives, successors or permitted assigns and a reference to "**Parties**" is a reference to all parties to this MoU;

2. PURPOSE AND EFFECT OF MOU

- 2.1. The Parties have agreed to work together on behalf of patients and the population to deliver the best possible care, experience and outcomes within the available resources for acute and specialist mental health services in WY. The aim is for the Parties to organise themselves around the needs of the population rather than planning at an individual organisational level so as to deliver more integrated, high quality cost effective care for patients as detailed in Schedule 1. The Parties wish to record the basis on which they will collaborate with each other through the WYMHL D&AC in this MoU.
- 2.2. This MoU sets out:
 - 2.2.1. the key objectives for the development of the WYMHL D&AC;
 - 2.2.2. the principles of collaboration;
 - 2.2.3. the governance structures the Parties will put in place; and
 - 2.2.4. the respective roles and responsibilities the Parties will have during the development and delivery of the collaboration model.
- 2.3. In addition to the MoU, the Parties will seek to agree additional documents to manage the relationships for confidentiality, conflicts of interest and sharing of information between themselves in more detail.

3. KEY PRINCIPLES

- 3.1. The Parties shall undertake the development and delivery of the WYMHL D&A Collaborative Programme in line with the Key Principles as set out in Schedule 1 (the "**Key Principles**").

- 3.2. The Parties acknowledge the current position with regard to the WYMHL D&AC and the contributions, financial and otherwise, already made by the Parties.

4. PRINCIPLES OF COLLABORATION

- 4.1. The Parties agree to adopt the following principles including shared values and behaviours when carrying out the development and delivery of the WYMHL D&A Collaborative Programme (the "**Principles of Collaboration**"):
- 4.1.1. address the vision - in developing WYMHL D&AC the Parties seek to establish a model of collaborative care, to provide high quality, sustainable acute and specialist mental health services for the population, enabled by integrated solutions and delivering best value for the taxpayer and operating a financially sustainable system;
 - 4.1.2. collaborate and co-operate - establish and adhere to the governance structure set out in this MoU to ensure that activities are delivered and actions taken as required to deliver change collectively and in partnership with each other and the wider NHS;
 - 4.1.3. hold each other mutually accountable for delivery and challenge constructively - take on, manage and account to each other, the wider WYHHCP and the WYMHL D&AC service area population for performance of the respective roles and responsibilities set out in this MoU;
 - 4.1.4. be open and transparent and act with honesty and integrity - communicate openly with each other about major concerns, issues or opportunities relating to WYMHL D&AC and comply with the seven Principles of Public Life established by the Nolan Committee (the Nolan Principles) and where appropriate the NHS Foundation Trust Code of Governance (as issued by Monitor and updated in July 2014) including implementing a transparent and explicit approach to the declaration and handling of relevant and material conflicts of interests arising;
 - 4.1.5. adhere to statutory requirements and best practice - comply with applicable laws and standards including procurement rules, competition law, data protection and freedom of information legislation;
 - 4.1.6. act in a timely manner - recognise the time-critical nature of the WYMHL D&A Collaborative Programme development and delivery and respond accordingly to requests for support;
 - 4.1.7. manage stakeholders effectively - ensure communication and engagement both internally and externally is clear, coherent, consistent and credible and in line with the Parties' statutory duties, values and objectives.
 - 4.1.8. deploy appropriate resources - ensure sufficient and appropriately qualified resources are available and authorised to fulfil the responsibilities set out in this MoU; and
 - 4.1.9. act in good faith - to support achievement of the Key Principles and in compliance with these Principles of Collaboration.

5. GOVERNANCE

- 5.1. The governance structure (summarised below in Schedule 2) of this MoU provides a structure for the development and delivery of the WYMHL D&A Collaborative

Programme.

- 5.2. The governance arrangements will be:
- 5.2.1. based on the principle that decisions will be taken by the relevant organisations at the most appropriate level in accordance with each organisation's internal governance arrangements, particularly in respect of delegated authority;
 - 5.2.2. shaped by the Parties in accordance with existing accountability arrangements, whilst recognising that different ways of working will be required to deliver the transformational ambitions of the WYMHLDA Collaborative Programme. The Parties intend that there should be as far as permissible a single governance structure to help oversee and deliver the WYMHLDA Collaborative Programme in accordance with the Key Principles; and
 - 5.2.3. underpinned by the following principles:
 - (a) the Parties will remain subject to the NHS Constitution, their provider licence and their own constitutional documents and retain their statutory functions and their existing accountabilities for current services, resources and funding flows; and
 - (b) clear agreements will be in place between the providers to underpin the governance arrangements.

6. ACCOUNTABILITY AND REPORTING LINES

Accountability and reporting should be undertaken at the following levels within WYMHLDA&AC:

WYMHLDA&AC Committees in Common ("WYMHLDA&AC C-In-C")

- 6.1. The WYMHLDA&AC C-In-C will receive reports at each meeting from the Programme Executive highlighting but not limited to:
- 6.1.1. progress throughout the period;
 - 6.1.2. decisions required by the WYMHLDA&AC C-In-C;
 - 6.1.3. issues and risk being managed;
 - 6.1.4. issues requiring escalation to the WYMHLDA&AC C-In-C; and
 - 6.1.5. progress planned for the next period.

Under a standing agenda item, WYMHLDA&AC C-In-C will agree the key communications arising from its meetings that should be relayed to the Parties' respective organisations. The minutes from the Programme Director will be circulated promptly to all WYMHLDA&AC C-In-C Members as soon as reasonably practical for inclusion on the public and private agendas of each Parties' Board meeting. A summary assurance report from the Programme Director will also be provided for inclusion on the public agenda of each Parties' Board meeting (and where applicable the public agenda of the Council of Governors' meeting).

WYMHLDA&AC Programme Executive

- 6.2. The WYMHLDA&AC C-In-C will hold each of the Parties' Chief Executives to account for the delivery of their sponsored workstreams within the WYMHLDA Collaborative Programme via the WYMHLDA&AC Programme Executive.

7. ROLES AND RESPONSIBILITIES

The Parties shall undertake the roles and responsibilities set out in this MoU to help develop the WYMHL D&A Collaborative Programme in line with the Key Principles:

WYMHL D&A Committees in Common

- 7.1. The WYMHL D&A C-In-C comprises senior members of the Parties and provides overall strategic oversight and direction to the development of the WYMHL D&A Collaborative Programme. It is chaired by existing Chairs of the Parties, on a rotational basis, as underpinned by principles of continuity and equity collectively agreed by members, for a minimum duration of 12 months.
- 7.2. The WYMHL D&A C-In-C shall be managed in accordance with the governance arrangements in section 5 and the Terms of Reference in Schedule 5.

WYMHL D&A Executive Group

- 7.3. The WYMHL D&A Executive Group will provide assurance to the WYMHL D&A C-In-C that the key deliverables are being met and that the development of the WYMHL D&A Collaborative Programme is within the boundaries set by the WYMHL D&A C-In-C. It will provide management at programme and workstream level.

8. DECISION MAKING

- 8.1. The Parties intend that WYMHL D&A C-In-C individual Members will each operate under a model scheme of delegation whereby each WYMHL D&A C-In-C individual Members shall have delegated authority to make decisions on behalf of their organisation relating to:
 - matters falling under the scope of the WYMHL D&A C-In-C and agreed collaborative programme underpinned by a 'case for change' set out in Schedule 2;
 - the devolving of the Key Principles set out in Schedule 1; and,
 - in accordance with the WYMHL D&A Gateway Decision Making Framework set out in Schedule 4 on behalf of their respective organisations.

Each party will reflect in its individual Scheme of Delegation the authority delegated to its representatives on the WYMHL D&A C-In-C.

- 8.2. The Parties intend that WYMHL D&A C-In-C Members shall report to and consult with their own respective organisations at Board level, providing governance assurance that is compliant with their regulatory and audit requirements, for organisational decisions relating to, and in support of the WYMHL D&A Key Principles and facilitating these functions in a timely manner.

9. ESCALATION

- 9.1. If any Party has any issues, concerns or complaints regarding the WYMHLDA Collaborative Programme, or any matter in this MoU, such Party shall notify the other Parties and the Parties acknowledge and confirm that they shall then seek to resolve the issue by a process of discussion.
- 9.2. Subject as otherwise specifically provided for in this MoU, any dispute arising between the Parties out of or in connection with this MoU will be resolved in accordance with Schedule 3 (Dispute Resolution Procedure).
- 9.3. If any Party receives any formal or media enquiry, complaint, claim or threat of action from a third party (including, but not limited to, claims made by a supplier or requests for information made under the Freedom of Information Act 2000) in relation to the development of the WYMHLDA&AC, the matter shall be promptly referred to the WYMHLDA&AC Programme Director in the interests of consistency, however recognising the request remains the responsibility of the receiving organisation.

10. CONFLICTS OF INTEREST

- 10.1. The Parties agree that they will:
 - 10.1.1. disclose to each other the full particulars of any relevant or material conflict of interest which arises or may arise in connection with this MoU, the development of the collaboration model or the performance of activities under the WYMHLDA Collaborative Programme, immediately upon becoming aware of the conflict of interest whether that conflict concerns the Parties or any person employed or retained by the Parties for or in connection with the development and delivery of the WYMHLDA Collaborative Programme; and
 - 10.1.2. not allow themselves to be placed in a position of conflict of interest or duty in regard to any of their rights or obligations under this MoU (without the prior consent of the other Parties) before participating in any action in respect of that matter.
 - 10.1.3. Comply with the terms of any agreed conflict of interest protocol as set out in paragraph 2.3 above.

11. FUTURE INVOLVEMENT AND ADDITION OF PARTIES

The Parties are the initial participating organisations in the development of the WYMHLDA Collaborative Programme but it is intended that other providers to the WYMHLDA&AC service area population may also come to be partners (including for example independent sector and third sector providers). Partner organisations may where appropriate be invited to meetings of the WYMHLDA&AC C-In-C as observers or for a specific agenda item/workstream or through an additional stakeholders forum. If appropriate to achieve the key deliverables, the Parties may also agree to include additional party or parties to this MoU. If they agree on such a course the Parties will cooperate to enter into the necessary documentation, including reference to the relevant organisation's Scheme of Delegation and Standing Order procedures of joining Parties.

12. COMPETITION AND PROCUREMENT COMPLIANCE

The Parties recognise that it is currently the duty of the commissioners, rather than the Parties as providers, to decide what services to procure and how best to secure them in the interests of patients. In addition, the Parties are aware of their competition compliance obligations, both under competition law and, in particular under the NHS Improvement/Monitor Provider Licence for providers, and shall take all necessary steps to ensure that they do not breach any of their current or future obligations in this regard. Further, the Parties understand that in certain circumstances collaboration or joint working could trigger the merger rules and as such be notifiable to the Competition and Markets Authority and NHS Improvement/Monitor and will keep this position under review accordingly.

The parties agree not to disclose or use any confidential information which is to be disclosed under the arrangements in a way which would constitute a breach of competition law.

13. REVIEW

13.1. A formal review meeting of the WYMHL D&AC C-In-C shall take place 12 months after the date of implementation of this MoU (1st April 2018) or sooner if deemed as required by the Parties.

13.2. The WYMHL D&AC C-In-C shall discuss and agree as a minimum:

13.2.1. the principles of collaboration;

13.2.2. the governance arrangements as set out in Section 5;

13.2.3. the scope of the WYMHL D&A Collaborative Programme and individual workstreams;

13.2.4. the progress against the key deliverables; and

13.2.5. key decisions required in support of Schedule 4.

14. TERM AND TERMINATION

14.1. This MoU shall commence on 1st April 2018 (having been executed by all the Parties)

14.2. This MoU may be terminated in whole by:

14.2.1. mutual agreement in writing by all of the parties

14.2.2. in accordance with paragraph 15.2; or

14.2.3. in accordance with paragraph 1.5 of Schedule 3.

14.3. Any Party may withdraw from this MoU giving at least six calendar months' notice in writing to the other Parties, or the length of the remainder of any existing contract, whichever is longer. The MoU will remain in force between the remaining parties (unless otherwise agreed in writing between all the remaining parties) and the remaining Parties will agree such amendments required to the MoU in accordance with section 16.

14.4. In the event a Party is put into administration, special measures and/or is otherwise not able to perform its role under the WYMHL D&A Collaborative Programme and this MoU, the remaining Parties shall be entitled to consider and enforce, on a case by case basis, a resolution of the WYMHL D&A C-In-C for the removal of the relevant Party from the MoU on a majority basis provided that:

14.4.1. reasonable notice shall have been given of the proposed resolution; and

14.4.2. the affected Party is first given the opportunity to address the WYMHL D&A C-In-C meeting at which the resolution is proposed if it wishes to do so.

14.5. This MoU shall be terminated in accordance with the provision at paragraph 14.2.

15. CHANGE OF LAW

15.1. The Parties shall take all steps necessary to ensure that their obligations under this MoU are delivered in accordance with applicable law. If, as a result of change in applicable law, the Parties are prevented from performing their obligations under this MoU but would be able to proceed if a variation were made to the MoU, then the Parties shall consider this in accordance with the variation provision at section 16.

15.2. In the event that that the Parties are prevented from performing their obligations under this MoU as a result of a change in applicable law and this cannot be remedied by a variation or a variation is not agreed by all Parties, then the Parties shall agree to terminate this MoU on immediate effect of the change in applicable law.

16. VARIATION

This MoU may only be varied by written agreement of the Parties signed by, or on behalf of, each of the Parties.

17. CHARGES AND LIABILITIES

17.1. Except as otherwise provided, the Parties shall each bear their own costs and expenses incurred in complying with their obligations under this MoU, including in respect of any losses or liabilities incurred due to their own or their employee's actions.

17.2. No Party intends that any other Party shall be liable for any loss it suffers as a result of this MoU.

18. NO PARTNERSHIP

Nothing in this MoU is intended to, or shall be deemed to, establish any formal or legal partnership or joint venture between the Parties, constitute any Party as the agent of another Party, nor authorise any of the Parties to make or enter into any commitments for or on behalf of the other Parties.

19. COUNTERPARTS

- 19.1. This MoU may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this MoU, but all the counterparts shall together constitute the same agreement.
- 19.2. The expression "**counterpart**" shall include any executed copy of this MoU transmitted by fax or scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e mail attachment.
- 19.3. No counterpart shall be effective until each Party has executed at least one counterpart.

We have signed this Memorandum of Understanding on the date written at the head of this memorandum.

SIGNED by)
Duly authorised to sign for and on) Authorised Signatory
behalf of) Title:
BRADFORD DISTRICT CARE)
NHS FOUNDATION TRUST) DATE: 30 April 2018

SIGNED by)
Duly authorised to sign for and on) Authorised Signatory
behalf of) Title:
LEEDS & YORK PARTNERSHIP)
NHS FOUNDATION TRUST) DATE: 30 April 2018

SIGNED by)
Duly authorised to sign for and on) Authorised Signatory
behalf of) Title:
LEEDS COMMUNITY HEALTHCARE)
NHS TRUST) DATE: 30 April 2018

SIGNED by)
Duly authorised to sign for and on) Authorised Signatory
behalf of) Title:
SOUTH WEST YORKSHIRE)
PARTNERSHIP NHS FOUNDATION) DATE: 30 April 2018
TRUST

SCHEDULE 1

THE KEY PRINCIPLES

1. The continued challenge of ensuring the quality and financial sustainability of mental health services requires a more collaborative approach between providers ensuring that the best possible care can be delivered to people in WY making best use of the collective resources.
2. Through the WYMHL D&A Collaborative Programme, the Parties Key Principles are to achieve sustainable, safe, high quality and cost effective acute and specialist mental health services across WY, based on clear integrated and standardised operating models, networks and alternative service delivery models where risk and benefits will be collectively managed. This will be achieved through addressing the following:
 - 2.1. Achieving the clinical and financial stability across the WYMHL D&A service areas.
 - 2.2. Enhancing partnership working through collaboration between providers, leading to interdependency, care delivered by stream or pathway rather than by individual organisations and by collective provider responsibility.
 - 2.3. The approach to collaboration:
 - The Parties will work on the greatest challenges together to ensure high quality, sustainable mental health services now and in the future.
 - Reduce variation in quality by building on best practice and developing standard operating procedures and pathways to achieve better outcomes for people in WY.
 - Take a collaborative approach to the delivery of acute/specialist mental health services via clinical pathways and networked services (rather than individual place/provider led developments).
 - Developing 'centres of excellence' for the more specialist mental health services e.g. forensic services, Child and Adolescent Mental Health Services (CAMHS) Tier 4, adult eating disorders.
 - Delivering economies of scale in mental health service support functions.
 - Build constructive relationships with communities, groups, organisations and the third sector to ensure there are lines of communication and ways of engaging on issues which have an impact on people's health and wellbeing.
 - Ensure there is appropriate public engagement on those matters which need to be communicated more widely.

SCHEDULE 2

WYMHLDA COLLABORATIVE PROGRAMME APPROACH AND KEY STAGES

1. Purpose of the Collaborative Programme

The purpose of the collaborative programme is to reduce variation and deliver sustainable acute and specialist mental health services to a standardised model which is efficient and of high quality. In developing this programme the Parties will be designing services over a wider NHS footprint (the WYMHLDA service area), thinking of different models of care and making collective efficiencies where the potential exists.

2. The WYMHLDA Collaborative Programme Approach

The Key Principles and five key steps to developing the WYMHS Collaborative Programme approach are set out in Schedule 1.

3. WYMHLDA Collaborative Programme Priorities

The WYMHLDA Collaborative Programme priorities are expected to be generated as a result of the following internal and external drivers;

- WYMHLDA clinical and operational sustainability priorities.
- WYMHLDA analysis of variation.
- West Yorkshire & Harrogate Health and Care Partnership.
- Regulatory requirements and expectations within NHSE/I Planning Guidance.

The structure of the programme will reflect these priorities as shown in the workstreams below (as at 1st January 2020). Those in yellow are priorities for the CinC, those in blue are priorities for the wider partnership MHLDA programme which the CinC does not focus on, but receives updates on because the work is linked.

Origin	Workstreams	Strands
Delivering pre-COVID priority workstreams	Specialised services	Adult Eating Disorders
		Tier 4 CAMHS
		Forensics
		'Next Wave' (ie Perinatal MH)
	Secondary Care Pathways	Psychiatric Intensive Care
		Community Transformation
	Complex Rehabilitation	Community teams
		Inpatient provision
	Learning Disability	Assessment & Treatment Units
		Transforming Care Programme
		Reasonable Adjustments
	Autism	Diagnosis

		Understanding barriers
		Pre/post diagnostic support
	Children & Young People	Whole Pathway Commissioning
	Improving Determinants of Health	Suicide Prevention
		Perinatal Mental Health
BAME access & treatment		
Delivering ongoing support and response during COVID	Mutual aid	Healthy Hospitals and physical health
		Crisis Pathways
		Cohorting/inpatient capacity
	Population support schemes	Sharing of practice, learning and fortnightly communication
		Keeping connected
Delivering new priorities as a result of COVID	Improving collaboration	Grief and Loss helpline
		Prevention & Management of Violence & Aggression
	Staff health and wellbeing	Collaborative staff bank
		West Yorkshire Mental Wellbeing Hub

4. Key Workstream Stages

4.1 Long term workstream priorities will be developed based on a robust case for change (risk and benefit evaluation of workstream potential based on current service models) or through agreement by collaborative partners of a need to respond more quickly to emerging concerns.

4.2 The table below illustrates the sequence of stages of the workstream development process, this will be a scalable process and proportionate to the workstream:

Stage	Outputs	Key Requirements
1. Case for change (Proposal)	Detailed description of current services Gap/challenges relating to safety, resilience, quality, sustainability (Data analysis) Scope for improvement Evaluation framework Risk sharing approach	Clinical leadership and involvement External Experts and Clinical Senate involvement
2. Design the Future Operating Model	Standardise operating procedures Workforce models Capacity modelling	

Stage	Outputs	Key Requirements
	Best Practice benchmarks for future performance Scale of improvement which can be achieved	
3. Develop Options	New Models of Care Organisational change Operational networks Alternative provider arrangements and service delivery models Commissioner requirements and consultation	
4. Evaluation & selection of the preferred option	Clinical (Quality) Financial/Legal/Regulatory Workforce Performance Quality impact assessments Equality impact assessments	
5. Implementation planning	Timescales Resources Evaluation and review delivery of benefits Management of risks and issues	

4.3 The WYMHL D&AC Executive will be responsible for the execution and delivery of the programme governance and ensuring that a common approach is applied to all applicable workstreams (some workstreams may not require this approach) and that the workstream pipeline is managed within defined timescales.

4.4 Each workstream will have a WYMHL D&AC Director (identified by the WYMHL D&A Collaborative Executive) and Senior Lead Clinical sponsor. The inputs at each stage will include:

- Clear articulated case for change i.e. use of data, standards etc.
- Identification and use of organisational change/service improvement models
- Targeted clinical/staff engagement and empowerment in order to lead the design and change e.g. facilitated workshops
- Transparent options appraisal process
- Quality impact assessments
- Equality impact assessments

- Use of external scrutiny
- Appropriate commissioner engagement
- Appropriate public/patient engagement
- Governor engagement

4.5 The WYMHL D&AC Executive and WYMHL D&AC C-In-C will make decisions on the prioritisation and progressing of workstreams to the next stage as shown in the Decision Making Schedule and gateways (as set out in Schedule 4).

5. Risk and Gain Sharing Principles

5.1. Some WYMHL D&AC projects developed under the workstreams will have the potential to disproportionately benefit participating WYMHL D&AC organisations at the expense of others. The potential impact of the implementation of a project through a workstream will be established and set out within the 'Case for Change' stage (Gateway 1) and the 'risk gain share' model between the respective WYMHL D&AC members affected by the project developed in preparation for selection of the preferred option at Gateway 3. The model will be tailored to each project and will be designed on the following principles reflecting that organisations are working for the delivery of better care and a more sustainable system for patients in the WYMHL D&AC service area:

5.1.1. The costs of delivering the project will be met by all Parties in the proportions agreed and submitted within the submission for Gateway 3 so that the WYMHL D&AC C-In-C can be clear when selecting the preferred option where the costs will be met from and how any losses may be reimbursed;

5.1.2. The allocation of net benefits from a project will be agreed based on one or a combination of these methods, the detail of which will be developed and agreed at Gateway 3 of decision making process :

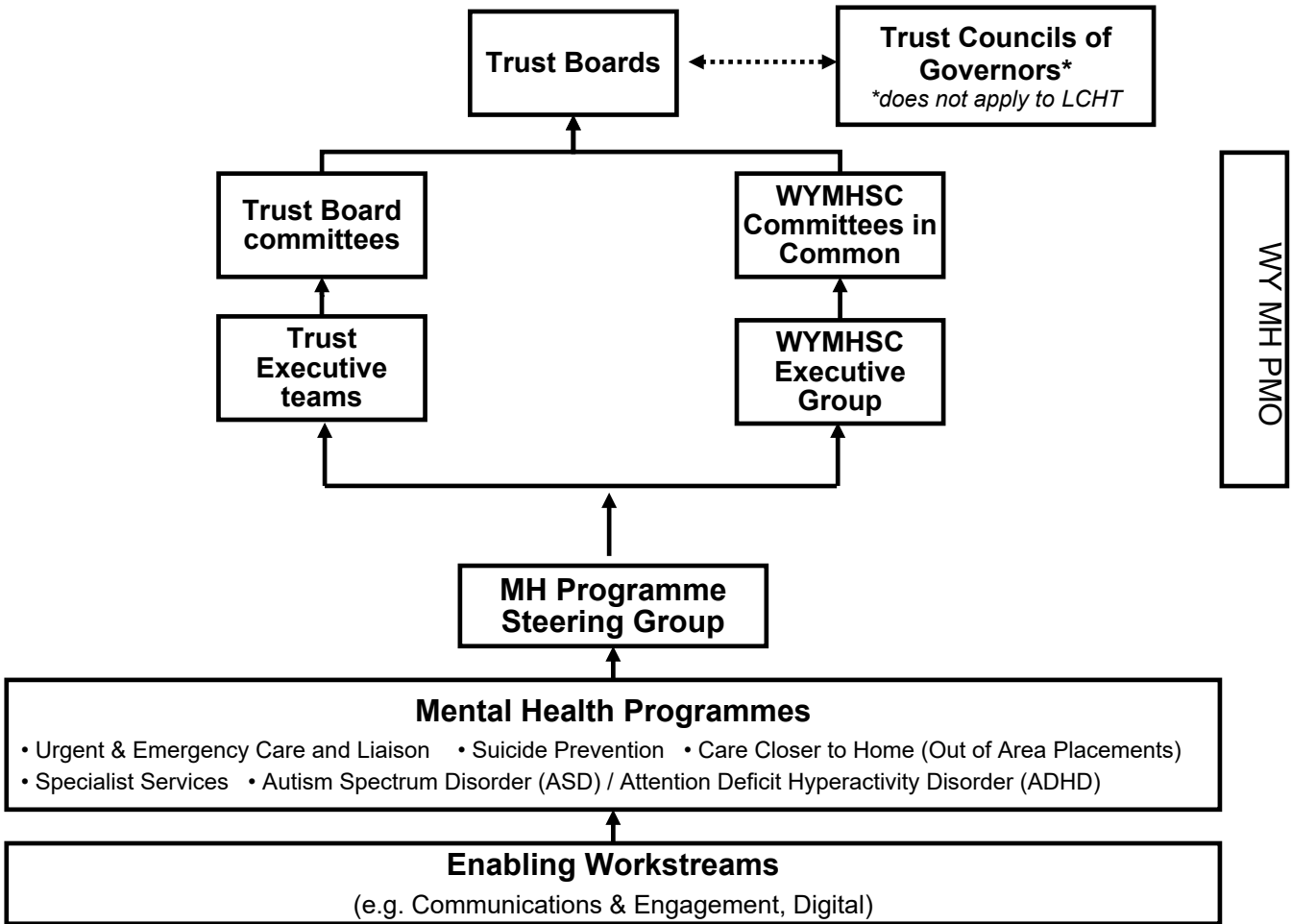
- equal gain share;
- proportional gain share; and/or
- successful contribution to the initiative.

5.1.3. The allocation of net benefits will be agreed between the relevant Parties based on the benefit and risk profile using these methods; and

5.1.4. The same principles will apply to the sharing of risks and costs in the event that a project does not deliver the anticipated net benefit.

6. High Level Programme Structure

The high level programme structure, linked to the West Yorkshire and Harrogate Health and Care Partnership (previously STP), is shown below:



SCHEDULE 3

DISPUTE RESOLUTION PROCEDURE

1. Avoiding and Solving Disputes

- 1.1 The Parties commit to working co-operatively to identify and resolve issues to their mutual satisfaction so as to avoid all forms of dispute or conflict in performing their obligations under this MoU.
- 1.2 The Parties believe that:
 - 1.2.1 by focusing on the agreed Key Principles underpinned by the five step approach as set out in the MoU and in Schedule 1;
 - 1.2.2 being collectively responsible for all risks; and
 - 1.2.3 fairly sharing risk and rewards in relation to the services in scope in the WYMHLDA Collaborative Programme.

they reinforce their commitment to avoiding disputes and conflicts arising out of or in connection with this MoU.

- 1.3 A Party shall promptly notify the other Parties of any dispute or claim or any potential dispute or claim in relation to this MoU or its operation (each a "**Dispute**") when it arises.
- 1.4 In the first instance the WYMHLDA Programme Executive shall seek to resolve any Dispute to the mutual satisfaction of each of the Parties. If the Dispute cannot be resolved by the WYMHLDA Programme Executive within 10 Business Days (a **Business Day** being a day other than a Saturday, Sunday or public holiday in England when banks in London are open for business) of the Dispute being referred to it, the Dispute shall be referred to the WYMHLDA C-In-C for resolution.
- 1.5 The WYMHLDA C-In-C shall deal proactively with any Dispute on a "Best for Meeting the Key Principles" basis in accordance with this MoU so as to seek to reach a majority decision. If the WYMHLDA C-In-C reaches a decision that resolves, or otherwise concludes a Dispute, it will advise the Parties of its decision by written notice. The Parties recognise that any dispute or operation of this procedure will be without prejudice to and will not affect the statutory duties of each Party. This MoU is not intended to be legally binding and, given the status of this MoU (as set out in Section 2), if a Party disagrees with a decision of the WYMHLDA C-In-C or the independent facilitator, they may withdraw from the MoU at any point in accordance with section 14 of the MoU.

- 1.6 If a Party does not agree with the decision of the WYMHL D&AC C-In-C reached in accordance with the above, it shall inform the WYMHL D&AC C-In-C within 10 Business Days and request that the WYMHL D&AC C-In-C refer the Dispute to an independent facilitator in agreement with all Parties and in accordance with paragraph 1.7 of this Schedule.
- 1.7 The Parties agree that the WYMHL D&AC C-In-C, on a “Best for Meeting the Key Principles” basis, may determine whatever action it believes is necessary including the following:
- 1.7.1 If the WYMHL D&AC C-In-C cannot resolve a Dispute, it may request that an independent facilitator assist with resolving the Dispute; and
- 1.7.2 If the independent facilitator cannot facilitate the resolution of the Dispute, the Dispute must be considered afresh in accordance with this Schedule and in the event that after such further consideration again fails to resolve the Dispute, the WYMHL D&AC C-In-C may decide to:
- (i) terminate the MoU; or
 - (ii) agree that the Dispute need not be resolved.

SCHEDULE 4

WYMHL D&AC CIC DECISION MAKING

1. The Memorandum of Understanding (MoU) and Terms of Reference (TOR) for the WYMHL D&AC Committee in Common (WYMHL D&AC C-In-C) takes into consideration existing accountability arrangements of participating Trusts and decisions (where these apply to the services in scope in the collaborative) being made under a scheme of delegation.
2. Whilst it is recognised that some decisions taken at the WYMHL D&AC C-In-C may not be of obvious benefit to all Parties, it is anticipated that the WYMHL D&AC C-In-C will look to act on the basis of the best interests of the wider population investing in a sustainable system of healthcare across the WYMHL D&AC service area in accordance with the Key Principles when making decisions at WYMHL D&AC C-In-C meetings.
3. There are expected to be two categories of decision making:
 - **All parties will need to participate in the initiative** for reasons of interdependency, safety or financial viability. These decisions will be made on the basis of all the affected organisations reaching an agreed decision in common.
 - **Organisations will need to confirm their own commitment and involvement at key stages (Gateways)** in order to ensure the Business Case assumptions (benefits) and risks are robust, only trusts directly affected by the Case for Change (eligible constituency under paragraph 5 of this Schedule) will be able to make decisions (the Gateways) and once an organisation has committed to participate at a specific Gateway they cannot withdraw.
4. The WYMHL D&AC 'Gateway' decision making mechanism should be used (where appropriate) to achieve agreements that will be binding across relevant members. The mechanism will follow a staged approach and unless new material comes to light, once progression has been made through the respective stages, progress will remain at the relevant stage that has been reached and will not 'fall back'. On agreement of progression through stages, members will commit to the next steps in developing the proposal.
5. All proposals brought before the WYMHL D&AC C-In-C will require a detailed case for change. At this stage the WYMHL D&AC C-In-C will determine if the proposal warrants further development and consideration and is appropriate to pass to the next stage of development. This stage will also consider which Parties would be directly or indirectly affected and eligible/required to vote (to be known as the eligible constituency).

6. The table below illustrates the 'Gateway Decision Making' Process:

Stage	Gateway	Outcome
Case for change (Proposal)	Gateway 1 Requires support of a simple majority	No fall back unless material new information All organisations participate in design phase
Develop Options	Gateway 2 Seek unanimous support by all parties eligible to make decisions	Options and Evaluation Framework agreed
Evaluation and selection of the preferred option	Gateway 3 Seek unanimous support by all parties eligible to make decisions	Application of agreed framework Identification of agreed option
Recommendation to Committee in Common	Gateway 4 Seek unanimous support by all parties eligible to make decisions	Proceed with formal agreements/contracts as required and implement plan

7. If a Party does not support a proposal then it will not be bound to act in accordance with that proposal as the Parties remain independent statutory bodies under the WYMHL D&A Collaborative Programme.

8. **Bilateral and Tripartite Agreements between Individual Trusts**

8.1. The WYMHL D&A Gateway Decision Making Framework does not preclude any Party from developing bilateral or tripartite agreements with other trusts in WYMHL D&A services outside the Collaborative Programme. It is expected that there will be transparency in developing such agreements and the option for other WYMHL D&A trusts to join an initiative and that the associated benefits and risks are appropriately considered in terms of the impact on other providers and the WYMHS Collaborative Programme.

8.2. Recognising that being part of the WYMHL D&A C-In-C does not preclude Parties alliances or existing relationships with other organisations.

- 8.3. Parties may wish to invite other organisations to be party to initiatives agreed by the WYMHL D&AC C-In-C.

9. Forum for engaging with the wider system

- 9.1. The WYMHL D&AC C-In-C could also be used as a forum to provide responses to queries and recommendations from the commissioners or the wider system (for example following a request from the WYHHCP) on specific issues.

SCHEDULE 5

WYMHL D&AC Committees in Common -TERMS OF REFERENCE

THESE TERMS OF REFERENCE FORM PART OF THE WYMHL D&AC MEMORANDUM OF UNDERSTANDING DEFINITIONS AND TERMINOLOGY ALIGN TO THE MEMORANDUM OF UNDERSTANDING

1. Scope

- a. The West Yorkshire Mental Health, Learning Disability & Autism Collaborative ('the Collaborative') is the collective governance vehicle for joint decision making, with delegated authority for the four NHS mental health, learning disability and autism provider Trusts in West Yorkshire.
- b. The Collaborative is one part of the wider West Yorkshire and Harrogate Health and Care Partnership, which is committed to putting combined efforts into tackling the long-term trends of ill-health. This includes specific ambitions to:
 - i. Achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population by 2024 (including a focus on early support for children and young people)
 - ii. Reduce suicide by 10% by 2020/21 and achieve a 75% reduction in targeted areas by 2022
- c. The overall responsibility for delivery of these two ambitions rests with the whole Partnership. This responsibility is discharged and governed by the system-wide Mental Health, Learning Disability and Autism Programme Board which is comprised of providers and commissioners, covering the NHS, local authority, VCS and other partners.
- d. **The Committees in Common for the Collaborative reports into the Board of each individual provider within the Partnership (BDCFT, LCH, LYPFT, SWYPFT). It is overall responsible for supporting service transformation, integration and innovation and specifically, responsible for leading development of identified workstreams, improving service delivery to support the overall ambitions of the Partnership.**
- e. This Terms of Reference is approved through each individual provider Board.
- f. Appendix 1 to the Terms of Reference describes this relationship in a diagram

2. Standing

- a. Members shall only exercise functions and powers of a Party to the extent that they are permitted to ordinarily exercise such functions and powers under that Party's internal governance.

3. General Responsibilities of the Collaborative Committees in Common

- a. Ensuring alignment of all parties to the WY&H Mental Health, Learning Disability and Autism strategy, confirming the role of the Collaborative in delivery;
- b. Providing overall strategic oversight and direction to the improvement of services within the Collaborative for people with a Mental Health condition, learning disability and/or autism;
- c. To emphasise the primacy of individual organisations' decision making ability and relationship with their local place, but also to set the expectation through individual boards and within operational teams that:
 - i. Where agreed through the CinC there will be service delivery, development work and clinical/operational relationships that require a 'WY&H first' viewpoint, rather than an individual organisational viewpoint.
 - ii. All partners within the collaborative take informed decisions in consultation with other collaborative partners and relevant stakeholders where there might be an impact on others' services.
 - iii. The CinC will consider and agree adoption of joint policies and procedures across all organisations that will benefit the work of the collaborative.
- d. Formally recommending the roles and responsibilities within identified workstreams, reviewing the key deliverables and ensuring adherence with required timescales;
- e. Receiving assurance that identified workstreams have been subject to robust engagement and impact assessments;
- f. Reviewing and identifying the risks associated with the performance of any of the Parties in terms of the impact to the Collaborative or to the ambitions of the Partnership, recommending remedial and mitigating actions;
- g. Receiving assurance that the risks associated with the Collaborative work programme are being identified, managed and mitigated;
- h. Formulating, agreeing and implementing strategies for delivery of the Collaborative workplan;
- i. Seeking to determine or resolve any matter referred to it by the Programme Team or any individual Party and any dispute in accordance with the MoU:
- j. Considering the shape of the Programme Team, agreeing and reviewing the extent of the Collaborative's financial support for the team, against wider Partnership funding;
- k. Reviewing the Terms of Reference for the Committees in Common;
- l. Reviewing and agreeing the deployment of any joint Collaborative budget, with reference to the deployment of Partnership Transformation Funding and CCG baselines; this includes collective approval of substantial capital funding decisions in accordance with the Risk and Gain Sharing Principles.

4. Members of the Collaborative Committees in Common

- a. Each Party will appoint their Chair and Chief Executive as Committees in Common Members and the parties will always maintain a Member on the Committees in Common.
- b. Deputies will be permitted to attend on the behalf of a Member. The deputy must be a voting board member of the respective Party and will be entitled to attend and be counted in the quorum at which the Member is not personally present.
- c. Each Party will be considered as one entity within the Collaborative.
- d. The Parties will ensure that, except for urgent or unavoidable reasons, their respective Committees in Common Member (or Deputy) attend and fully participate in the meetings of the Committees in Common.

5. Proceedings of the Collaborative Committees in Common

- a. The Committees in Common will meet quarterly, or more frequently as required. In addition an annual strategic meeting will be held to review overall progress and set the direction and objectives for the year ahead.
- b. The Chair may call additional meetings as required. Other members may request the Chair to call additional meetings by making individual representation, although the Chair will make the final decision on whether to proceed.
- c. The Committees in Common shall meet in private where appropriate in order to facilitate discussion and decision making on matters deemed commercially sensitive and by virtue of the confidential nature of the business to be transacted across the Members. It is agreed by the Parties that the necessary checks and balances on openness, transparency and candour continue to exist and apply by virtue of the Parties each acting within existing accountability arrangements of the Parties' respective organisations and the reporting arrangements of the Committees in Common into the Parties' Trust public Boards.
- d. The Parties will select one of the Parties' Chairs to act as the Chair of the Committees in Common on a rotational basis for a period of twelve months. The Chair will ensure they are able to attend every meeting over that period. If in cases of urgent, unavoidable absence the Chair cannot attend, one of the other Parties' Chairs will be asked to step in.
- e. The Committees in Common may regulate its proceedings as they see fit as set out in these Terms of Reference.
- f. No decision will be taken at any meeting unless a quorum is present. A quorum will not be present unless every Party has at least one Member present (four members in total).
- g. Members of all Parties will be required to declare any interests at the beginning of each meeting.
- h. A meeting of the Committees in Common may consist of a conference between the Members who are not all in one place, but each of whom is able directly or by telephonic or video communication to speak to each of the others, and to be heard by each of the others simultaneously.

- i. Each Member will have an equal say in discussions and will look to agree recommendations in line with the Principles of the Collaborative.
- j. Any issues to be raised within individual Party board committees will be noted and listed for action, with a dedicated agenda item reserved for this purpose.
- k. The Committees in Common will review the meeting effectiveness at the end of each meeting with a dedicated agenda item reserved for this purpose.

6. Decision making within the Collaborative

- a. Each Member will comply with the existing accountability arrangements of their respective appointing organisation and will make decisions which are permitted under their organisation's Scheme of Delegation.
- b. Recognising that some decisions may not be of obvious benefit to or impact directly upon all Parties, Members shall seek to pay due regard to the best interests of the wider population in investing in a sustainable system of healthcare across the service area in accordance with the Key Principles and ambitions of the Partnership when making decisions at Committees in Common meetings.
- c. In respect of matters which require decisions where all Parties are affected the Parties will seek to make such decisions on the basis of all Members reaching an agreed consensus decision in common in accordance with the Key Principles.
- d. In respect of the matters which require decisions where only some of the Parties are affected, then the Parties shall reference the Collaborative Gateway Decision Mechanism at Schedule 4 of the Memorandum of Understanding.

7. Attendance of third parties at the Committees in Common

- a. The Committees in Common shall be entitled to invite any person to attend, such as advisors, experts by experience or Partnership leaders but not take part in making decisions at meetings of the Committees in Common. The Chair will agree final attendance lists for each meeting.

8. Administration for the Committees in Common

- a. Meeting administration for the Committees in Common will be provided by the WYMHLDA Programme Team, maintaining the register of interests and the minutes of the meetings of the Committees in Common. Members are required to openly and proactively declare and manage any conflicts of interests.
- b. The Chair will be responsible for finalising agendas and minutes, based on the agreed workplan and in collaboration with the WYMHLDA Programme Team.
- c. Where required by the agenda, governance leads from the Collaborative will be asked to attend and provide advice to the Committees in Common on decision making and due diligence.
- d. Papers for each meeting will be sent by the WYMHLDA Programme Team to Members no later than five working days prior to each meeting. By exception; and only with the agreement of the Chair, amendments to papers may be tabled

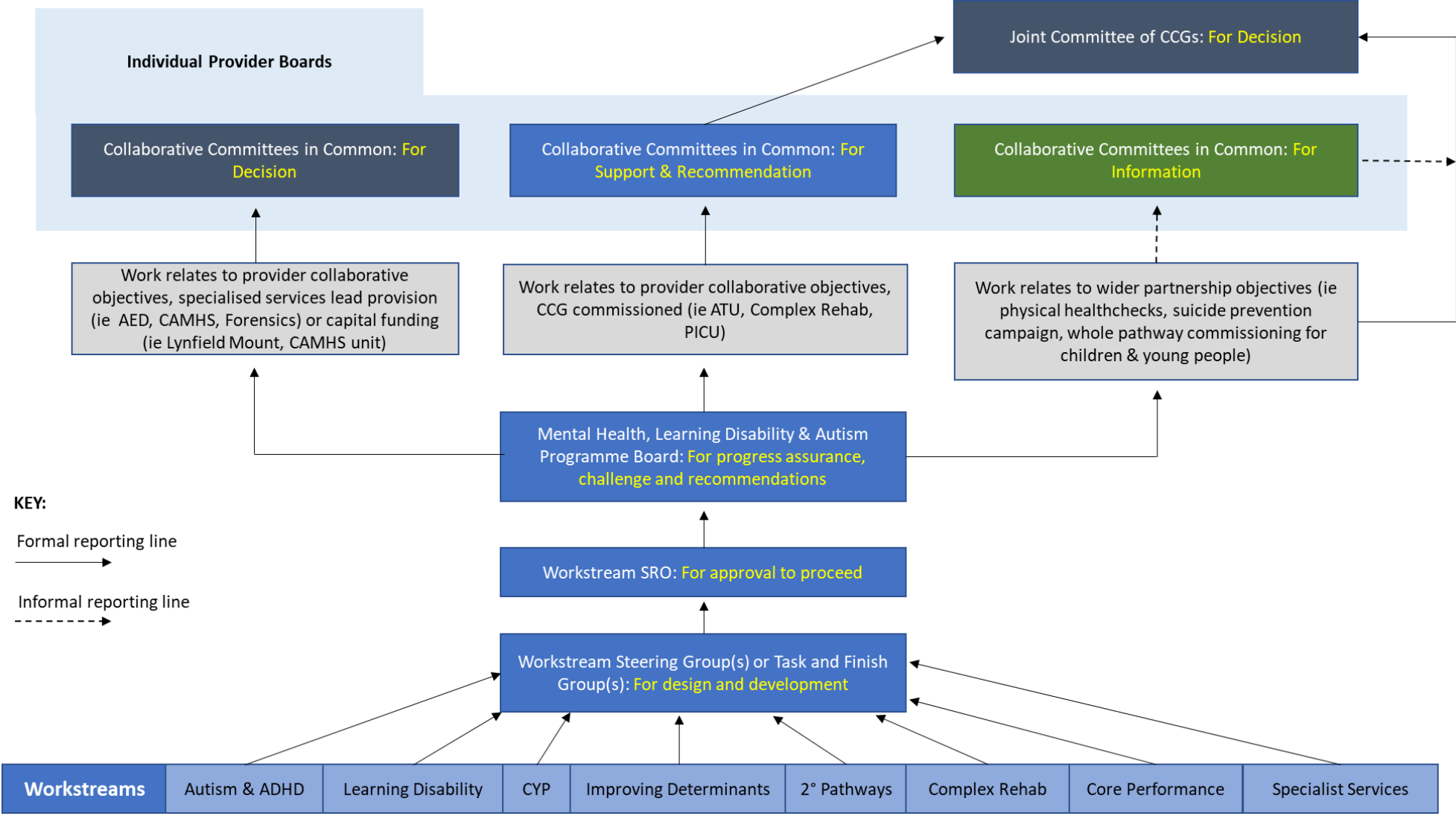
before the meeting.

- e. The minutes, and a summary report from the Programme Director will be circulated promptly to all Members and Trust governance leads as soon as reasonably practical for inclusion on the public agenda of each Parties' Board meeting. Any items not for public consumption will be marked as private in the minutes and be noted at Trust private boards but not circulated with the public papers.
- f. Following the annual Partnership 'check and confirm' session for the WYMHLDA programme a report will be made available by the Programme Director for the Committees in Common to review. Each Party should reflect the work detailed in this report within their annual Quality Accounts.

9. Review

- a. The Committees in Common will review these Terms of Reference at least annually.

Appendix 1 – Decision making relationship between the Committees in Common and the wider Partnership



Trust Board Meeting: 26 March 2021

Agenda item number: 2020-21 (147a)

Title: Draft Audit Committee minutes: 15 January 2021

Category of paper: for approval
History: N/A

Attendance

Present:	Richard Gladman Jane Madeley Ian Lewis Khalil Rehman	Deputy Chair, Non-Executive Director – Chair for this meeting Chair of the Committee, Non-Executive Director Non-Executive Director Associate Non-Executive Director
In Attendance:	Bryan Machin Diane Allison Peter Harrison David Robinson Mark Dalton Jenny Allen	Executive Director of Finance and Resources Company Secretary Head of Internal Audit (TIAA Limited) Internal Audit Manager (TIAA Limited) Director for the Public Sector (MAZARS) Director of Workforce, Organisational Development and System Development (for Item 39)
Apologies:		
Minutes:	Liz Thornton	Minutes

Item: 2020-21 (38)**Discussion points:****Welcome, introductions, apologies and preliminary business**

The Deputy Chair of the Committee, Non-Executive Director (RG) welcomed everyone to the meeting and explained that the Chair of the Committee, Non-Executive Director (JM) would join the meeting later but he would be deputising as Chair for this meeting. He welcomed Khalil Rehman, Associate Non-Executive Director to his first Audit Committee meeting.

a) Apologies

None.

b) Declarations of interest

Non-Executive Director (JM) declared an interest in Item 2020-21 (44a) in relation to any contracts between the Trust and Leeds University.

Mark Dalton reported that MAZARS was the appointed external auditor for East Lancashire Hospitals NHS Trust where Khalil Rehman was also an Associate Non-Executive Director.

The Executive Director of Finance and Resources reported that MAZARS was the appointed external auditor for St Anne's Community Services where he was a Trustee but he did not think that this caused any conflict of interest.

c) Minutes of the meeting held on 16 October 2020

The minutes of the meeting were agreed as a correct record.

d) Matters arising and review of the action log

Item 2020-21 (26d) - Investment Decision Making Policy: the terms of reference for the Quality Committee had been amended to reflect the changes to the Investment Decision Making Policy.

Item 2020-21 (27a) - Internal Audit Duty of Candour: the written feedback on the Quality Committee's scrutiny of the internal audit of the Duty of Candour was noted.

Item 2020-21 (27a) - Internal audit: Annual Plan 2020-21: covered by Item 2020-21(40a)

Item 2020-21 (27b - Internal Audit recommendations on statutory and mandatory training: covered by Item 2020-21(39a).

Item 2020-21 (28a) - National Audit Office (NAO) report – Financial Reporting: circulated on 19 October 2020.

Item 2020-21 (28a) - NAO – Code of Audit Practice: covered by Item 2020-21(41).

Item 2020-21 (29a) - Covid-related fraud risk: following due consideration the Executive Director of Finance and Resources and the Internal Audit Manager had concluded that no specific additional audit work was necessary.

Item 2020-21 (30a) - BAF risk 2.4 (security of IT infrastructure): The Company Secretary confirmed that additional sources of assurance had been agreed.

Item 2020-21 (31) - Information governance Data Security Protection Toolkit: covered by Item 2020-21 (43).

Item 2020-21 (35) - IG Group Minutes 22 July 2020- reportable incident Little Woodhouse Hall: more information had been circulated to Committee members on 5 January 2021 by e-mail.

di) Internal Audit Annual Plan for 2021-22 and progress against the Annual plan 2020/21

The Internal Audit Manager presented a paper which outlined the proposed internal audit plan for

2021-22. He explained that the review areas had been identified from the Trust's Board Assurance Framework, risk registers and key emerging themes, taking into account the coverage from 2017-18 to 2020-21.

The plan included audits proposed to be carried forward from the 2020/21 plan. It was noted that the 2021-22 plan would be presented at both the Quality and Business Committees at their meetings in January 2021 for input and consideration in relation to how the plan would support each Committee's assurance requirements.

The Committee expressed concern that the 2020-21 plan had not progressed sufficiently because of the challenges presented by Covid-19. The Head of Internal Audit advised the Committee that if the current, albeit reduced plan was completed, then there would still be sufficient work to provide an overall audit opinion but he added that there could be a need to conduct some of this year's audit work early in quarter one 2021 to achieve that opinion. The Committee discussed the further risks to completing the outstanding audits planned was the possibility of completing some shorter pieces of desk top audit work that could be for example include reviews of policies which would limit the need to engage with front line operational staff. The Audit Committee requested a reworked plan for the remainder of the year which is achievable and sufficient to meet the reporting requirements and agreed that the timetable for completion may on this occasion extend into April 2021

Action: The Executive Director of Finance and Resources and Internal Audit Manager to develop a reworked plan for the remainder of 2020-21.

Responsible officers: EDFR and Internal Audit Manager

Outcome: The Committee:

- noted the progress against the 2020-21 plan and the proposed plan for 2021-22.

Jenny Allen, Director of Workforce, Organisational Development and System Development Organisational Development joined the meeting.

Item 2020-21 (39)

Discussion points:

Statutory and mandatory training

a) Update report

The Director of Workforce, Organisational Development and System Development presented the update report and reminded the Committee that the outcome of the compliance review of statutory and mandatory training audit had been published in January 2020.

The Committee discussed the update on progress which contained a series of recommendations relating to the management of statutory and mandatory training within the Trust and the plan for meeting the remaining requirements of two outstanding recommendations, namely completion of the statutory/mandatory compliance project and instigation of the monitoring and reporting of all 13 statutory and mandatory training subjects.

The Director of Workforce, Organisational Development and System Development added that although there was a plan to close the compliance review recommendations to the timescales set out in the update report it was important to note the concerns flagged within the report regarding capacity to do so in the context of a third wave of the Covid-19 pandemic.

The Committee acknowledged the progress that had been made throughout 2020 in the context of the COVID-19 pandemic, recognised the continuing challenges and pressures the Workforce Directorate and other stakeholder integral to this work would likely face in the next few months and noted that there were risks to the remaining actions being completed to the timescales set out. The Committee requested that Quality and Business Committees be kept up to date with progress.

In response to a question from the Chair of the meeting, the Head of Internal Audit said that from an internal audit perspective it was difficult to make a balanced judgement about the priority actions for completion but given the challenges faced by the Trust over the last year the progress made from the position when the audit was completed was positive.

Outcome: The Committee:

- received and noted the update and requested that further progress reports be made to the Business and Quality Committee.

Non- Executive Director (JM) joined the meeting

Item 2020-21 (40)

Discussion points:

Internal Audit

a) Summary internal controls assurance report

The Internal Audit Manager introduced the report. The Committee reviewed the progress against the annual audit plan for 2020/21 as at 5 January 2021 noting that the internal audit work had been significantly impacted by the Covid-19 pandemic.

Completed audits

The Committee discussed the executive summary and strategic findings for the one completed audit.

Children's Business Unit

This audit had been determined as **substantial assurance** with no recommendations made.

Non-Executive Director (IL) observed that the scope set for the audit with a focus on the 0-19 was very narrow and in his view this service would not be a priority area for scrutiny.

The Internal Audit Manager said that in the current circumstances the scope had been limited by the amount of time auditors were able to spend with frontline staff in certain services and the fact that it was not possible to undertake any on site testing. He confirmed that the scope had been set by the business unit then discussed and agreed with the Executive Director of Operations.

Executive Director (JM) stressed the importance of involving the Trust's Executive Director's in setting the scope for internal audits and encouraged them to have more oversight of the process in future.

The Committee noted that the Business Committee had reviewed the audit at its November 2020 meeting

b) Internal audit recommendations update

The Committee reviewed the recommendations update paper and noted that a number of actions were due to be updated before the March 2021 Committee meeting. The Executive Director of Finance and Resources assured the Committee that the assigned action owners would be prompted to update their actions well in advance of this.

Outcome: The Committee:

- noted the contents of the summary internal controls assurance report, including the completion and outcome of one audit, progress against the 2020-21 plan and the proposed plan for 2021-22.

Item 2020-21 (41)
Discussion points:
External audit
a) External audit progress report
<p>The Director for the Public Sector provided a verbal update and confirmed that overall the audit progress was on track with no significant issues arising which required reporting to the Committee.</p> <p>He explained that the timetable for preparing and issuing the annual audit plan was later than the timeline in previous years due to the introduction of the new responsibilities under the 2020 Code of Audit Practice which is effective from 2020/21 audits. He referred the Committee to report circulated in advance of the meeting and highlighted the main points in the guidance supporting the new audit approach.</p> <p>Regarding the Value for Money “VfM” aspect of the audit, a new approach has been introduced which requires a commentary on VfM arrangements and does not require an audit conclusion or opinion. The commentary should address three specified reporting criteria: financial sustainability, financial governance, and improving economy, efficiency and effectiveness.</p>
b) Annual plan and fees for year ending March 2021
<p>The Director for the Public Sector reported that the plan should be completed by the 31 January 2021 and would be presented at the March 2021 Committee meeting.</p> <p>In response to a question from Non-Executive Director (JM), the Director for the public Sector confirmed that a draft plan would be shared with the Trust’s Finance Team in advance of that meeting for comment. The Executive Director of Finance and Resources confirmed that he was content with this approach.</p> <p>The current plan was to deliver the accounts to the usual end of year accounting timetable and no central guidance had been issued to suggest that this would be changed.</p> <p>The Deputy Chair asked the Company Secretary to ensure that the schedule of Committee meetings aligned with Trust’s end of year accounts requirements if national timescales were revised.</p> <p>Non-Executive Director (JM) reminded the Committee that in accordance with the Audit Committee’s agreed Workplan the Annual Plan and Fees would be presented to the Committee meeting scheduled for December and the aim should be to deliver the plan for 2021/22 on 10 December 2021.</p> <p>Outcome: The Committee:</p> <ul style="list-style-type: none"> noted the progress report and that the External Audit Plan and fees for 2020/21 would be presented at the Committee meeting on 12 March 2021
Item 2020-21 (42)
Discussion points:
Risk Management
a) Update report
<p>The Company Secretary presented the bi-annual update to the Committee on risk management activities within the Trust. It included an update on the ongoing developments to strengthen of the Trust’s risk management processes, particularly focussing on the new software system (SHE Assure) which had been procured to store risk assessments centrally and expected to be rolled out early 2021. An internal audit on health and safety was almost complete and the outcome was expected to provide some useful information to support wider risk management in the Trust.</p> <p>Outcome: The Committee:</p> <ul style="list-style-type: none"> noted the actions undertaken since the previous report in July 2020

- noted the planned improvement actions.

Item 2020-21 (43)

Discussion points: Data security

a) Information governance update – including an update on the Data Security Protection Toolkit

The Executive Director of Finance and Resources presented the report which briefed the Committee on the key issues on the Information Governance agenda and the responsibilities for the Data Protection Officer.

Main issues for consideration included EU Exit, Microsoft 365 Implementation and the Data Protection Toolkit (DSPT).

The Executive Director of Finance and Resources provided assurance that the Trust had created a plan containing a phased approach to comply with the four key actions for organisations to complete following the UK exiting the EU. He confirmed that currently there was no risk in the Trust failing to comply with the actions due to Covid-19.

The Committee noted that the DSPT assessment timeline had been extended to 30 June 2021 to account for the extended 19-20 submission year. The baseline assessment had been undertaken and the Trust was currently compliant with 11 out of 37 mandatory assertions, with an improvement plan in place to address the remaining 26 by 30 June 2021. There was currently a risk with compliance of the DSPT, as evidence is required that could only be supported by a Security Incident Event Management (SIEM) system, for which the Trust is currently progressing procurement.

Outcome: The Committee:

- noted the update report.

Item 2020-21 (44)

Discussion points: Financial controls

a) Contracts register

The Executive Director of Finance and Resources presented the report which provided the Committee with details of the Trust's contracts awarded over the tender threshold of £30,000. These were separated into new contracts agreed in the last 12 months, existing contracts and contracts which had been terminated during the last 12 months.

The Committee noted that a significant number of contracts were due to expire in the next six months and the Executive Director of Finance and Resources provided assurance that the Trust's Procurement Manager would be reviewing those contracts and considering whether there were justifiable reasons to roll some contracts over due to Covid-19.

Outcome: The Committee:

- received and noted the report.

b) Losses and special payments report

The Executive Director of Finance and Resources presented the report which informed the Committee of the losses and special payments made by the Trust and provided assurance on the use of public funds and safeguarding of assets. The report covered the period October to December 2020 with total losses reported as £934.66.

Outcome: The Committee:

- received and noted the report.

c) Tender and quotations waiver report

The Executive Director of Finance and Resources presented the report to provide transparency on the procurement of goods and services where the procedures on seeking tenders and quotations for items of material expenditure have been waived.

The Committee noted that there had been six waivers since the last report to the Committee; all of these were commercial suppliers and were detailed in the report.

Outcome: The Committee:

- received and noted the report.

Item 2020-21 (45)**Discussion points:
Committee's work plan**

There were no items removed or changes made to the workplan.

Item 2020-21 (46)**Discussion points:
Minutes for noting****Information Governance Group**

- a) 23 September 2020
- b) 12 November 2020

Outcome: The Committee:

- received and noted the minutes.

Item 2020-21 (47)**Discussion points:
Matters for the Board and other committees and review of the meeting**

The Chair noted the following items to be referred to Board colleagues:

- Internal audit plan
- Statutory/mandatory training internal audit recommendations update
- External audit update
- Data Security and Protection Toolkit (DSPT) baseline assessment

Item 2020-21 (48)**Discussion points:
Any other business**

There were no matters of any other business raised.

Date and time of next meeting

Friday 12 March 2021 9.00am-11.30am



Trust Board Meeting: 26 March 2021

Agenda item number: 2020-21 (147b)

Title: Quality Committee minutes 25 January 2021 (time 0930 to 1100)

Category of paper: for noting

Attendance

Present:	Helen Thomas (HT) Professor Ian Lewis (IL) Rachael Booth Ruth Burnett Steph Lawrence Sam Prince	Chair, Non-Executive Director Non-Executive Director Non-Executive Director Executive Medical Director Executive Director of Nursing and AHPs Executive Director of Operations
In Attendance	Diane Allison Thea Stein Sheila Sorby Claire Gray-Sharpe	Company Secretary Chief Executive Assistant Director of Nursing and Clinical Governance Head of Clinical Governance
Apologies:	Stuart Murdoch Brodie Clarke Alison Lowe (AL)	Deputy Medical Director Trust Chair Non-Executive Director
Minutes:	Lisa Rollitt	PA to Executive Medical Director

Item: 2020-21 (65)

Discussion points:

(a) Welcome and introductions

The Chair welcomed members and attendees.

Apologies were noted from the Deputy Medical Director, Non-Executive Director (AL) and Trust Chair.

(b) Declarations of interest

In advance of 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.

(c) Minutes of the previous meeting 23 November 2020

The minutes of the meeting held on 23 November 2020 were reviewed and agreed as an accurate record.

(d) Matters arising and review of action log

Item 2020-21(3b) Draft terms of reference for Quality Assurance and Improvement Group (QAIG)

The item was on the agenda and it was agreed that the action was complete.

Item 2020-21(59b) Clinical Governance report

The item was on the agenda and it was agreed that the action was complete.

Item 2020-21 (59c) Quality Improvement plan (CQC)

The item was on the agenda and it was agreed that the action was complete.

Item 2020-21 (59d) Mortality report (Q2)

The item was on the agenda and it was agreed that the action was complete.

Item 2020-21 (59e) Risk Register

The action log recorded the reason for the decrease in scoring of Risk 1019 and it was agreed that the action was complete.

Item 2020-21 (59f) Board Assurance Framework (QC response)

The item was on the agenda and it was agreed that the action was complete.

Item 2020-21(60c) Outcomes Measures approach

The Executive Medical Director confirmed that she had reviewed the data and obtained clarity on the Clinical Outcomes Measures ladder which would be circulated with the minutes of this meeting.

The action was agreed as complete.

Action: Clarity on Clinical Outcomes Measures ladder to be circulated with Chair approved minutes of this meeting.

Actionee: PA to Executive Medical Director.

Key issues

a) Covid-19 update

The Executive Director of Operations reported that at the present time, the Acute Trust was reporting a stable position.

The Executive Director of Nursing and AHPs reported that the Trust was prepared if there was a need to redeploy staff into the C1 services especially Neighbourhood Teams, noting that this was currently not the case.

A reduction in local Care Homes with outbreaks over the last seven days was reported. In response to a query from the Committee Chair, the Executive Director of Nursing and AHPs gave assurance that the outbreaks were not impeding the vaccination programme in the Care Homes.

The Committee heard that the Flu campaign continued with 78.9% of staff currently vaccinated.

It was reported that all Trust frontline clinical staff had been offered the Covid-19 vaccination and all other staff had been contacted and encouraged to receive their vaccination.

The Committee heard that consideration had been given to how to support front line services by looking at reporting and investigation of low and no harm incidents and it had been agreed to step this back for the teams at the current time where possible. The Corporate team would maintain oversight of all the incidents and would highlight and escalate any themes or trends.

In response to a query from a Non-Executive Director (IL), the Executive Director of Operations confirmed that referrals to LCH had remained static with the greatest pressure being in supporting end of life care at home which had increased by 40%. The Executive Director of Operations also spoke about actions in place to assist avoidance of hospital admissions.

(i) Update on complaint regarding Care Home

The Executive Director of Nursing and AHPs informed the Committee that a complaint had been received from a Care Home with allegations that Trust staff had been responsible for the transmission of Covid-19 to patients due to their practice. The Complaint has been reviewed and would be fully investigated. The Executive Director of Nursing and AHPs, Trust Chair and Chief Executive had met to discuss the complaint and it was agreed that no immediate change to practice was required. Additional assurance from the teams has been requested to ensure that practices are being followed.

b) Reset and recovery

The Executive Director of Operations presented an update and confirmed to the Committee that all services, following engagement with staff, had re-started by September 2020 with a focus on waiting lists and backlogs. The restart considered social distancing requirements and it was noted that virtual consultations had been put in place in the majority of services and this would continue.

The presentation provided trend data for the 0-19 Public Health Integrated Nursing Service as an example of the work undertaken to monitor reset progress. It was noted that quality of data was being monitored and work was underway to improve further data collection.

The Committee heard that the work in Children's Audiology around high DNA rates had identified public concern at attending appointments. This was being explored to reduce the impact of DNAs across this and other services.

Information from deep dives into the following services was presented as an example of how information had been analysed:

- Community Dental Service
- Podiatry
- Community Pain Service

Assurance was provided that all high risk waiters were being seen, with consideration being given to low risk waiters who may become high risk due to the duration of the wait. It was noted that incident and complaint data was being triangulated with waiting list impact.

c) Update on CAMHS T4 (Little Woodhouse Hall)

The Executive Director of Nursing and AHPs presented the update on the ongoing improvement work at Little Woodhouse Hall which was positively received by the Committee and noted as providing greater assurance.

d) Never Event

The Executive Medical Director gave the Committee formal notification of a Never Event, which occurred on 9 December 2020, of wrong side spinal injection. It was noted that there was no harm to the patient, duty of candour had occurred immediately and additional safety measures had already been put in place following an urgent walk-through of our processes and procedures. A serious incident investigation has commenced which is due to be reviewed at an appropriate panel next week. The investigation is being conducted in partnership with Leeds Teaching Hospitals NHS Trust (LTHT) as this incident occurred on LTHT premises with LTHT supporting staff.

2020-21(67)

For discussion: Quality governance and safety

a) Performance Brief and domain reports

The Executive Director of Nursing and AHPs presented the report and asked the Committee to note that safe staffing had been maintained despite data anomalies due to being reported in line with Acute Trust requirements. It was also noted that reporting was being worked through to provide more accurate data as a Community provider.

The reduction in incidents at Little Woodhouse Hall was noted. There was a conversation about future comparison of data. The Assistant Director of Nursing and Clinical Governance updated the Committee that expected changes in relation to the Patient Safety Strategy would result in different approaches to reporting and investigation for the future.

It was also noted that work had commenced on the 72 hour review template to ensure

that this provided more information in the future about incidents that did not require progression as a Serious Incident.

The Committee heard that the Friends and Family Test (FFT) had recommenced in December 2020.

It was noted that the number of complaints remained lower than expected and these were being responded to within the required timescales.

b) Clinical Governance report

The Executive Director of Nursing and AHPs presented the report and highlighted pressure ulcer incident reporting. A meeting to discuss benchmarking of externally reportable pressure ulcers was being arranged to ensure all category three pressure ulcers are appropriate for serious incident investigation and external notification.

The Committee were made aware of the step down of Quality Walks to support services to concentrate on delivery of clinical services, with plans to re-start from 1 April 2021.

There was a discussion about the areas of concern included in the Business Unit reports. The Committee was assured that monthly performance panels, including director representation were taking place with each of the Business Units where the issues noted were addressed. It was agreed that although the areas of concern were provided for information only to the Committee, it was important to acknowledge these.

Action: Suggestions to enhance business unit reports around areas of concern to the Committee to be fed back to authors.

Actionee: Executive Director of Nursing and AHPs

It was noted that the NHS Benchmarking Portal for Learning Disability had opened and the Trust would be participating in this.

The Committee welcomed Claire Gray-Sharpe, Head of Clinical Governance to the Trust.

c) Quality Improvement plan (CQC)

The Executive Director of Nursing and AHPs presented the plan and informed the Committee that one outstanding 'must do' action remained, which was the sign off of the Trust wide ligature policy. This was nearing completion and a final update with the concluded plan was agreed to be provided in March 2021.

Action: Update on concluded Quality Improvement plan (CQC) to be provided to the Committee in March 2021

Actionee: Executive Director of Nursing and AHPs

d) Mortality report (Q3)

The Executive Medical Director presented the report and stated that for Q4 and the annual report, comparison work was underway to evidence the increase in trend and numbers in the last few years, with an overlay of the Covid-19 figures.

It was noted that collection of ethnicity data was a challenge, although post code data

was available. More information would be included in future reports.

A Non-Executive Director (IL) asked about the lack of cause of death data and how this would be addressed. The Executive Medical Director stated that there was a reliance on Primary Care to provide cause of death data, which was not consistent. The cause of death was now included in the Level 1 review template which would assist to identify patterns and improve the dataset available.

It was also noted that the Adult Business Unit had been undertaking Level 2 reviews on all Covid-19 deaths, whilst this has provided additional learning initially, the ongoing benefit was not felt to be comparable to the workload required and therefore the approach would be reviewed.

The Chief Executive requested more information on Learning Disability within future reports.

A Non-Executive Director (RBo) asked about staff involved in Coroner inquests and risk assessments in terms of Trust liability. The Executive Director of Nursing and AHPs confirmed that this information was included in the quarterly Serious Incidents (SI) reports which are presented to the Board.

e) Risk Register report

The Company Secretary presented the report, highlighting one extreme risk on the Risk Register relating to the continuing risk of Covid-19 infection. There were four new clinical or operational risks reported this month.

One risk was reported as having a revised (higher) score:

- Impact of Covid; MSK service unable to see paused and new patients because of decreased capacity.

There was a discussion about defining risks as clinical or operational. It was agreed that a clear description within new risks as to the impact and where this lies with the impact on patients was required.

Action: New risks to include a clear description as to the impact and where this lies with the impact on patients.

Actionee: Company Secretary

2020-21(68)

For approval: Clinical Effectiveness

a) Patient Group Directions

The Committee received and ratified the Patient Group Directions.

b) Internal audit annual plan 2021/22

The Company Secretary presented the paper for review prior to the anticipated approval at Audit Committee on 21 March 2021. It was agreed for members to give this greater consideration prior to the next Quality Committee meeting.

Action: Amended draft Internal audit annual plan 2021/22 to be presented to Quality Committee in February 2021

Actionee: Company Secretary

2020-21(69)

Committee Governance: Sub groups effectiveness review and terms of reference reports

- a) Mental Health Act Governance Group**
- b) Safeguarding Committee**
- c) Quality, Assurance and Improvement Group**

The Committee reviewed the three subgroups' annual reports and terms of reference. Minor amendments had been suggested to some terms of reference, which were approved by the Committee.

2020-21(70)

For noting and any questions: Sub group minutes

- a) Quality Assurance and Improvement Group: minutes 22.10.20 & 22.12.20**
- b) Safeguarding Children's and Adult's Group: minutes 15.10.20 + 17.12.20**
- c) Mental Health Act Governance Group: minutes 18.12.20**

The Committee reviewed the three sub group meeting minutes.

2020-21 (71)

Quality Committee work plan

a) Work plan

The Committee received the up to date work plan.

b) Work plan items not on agenda

ii. Quality Account – proposed defer to February 2021

It was agreed that this item would be deferred to March 2021.

2020-21 (72)

Matters for the Board and other committees

The strategic risks identified as relevant to the Committee were discussed, with an overall level of assurance being reasonable. It was noted that the update at Little Woodhouse Hall provided significant assurance.

There was a discussion around the risks identified as not applicable to the Committee and it was agreed that the agenda setting process would look at ensuring future meetings take all the risks into consideration.

2020-21 (73)**Reflections on Committee meeting**

It was noted that a balance was required to address all the issues in the time allotted for the meetings.

2020-21 (74)**Any other business**

There was no further business discussed.

Date and time of next meeting

Monday 22 February 2021 9.30am – 11.30am (Via MS Teams)
Boardroom Stockdale House
Stockdale House
Leeds LS6 1PF

**Business Committee Meeting
Microsoft Teams / Boardroom, Stockdale House
Wednesday 27 January 2021 (9.00 am to 10.30 am)**

Present:	Richard Gladman (Chair)	Non-Executive Director (RG)
	Thea Stein	Chief Executive
	Bryan Machin	Executive Director of Finance & Resources
	Sam Prince	Executive Director of Operations
	Khalil Rehman	Non-Executive Director (KR)
Attendance:	Jenny Allen	Director of Workforce
	Diane Allison	Company Secretary
Observer:	Rachel Wallace	Performance Analyst (Children and Families)
Apologies:	Helen Thomson	Non-Executive Director (HT)
Note Taker:	Ranjit Lall	PA to the Exec Director of Finance & Resources

Item 2020/21 (60): Welcome and introductions

Discussion points:

The Committee Chair welcomed everyone to the meeting including a Performance Analyst from the Business Intelligence Team who was observing the meeting.

a) Apology: Noted as above.

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 conflicts of interest regarding the meeting's agenda were raised.

c) Minutes of meeting dated 25 November 2020

The public and private meeting minutes dated 25 November 2020 were noted for accuracy and approved by the Committee.

d) Matters arising and review of action log

The Committee reviewed the action log and noted the updates.

Item 2020/21 (61): Covid and Reset and Recovery

Discussion points:

a) Covid update

The Executive Director of Operations said that in the last twenty-four hours there had been a slight increase in the infection rates in Leeds. The hospital admissions had been fairly stable up to now but the concern currently was with the number of people in critical care and Covid positive.

It was noted that Leeds hospitals had been accepting some patients from other areas of the country to reduce pressure on the system. The number of patients in Covid positive wards and critical care meant that around 40% of elective activity was taking place.

Referrals into neighbourhood teams were fairly steady, and people were choosing to die at home. The Commissioners had funded thirty whole time equivalent non-registered staff to support with the 'end of life' care.

The Executive Director of Operations said that since the last update in November 2020, in terms of vaccination programme, the Elland Road site had been opened on 20 January 2021 as a staff vaccinations hub. She said the intention was to vaccinate Health and Social Care staff until early February 2021 and then convert that site into a community vaccination site for the general population.

The Committee was advised that a long Covid rehab pathway was in place and was being well used. Additional support was also available to support patients discharged early from hospital.

In terms of the vaccination supplies and its development the Committee was assured that the Trust was currently receiving a consistent supply.

Outcome:

The Committee received an update on the local situation including current infection rates, the number of patients in hospital with this disease, plans to increase critical care capacity and the latest information on the vaccination programme.

b) Workforce report (Covid)

The workforce Covid report focused on three key points as follows:

Staff Health and Well-Being:

Supporting staff to keep well and at work throughout this period. It was noted that the overall absence figures were lower than this point last year. The Director of Workforce (JA) said that there were lots of interventions of support particularly over the last couple of weeks for working parents.

Resourcing and Capacity:

Ensuring, understanding and maximising the staffing resource available. The main focus was on staffing model and redeployment of staff at vaccination centres and the recruitment of healthcare support working with end of life care.

Guidance and Advice:

Ensuring national guidance and local questions were responded to and published for managers and staff in a timely manner. For example, information about school closures and annual leave carrying over.

The Director of Workforce (JA) said that there was an ongoing focus of ensuring that staff could operate within a safe working environment, and continuing support for staff who were clinically, extremely vulnerable and required shielding.

The appendix included in the papers provided an up to date health and wellbeing plan which the Committee had requested at its previous meeting. This outstanding action was now closed.

The Committee Chair asked about any feedback from staff who were taking up the health and wellbeing offer. The Chief Executive said that the most important intervention in the organisation was the strong local leadership. The Director of Workforce (JA) added that a paper on staff survey results was going to the next Trust Board meeting.

She said in the context of global pandemic the health and wellbeing offer had been better received this year than previous years, which was helpful and a good indicator.

The Committee Chair asked about the overall annual leave position in terms of the backlog building up and whether there was a sense that staff were taking time out. The Director of Workforce (JA) said that this was being tracked month on month which was broadly similar to each month of last year. She said that the anticipation now was that with vaccination centres opening and possibly a third wave there may not be an opportunity for everyone to take their leave in this last quarter. A new policy had been ratified allowing people to carry over or sell some of their leave.

The Executive Director of Finance and Resources said that since the last meeting a new annual leave policy had been introduced. The new policy permits the selling of up to five day's annual leave, which was affordable within the financial position.

Outcome:

The Committee noted how the Trust was supporting staff to keep well and at work through this period and how staff resource was being maximised as well as an update on the health and wellbeing action plan.

c) Reset and recovery update (presentation)

The Executive Director of Operations presented the Committee with an update on the reset and recovery programme. All services had restarted between June and September 2020 and the backlog had started to reduce. She said she was reporting today on the data from November 2020; December 2020 data had not been analysed sufficiently for presenting.

The Committee heard about continued efforts to reduce waiting lists and that the Trust was working with Healthwatch to ensure that patients would have access to the digital offer, as well as the additional wraparound support that the third sector organisations could offer to patients. Work was progressing well on waiting list prioritisation, working alongside clinical leads and looking at when long waits could become clinically urgent waits.

The Executive Director of Operations continued to say that she now needed to increase focus on unacceptable waiting times for patients whose clinical presentation was not urgent. There had been some progress with transforming services, and an effective staff engagement. Unfortunately transformation has needed to be paused to some degree when the second Covid wave hit in November 2020.

The presentation provided details of the aims and objectives of the reset and recovery programme. The aims and objectives of the project were met to get all services re-started between June and September 2020 and to be ready to see patients by March 2021, Further objectives were to ensure that learning from the first wave of Covid changes to ways of working were and embedded in ongoing service models. The Committee was advised that the progress had been slower than anticipated due to Covid waves two and three.

There were opportunities for staff to engage and suggest ways of making working lives better for both staff and patients. Virtual consultations were put in place in services that required them. Digital technology was still being implemented in the neighbourhood teams particularly around virtual consultation. The relationship with Primary Care and the Third Sector maximised more locally focussed care delivery in all services

The Committee was shown an example development of the dashboard for services. This had a range of indicators to show whether a service remained on track. There had been some issues around the data quality and consistency of how people recorded and reported information.

The Executive Director of Operations provided examples of three services that had reduced their backlog and increased activity; Community Dental, Podiatry and Community Pain Service. The dashboard had helped to pinpoint the problems and issues.

A Non-Executive Director (KR) welcomed the information and analysis provided and recognised the challenges on data. He said the challenges were around what actually works well and what doesn't and mapping that out. He also asked about issues of service access in areas of deprivation and whether the services captured the difference between ethnic minority groups and cultural challenges around accessing Community Pain Service. He highlighted an opportunity to try and map the inequalities around community groups and asked how it was being addressed. The Executive Director of Operations agreed with the comments and said that a piece of work was underway by the Healthwatch around the digital inclusion to try and understand and support people either to access a digital offer or offer an alternative.

The Executive Director of Operations said that work around service access for different ethnic minority groups was important not only for the vaccination programme but also for other work. She said there could be multiple reasons for different service uptake across the different communities, and trying to understand them at a community level was a challenge.

The Committee Chair noted that under very difficult circumstances good progress had been made against the Reset and Recovery initial goals and many successful examples of creativity and innovation had been seen. He asked about the next stage plans for the remainder of the year and the realistic aim.

The Executive Director of Operations responded to say that at the start of the reset and recovery programme she did not expect the second wave. The work that people had started had been put on hold because suddenly they had to find different ways of working and went back to the way things had been in wave one. She was having concerns about people reverting back to things they had previously done rather than doing it in a transformed way. For services to fully transform and embed new models of care, people needed some thinking space, once current service pressures reduce, to regroup and move on again. The support of project managers in each service had been useful.

An update covering the audit of services in the reset and recovery programme was provided as part of the dashboard presentation. This concluded the outstanding action on the Committee's action log for this item. The Executive Director of Operations offered to email out a copy of the dashboard to Committee members which provided an overview of the recovery plan.

Action: Executive Director of Operations

The reset and recovery presentation given on the day including the dashboard and the recovery plan to be circulated to the Committee members.

Item 2020/21 (62): Strategy update

Discussion point:

Estate strategy

The Committee was advised of the Trust's intention to commission a project to align the estates strategy with clinical services strategy. The Committee was keen that the project scope needed to involve partners in the City so that whilst the Trust was shaping its own provision, it could also understand and incorporate the aspirations of the City. The Executive Director of Finance and Resources said that the implementation plan should not be progressed until there was a better understanding about the alignment of the Trust's service strategy with the estate strategy.

The Executive Director of Finance and Resources said that this was part of a wider piece of work being commissioned to bring together the services planning and estate planning. He said that based on the earlier discussion on the reset and recovery plan during the last twelve months, many of the previous priorities were no longer valid in many areas. The pause would inform what was needed in the City for the out of hospital estates strategy across all health partners and social care settings.

The Chief Executive said she was fully supportive of this approach and that the most important thing was the wider integrated out of hospital service and involving partners in their choice in the City. Further discussions were to be continued in the senior management team meeting later in the afternoon.

A Non-Executive Director (KR) noted that this was potentially a huge piece of work in the City which would set a sense of direction for next couple of years. He said the challenges would be financial, looking for buildings to translate new ways of working socially or clinically.

The Director of Workforce (JA) agreed with the integration of the service strategy with the estate strategy which would have a large impact on estates as well as knowing staff working differently in the future, connecting and managing differently. She said consideration should also be given to link to the workforce strategy going forward.

The Executive Director of Finance and Resources and the Chief Executive were leading on this work at a citywide level to get the feel of the scope and involvement of others and making sure the City was moving at the same pace, and establishing how this operating model would work geographically across the city, taking into account socio-economic factors.

Outcome:

The Committee noted the proposed work to inform the estate strategy implementation plan.

Item 2020/21 (63): Performance management

Discussion points:

a) Performance brief and domain reports (plus waiting list update)

Performance Brief

The Executive Director of Finance and Resources introduced the performance brief and domain reports. The key performance indicators agreed before the commencement of the financial year and before the start of the Covid-19 pandemic did not take into account the impact of the pandemic was having on service delivery.

Safe domain: Detailed discussions took place at the Quality Committee on 25 January 2021 on pressure ulcers. A piece of work was underway to identify areas of improvement and learning from it. The Director of Nursing was conducting an audit of all category 3 pressure ulcers reported year to date deemed as having lapses in care. The Executive Director of Operations stressed that the majority of pressure ulcers were recorded in the neighbourhood team and that any face to face activity was not compromised.

A Non-Executive Director (KR) noted that there were an increased number of major harm incidents around falls between November and December 2020. The Chief Executive assured the Committee that it was not currently being seen as a trend.

Caring domain: For patient feedback, it was noted that 95.7% of positive responses had been received from community patients. Monitoring the way people felt and how they had been treated is continually reviewed as part of patient experience report produced for the

Trust Board. A Non-Executive Director (KR) asked about whether complaints, concerns and compliments had been linked visually to business units. The Chief Executive said that trends and themes were regularly being looked at but not visualised as such. She was happy to try and do that.

Effective domain: No comments were noted.

Responsive: There were some concerns in the children's audiology service waits requiring a diagnostic test within six weeks of referral. The Executive Director of Operations said that this service was stopped nationally at the start of the first wave of Covid-19 in line with the national guidance. The service was now back up to full capacity but would struggle to address its backlog without additional support. Further discussions were to be continued in the senior management team meeting later in the afternoon.

Well-led: The sickness absence rate month on month had been consistently lower when compared to 2019. A discussion about reduction in sickness absence rates, recruitment and staff turnover had already taken place in the workforce update. The Director of Workforce (JA) said that this could be attributable to the increased focus on supporting staff's mental health and wellbeing during the pandemic.

A Non-Executive Director (KR) queried the staff safety incidents reported and the issue of handling verbal abuse and aggression against staff. He asked about the sensitivity and response to incidents and what support was in place for staff at the receiving end. The Committee discussed the staff safety incidents including violence and aggression and requested a further breakdown of data including incidents of racial abuse.

The Chief Executive said that the Trust takes the safety of all staff very seriously and it had a zero tolerance approach to abuse and aggression towards staff and patients. The Chief Executive said that where people came forward issues would be addressed with a very robust response.

Action: Executive Director of Finance and Resources

A further breakdown of data including incidents of racial abuse incidents to be provided to the Committee.

Outcome:

Concerns remain about waiting times but this was not impacting on contractual requirements at this time

FINANCE

(Please see private minutes)

b) Operational and non-clinical risks register

The Committee considered the following main issues reported in the Trust risk register:

- Four new non-clinical risks scoring 8 or above:
- There were no new non-clinical risks scoring 15 or above (extreme).
- One clinical risk scoring 15 or above

The Executive Director of Operations explained the impact of risk 1022: increasing use of alternative provider for First Contact Practitioner type work within the MSK Service. It was noted that different providers could provide different parts of the pathway which led to competition in terms of attracting staff and choosing providers.

The Committee Chair asked about the workforce potential risk around retirement and staff wishing to leave when the pandemic was over and whether that was captured as a risk and mitigated.

The Director of Workforce (JA) said she would gather information about pension enquiries and see what impact it could have on turnover. She said staff turnover was currently low and stable however there was a risk that this could change post-pandemic across the country as staff consider their futures.

Action: Director of Workforce (JA)

The Director of Workforce (JA) to follow up on pension enquiries and see what impact it could have on turnover.

c) Health and Safety Compliance report

The Committee received an update on the progress of the Health and Safety Executive action plan. The Executive Director of Finance and Resources said that this report provided details of the progress made against the measures identified in the action plan where the bulk of actions were almost complete or were in progress. It was noted that it was not possible to adhere to the original planned timescales due to disruptions caused by the pandemic. The Health and Safety Group retained the overall responsibility to monitor progress against the plan.

The Committee was advised that further cultural change was required to ensure that the actions were fully embedded throughout the organisation in terms of Trust responsibilities for the health and safety of staff and patients.

Action: Executive Director of Finance and Resources

A progress report on the Health and Safety Executive Health and Safety Executive action plan to be brought back in three months (April 2021).

Outcome:

The Committee noted the update and the Trust's compliance with the HSE action plan. The Committee requested that the completed action plan is brought back in three months.

d) Internal Audit Annual Plan (2021-22)

The Committee reviewed the draft internal audit plan for 2021/22. The Committee debated the possible inclusion of an audit on waiting lists, but agreed that this would need to be appropriately timed as an early review may just confirm what was already known. This plan had also been reviewed by the Audit Committee on 15 January 2021.

Committee members were asked to consider the draft plan and provide further suggestions to the Executive Director of Finance and Resources before the plan was approved by the Audit Committee in March 2021.

Action: Committee members

Provide further suggestions for internal audits to the Executive Director of Finance and Resources prior to the Audit Committee meeting on 12 March 2021.

e) Internal Audit Reports: Compliance Review of Appraisals

This audit report provided a summary of the outcomes from the completed internal audit from the 2020/21 plan relating to staff appraisals. The Committee was content with the recommendations, the management response and that the timescales were reasonable and realistic.

Outcome:

The Committee noted the completed audit as part of the approved 2020/21 plan.

Item 2020/21 (64):
<p>Discussion point: Minutes to note</p> <p>Health and Safety Group minutes of meeting dated 12 November 2020. The Committee received the minutes for noting.</p>
Item 2020/21 (65): Work plan
<p>Discussion point:</p> <p>Future work plan</p> <p>The work plan was reviewed by the Committee members and agreed. The deferred items were to be scheduled in for future meetings.</p>
Item: 2020/21 (66): Matters for the Board and other Committees
<ul style="list-style-type: none"> • Covid and workforce update • Reset and recovery programme • Estate strategy • Performance brief and domain reports • Finance <p>Assurance levels</p> <p>The Committee reviewed and discussed the levels of assurance for the strategic risks related to the agenda items and agreed these provided reasonable assurance.</p> <p>It was agreed that the following agenda items should be included in the Chair's assurance report to the Board: Covid update, Workforce update, Reset and Recovery, Performance Brief and Finance, Estate strategy, Health and Safety compliance report and Internal Audit annual plan.</p>
Item 2020/21 (67): Any other business
None discussed.

Committees in Common
Mental Health, Learning Disability and Autism Collaborative
West Yorkshire and Harrogate Health and Care Partnership
21 January 2021

Paper Title: Update to Boards from the Committees in Common
Paper Author: Keir Shillaker

1. Introduction

This paper updates individual Trust boards on the discussions and decisions taken at the Committees in Common on 21 January 2021.

2. The Committees in Common noted:

- An update on the work of the programme, focusing discussion on:
 - i. The national PHE/LeDeR report into learning disability deaths as a result of COVID 19 and the desire for System Leadership Executive to retain collective ownership of the response to this report. Our response will consider actions needed by all providers of health and care, the role of Primary Care Networks in supporting the needs of their population, generating enhanced awareness of learning disability and consideration of prioritisation within the COVID-19 vaccination programme across West Yorkshire.
 - ii. Timescales for the development of work relating to Complex Rehabilitation and the development of a new 16 bedded ICS Complex Care Unit, an intensive ICS community service for women with a primary diagnosis of personality disorder and completion of the Intensive Community Rehabilitation pilot.
 - iii. Timescales for the finalisation of the business case for the Adult Secure leave provider collaborative, with presentation to boards in



February.

- iv. The development of the West Yorkshire & Harrogate Mental Wellbeing hub, led by a multi-disciplinary psychology leadership team across BDCFT, LYPFT and Mid Yorkshire Hospitals. The aim of the hub is to help triage staff with complex support needs to the appropriate support within the partnership, but also to:
 - Develop a minimum standard offer for mental health and wellbeing support
 - Curate/collate good practice tools/guidance around how to identify risk of poor staff mental health and wellbeing and provide safe working practices.
 - Develop the capability in mental health and wellbeing conversations for line managers
 - Promote team-based interventions such as Schwartz rounds
 - Develop a health and wellbeing module to embed in leadership development programmes
- v. The large amount of transformation funding being received by WY&H, and discharged with the support of the MHLDA programme covering community mental health transformation, crisis alternatives, winter pressures for adults and children, medium term funding for children & young people with eating disorders, IAPT and discharge options (housing coordinators, short term housing options and step up PICU capacity for delayed discharges to adult secure)
- vi. The results of additional engagement with service users and staff, and progress to finalise the clinical, operational, contracting and leadership models with regards to the centre of excellence model for Assessment and Treatment Units.

3. The Committees in Common discussed and made decisions regarding:

- Approval of revisions to the Memorandum of Understanding for the collaborative, including the short communications summary and a new Triple-A reporting format.
- The need for a discussion on vaccine prioritisation for people with a learning disability to be held at the WY&H Sector Leads meeting.



- Support for the work to bring organisational PMVA (Prevention and Management of Violence & Aggression) teams together as soon as possible once lockdown restrictions are relaxed to finalise the proposal on a model of collaboration for restraint training and practice. And agreeing the need to see and share data in relation to the use of restraint.
- The need to have a joint response to the impact of the Mental Health Act White Paper, to be coordinated by the MHLDA programme team.
- The potential to hold an extraordinary meeting in March to finalise agreement of the ATU reconfiguration plans, or to do so offline depending on the degree of debate needed.
- Future agenda items. Particularly:
 - i. A collective view on capital planning requirements during 21/22
 - ii. Paying close attention to the actions taken and developments regarding the MHLDA contribution to the WY&H BAME review and the LeDeR report into learning disability deaths.
 - iii. The impact of COVID 19 on demand for MHLDA services now and in the future; including any collaborative modelling and intelligence undertaken

Keir Shillaker
Programme Director
21 January 2021

Minutes of the
West Yorkshire Mental Health Services Collaborative Committees in Common (WYMHSC C-In-C)
held Thursday 21st January 2021, 10.00 – 11.20am
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
Paul Hogg (PH) – Company Secretary, Bradford District Care NHS Foundation Trust
Sara Munro (SM) – Chief Executive Officer, Leeds & York Partnership NHS Foundation Trust
Sue Proctor (SP) - Chair, Leeds & York Partnership NHS Foundation Trust
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:

Lucy Rushworth (minutes) (LR) – Project Support Officer, West Yorkshire and Harrogate Health and Care Partnership
Salma Yasmeen (SY) – Strategy Director, South West Yorkshire Partnership NHS Foundation Trust

Apologies:

None received.

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

Item	Discussion / Actions	By whom
1	Introductions: Cathy Elliott (CE) welcomed the group, there were no apologies other than Thea Stein (TS) joining the meeting at 10.00am and Rob Webster (RW) leaving the meeting at 10.45am.	
2	Declaration of Interests Matrix / Conflict of Interest: The Declaration of Interest Matrix will be updated with the following: <u>Removal</u> of Patrick Scott as Interim Chief Executive Officer for Bradford District Care NHS Foundation Trust (BDCFT). <u>Removal</u> of Angela Monaghan (AM) spouse declared interest due to retirement. <u>Add</u> Therese Pattern (TP) as Chief Executive Officer (CEO) for BDCFT.	
3a	Review of Previous Minutes: The minutes from the 22 nd October 2020 were reviewed by the meeting group and were accepted as an accurate record.	
3b	Actions log and matters arising: The matters arising were discussed as follows: The successful West Yorkshire and Harrogate Health and Care Partnership (WY&HHCP) Mental Health, Learning Disabilities and Autism (MHLDA) Non-Executive Director (NED) and Governor virtual event, which was well received and attended with good engagement. The next event has been held in diaries for the 11 th June 2021. The CEOs aim to be proactive in capital planning and requirements into 2021/2022, there is a national indication that the Integrated Care System (ICS) will be having more of a control over this,	

Item	Discussion / Actions	By whom
	<p>and this will require a shared view and strategy going forward. It was agreed for capital planning to be on a future Committees-in-Common (CinC) meeting agenda.</p> <p>The main and strategic meeting action logs were reviewed by the meeting</p> <p>AGREED</p> <p>It was agreed by CinC to continue with the additional strategic planning sessions, following the productive first meeting in September 2020. The next one in February 2021 will be rescheduled to 17 May due to the third phase of the pandemic, and suggested strategic topics were shared by attendees to note for the next session.</p> <p>Keir Shillaker (KS) updated the group on a proposed formal 'Gateway' process which will see wider discussions amongst provider collaborative executives of agenda items prior to MHLDA programme boards.</p> <p>There was a conversation about the MHLDA strategy which should continue to form the framework for what we cover at strategic meetings, but to also include the Black, Asian and Minority Ethnicity (BAME) review and the and Learning Disability (LD) review. Agreed best practice by the collaborative should be continually captured, and can be shared regionally and nationally for those that are in the beginning of their collaborative journey.</p>	
Governance		
4	<p>Reviewing the Memorandum of Understanding (MoU)</p> <p>Paul Hogg (PH) presented highlights of the MoU which has been reviewed with the collaborative's respective Chairs and Company Secretaries during December 2020 and January 2021 which asked the CinC to:</p> <ul style="list-style-type: none"> a) Consider the proposed changes to the draft MoU at Appendix 1; b) Discuss the recommendation to allow Deputy Chairs/NEDs to observe Committees-in-Common meetings, but not Governors; c) Approve the draft summary of the purpose and work of the CinC at Appendix 2 for use on the Mental Health, Learning Disabilities and Autism Collaborative website and with external partners; d) Approve the new assurance Triple-A report format at Appendix 3. <p>There was an additional point raised by PH in relation to identifying the public and private CinC minutes.</p> <p>The meeting discussed and supported the proposed Triple-A reporting in addition to the public minutes being circulated to respective Boards in the collaborative for consistency in reporting. It was agreed that NEDs could attend CinC for specific development purposes or with regard to specific discussion items.</p> <p>Discussion was held about the need to ensure more visibility of joint working through the collaborative via the MHLDA webpages and potential creation of an annual report.</p> <p>The CinC thanked the Company Secretaries for this piece of work. A final request was to ensure that Directors of Finance (DoF) were content with the content of section 5 before ratifying through</p>	

Item	Discussion / Actions	By whom
	<p>organisational boards.</p> <p>Noted: That the Terms of Reference (ToR) were approved previously.</p> <p>ACTION</p> <p>PH and KS to meet and discuss the balance of public and private minutes for the CinC. ACTION 1/01</p> <p>Create a circulation list of key stakeholders for updates on work of the CinC and explore possible website presence for this work. ACTION 2/01</p> <p>Company Secretaries to gain final comments from the DOFs in relation to section 5. Action 3/01</p> <p>PH to send final MoU to Lucy Rushworth (LR) to circulate by email to the CinC. ACTION 4/01</p> <p>All to take the final MoU to their Board for approval in February and no later than March and each report how the MoU is working in principle and in practice at future CinC meetings. ACTION 5/01</p> <p>AGREED</p> <p>The CinC principally agree to the subjected changes discussed and proposed.</p> <p><i>TS joined at this point in the meeting.</i></p>	<p></p> <p>PH/KS</p> <p>KS/LR</p> <p>Co-Secs</p> <p>PH</p> <p>ALL</p>
Assurance		
5	<p>Programme Update</p> <p><u>Response to the LeDer Review</u></p> <p>The programme is taking a proposal paper to the Senior Leadership Executive Group (SLEG) to outline the national and regional evidence on the impact of COVID 19 on learning disability deaths. The purpose of the SLEG discussion is to set collective responsibility as a partnership for addressing this inequality with expectations for all partners in the ICS to commit to it.</p> <p>The CinC welcomed the approach as outlined and discussed possible links with the work of the Operational Delivery Network.</p> <p>Further discussion centred around current Covid19 (C19) vaccination prioritisation which does not feature this cohort, however there could be an opportunity to put people with a Learning Disability (LD) and their carers higher up on the 'other conditions' category once the first four priority groups have received their vaccinations.</p> <p>SM offered to present to the Chairs network to raise awareness across the ICS and influence leaders.</p> <p>ACTION</p> <p>RW & Sara Munro (SM) to explore the prioritisation of vaccines for people with LD in the sector leads meeting. ACTION 6/01</p> <p><u>Complex Rehab</u></p> <p>The CinC were asked to be aware of timescales as presented.</p>	<p></p> <p>RW/SM</p>

Item	Discussion / Actions	By whom
	<p><u>MH & Wellbeing Hub</u></p> <p>The hub has now commenced, led by a psychology leadership team that will identify needs, coordinate services and provide triage for complex cases. There was a request for this item to be placed on the next CinC agenda.</p> <p><u>Transformation Funding</u></p> <p>There are large volumes of funding being discharged through the programme, including the Community Mental Health Transformation Bid of £5.2million which was submitted to NHS England (NHSE) on the 20/01/2021. KS thanked the Trusts and their teams that have been able to contribute.</p> <p><u>Adult Secure</u></p> <p>A verbal Board update will be provided for each organisation in January 2021 and the business case will be scheduled for Boards in February 2021.</p>	
6	<p>Focus on: ATU</p> <p>RW shared that there is positive work into the clinical models and shared working, the completion timescale has changed from April to July 2021. TP added that there may be some programme support required for resourcing the model which will be discussed with KS. There will be some changes to the MH Act due to the current White Paper from which there will be implications to the service to be worked through.</p> <p>Joint Health Overview and Scrutiny Committee (JHOSC) will firstly be sighted on the engagement work undertaken to date.</p> <p><i>RW left the meeting at this point.</i></p> <p>The engagement process includes people who have attended/worked in ATU with this process being extended multiple times due to C19, and CinC noted a clear narrative to explain that the engagement has been carried out completely and properly given the circumstances. Examples of engagement and consultation on service provision during C19 were invited to be shared with KS.</p> <p>ACTIONS</p> <p>TP to meet with KS to discuss programme support for resourcing the ATU model. ACTION 7/01</p> <p>ATU transformation plan to be on the next CinC agenda. ACTION 8/01</p> <p>ATU transformation plans to be reported to respective Boards by February 2021. A Private Board update can be provided before February Board meetings, noting today's CinC Lead Provider decisions in private today. ACTION 9/01</p>	<p>TP</p> <p>CinC</p> <p>CinC</p>
7	<p>Update: Prevention & Management of Violence & Aggression (PMVA)</p> <p>There has been progress made from the working group which is looking at ways in which the collaborative is working together consistently in restraint and de-escalation techniques with the aim to share staff across CinC services and assist in joint working (e.g. ATU).</p>	

Item	Discussion / Actions	By whom
	<p>Guidance from National Institute for Health and Care Excellence (NICE) and the restraint reduction network has given the group a broad framework of principles, although there is a shared ambition to have more engagement with service users to measure impact.</p> <p>Reflections on the two main differences were shared which is currently a focus for the working group which are risk assessments for individuals and interventional holds. Each organisation has taken part in virtual workshops and there are scheduled dates in place for a simulation day to look at the specific differences in the holds to help understand the next steps for this work. It is hoped that we can modify existing curricula sufficiently to create consistency, although the simulation day taking place is dependent on reduced COVID restrictions. Should curricula not be modifiable it may mean that LYPFT (as a subscriber to the GSA curriculum) consider coming out of their current arrangements to help facilitate a collaborative approach.</p> <p>CinC had comments around the level of work needed to proceed with this outcome, with the added difficulty of having a real-life scenario compared to textbook. The data on when restraint is used would be welcomed in the next report to understand frequency of occurrence.</p> <p>ACTION</p> <p>KS to add where possible the data metrics into future PMVA papers. ACTION 10/01</p>	<p>KS</p>
<i>Problem Solving</i>		
8	<p>Tracking MH demand will be placed on the next strategic meeting agenda, especially noting the collaborative seeing an increase in demand for MH services due to the pandemic and need to future plan models of care, following the impact of the pandemic.</p>	
<i>Agreement of Outputs</i>		
9	<p>The following will be reported at the respective Boards of CinC:</p> <p><u>January 2021:</u> Adult Secure financial planning (verbal update).</p> <p><u>February 2021:</u> ATU Provision; MoU; Adult Secure (Business Case).</p> <p>The LeDer review is also to be shared with the Chairs network.</p>	
10	<p>Any Other Business</p> <p>MH Legislation committee and officers are to meet and have a joint discussion about the impact of the MH Act White Paper consultation. The deadline for the consultation is 21st April 2021.</p> <p>ACTION</p> <p>Lucy Rushworth (LR) to arrange a meeting for the MH committee and officers regarding the impact of the MH Act consultation. ACTION 11/01</p> <p>CE summarised the meeting, including items for the new Triple-A style reporting on which to Alert and Assure respective Boards which were supported. CE thanked attendees for their contributions to the meeting.</p>	<p>LR</p>

Item	Discussion / Actions	By whom
	Date and Time of Next Meeting: Thursday 22 nd April 2021, 10.00am-12:30pm	
	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	
DTC	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	

Escalation and Assurance Report

Report from: WYMHSC Committee-in-Common

Date of the meeting: 21/01/2021

<p>Key discussion points and matters to be escalated from the discussion at the meeting:</p>
<p>Alert/Action:</p>
<p><i>To escalate an issue that requires further discussion or action by individual Boards</i></p> <ul style="list-style-type: none"> • Committees in Common discussed the response to the PHE/LeDeR report into learning disability deaths during COVID. A discussion was held at System Leadership Executive (SLE) on 2 January to agree responsibilities across all partners, not just MHLDA providers, to take practical action to address gaps in reasonable adjustments for people with a learning disability (LD). • Committees in Common agreed revisions to the existing collaborative Memorandum of Understanding for ratification by individual boards. • Each organisation has been updated as to the position with the Adult Secure business case and will receive the business case for approval at February 2021 board meetings
<p>Advise:</p>
<p><i>To highlight an issue that may require further monitoring (by the Committee-in-Common) over a period of time</i></p> <ul style="list-style-type: none"> • The Committees in Common agreed to monitor at future meetings: <ul style="list-style-type: none"> ○ Capital Planning and requirements into 2021/22 ○ Recommendations and deliver against the WY&H BAME and LD reviews. ○ Final recommendations from the Prevention and Management of Violence & Aggression task and finish group exploring a collaborative approach to training. ○ The impact of COVID 19 on demand for MHLDA services now and in the future. ○ Transformation plans and delivery for Assessment Treatment Units in the ICS.
<p>Assure:</p>
<p><i>To provide positive news on performance, best practice, improvements or learning</i></p> <ul style="list-style-type: none"> • The successful West Yorkshire and Harrogate Health and Care Partnership (WY&HHCP) Mental Health, Learning Disabilities and Autism (MHLDA) Non-Executive Director (NED) and Governor virtual event in November 2020 was well received and attended with good engagement. The next event has been held in diaries for the 11th June 2021. • Significant transformation funding bids being submitted and funding continuing to be received from NHSE to support Community Mental Health Transformation, alternatives to Crisis provision, discharge arrangements and perinatal mental health • A WY&H Mental Wellbeing Hub is now operational to support wellbeing, curation of good practice, training for managers and signposting/triage of complex cases from places.

Report completed by: WY&H MHLDA Programme Director

Date: 27/01/21

Briefing Note: WY Adult Secure Provider Collaborative

The purpose of this briefing note is to update you on the WY Adult Secure Provider Collaborative 'go live' position, as we enter into forthcoming discussions with NHS England on the financial modelling work for the Collaborative that we submitted at the end of January.

Collaborative partners took the financial modelling work for reference through their governance arrangements in January, prior to submission. There has been some excellent work undertaken by our respective teams to enable us to arrive at a position where we were able to submit a financial plan at the end of January, while recognising there is some further joint work required with NHS England.

The discussion at the SWYPFT Trust Board, and subsequent discussions, have highlighted that given the continuing focus on managing the Covid-19 response and vaccination programme together with the recently communicated rolling over of financial and contracting arrangements into quarter 1 of 2021/22, we consider that it would be sensible to defer the transfer of financial and contracting responsibilities to the lead provider collaborative until 1st July 2021 at the earliest. This is also supported by the finance directors within the Collaborative, and would be in the spirit of the recent correspondence from NHS England & NHS Improvement to reduce burden and release capacity to manage the pandemic. Notwithstanding this timescale, we would wish to continue to progress the clinical and operational work of the Collaborative as quickly as possible, recognising the current Covid-19 context, to ensure that we are maintaining the momentum of our work to date through to 'go live' and into 'live' operation.

A further update will be provided as appropriate following forthcoming discussions with NHS England.

Regards,

Sean Rayner
Director of Provider Development
South West Yorkshire Partnership NHS Foundation Trust

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Telephone: 07826 869420



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SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 9TH FEBRUARY, 2021

PRESENT: Councillor H Hayden in the Chair

Councillors C Anderson, J Elliott,
N Harrington, C Knight, G Latty, S Lay,
D Ragan, A Smart, P Truswell, A Wenham
and P Wray

Co-optee present – Dr John Beal, Healthwatch Leeds

65 Appeals Against Refusal of Inspection of Documents

There were no appeals against the refusal of inspection of documents.

66 Exempt Information - Possible Exclusion of the Press and Public

The agenda contained no exempt information.

67 Late Items

There were no late items of business.

68 Declaration of Disclosable Pecuniary Interests

No declarations of disclosable pecuniary interests were made.

69 Apologies for Absence and Notification of Substitutes

Apologies for absence were received from Councillor M Iqbal. Councillor P Wray attended as substitute.

70 Minutes - 5th January 2021

An amendment to minute 61 “Initial Budget Proposals for 2021/22” relating to the Neighbourhood Network Service was requested to reflect that the annual budget for the Neighbourhood Network Service is £3.0 million, not £2.5 million.

RESOLVED – That subject to the amendment to minute 61 “Initial Budget Proposals for 2021/22” relating to the Neighbourhood Network Service recorded above, the minutes of the previous meeting held 5th January 2021 be approved as a correct record.

71 Matters Arising

Draft minutes to be approved at the meeting
to be held on Tuesday, 16th March, 2021

Minute 61 Initial Budget Proposals for 2021/22

The Board noted that the Phase 2 Scrutiny Response Statement had been submitted within the Budget proposals for consideration by Executive Board on 10th February 2021. Members were invited to receive any updates made to the Budget proposals since their consideration by this Board in January as follows:

- Active Leeds – Councillor M Rafique, Executive Member for Environment and Active Lifestyles provided a commitment to continue discussions to find suitable permanent solutions to the proposals for Chippendale Pool, Leeds Sailing Centre and the Tennis Centre at John Charles Centre for Sport in response to the outcome of consultation.
The Chief Officer – Operations (City Development) confirmed that progress on the initial proposals for the three centres was paused whilst a process of due diligence was undertaken on the viability of the potential third party interest identified during the consultation process, which could result in alternative delivery models. An update on the alternative solutions would be provided to the Scrutiny Board in due course.
- Adult Social Care – The Director of Adults and Health highlighted the amendments made to the initial Budget proposals and the Head of Finance Adults & Health outlined a number of changes made to the Budget submission for the Directorate, including the impact of the National Minimum Wage on the proposed Care Home fee uplift, funding proposals for the Shop Mobility scheme and deferral of proposed charges to the appointee service.

RESOLVED –

- a) To note the updates provided
- b) To thank officers for their collaborative work with the Scrutiny Board and for their efforts to achieve a positive Budget outcome.

72 Winter pressures across Health and Social Care including and during Covid-19

The Director of Adults and Health submitted a report presenting an update on system winter and resilience planning and the actions taken during the third peak of the Coronavirus pandemic as it affected the Leeds NHS system. The report outlined how the system – NHS and social care services dealing with urgent care, inpatient care and discharge and rehabilitation community services – remained flexible in response to winter pressures, Covid-19 infection rates and the consequent impact on health and social care services. Additionally, the report highlighted the governance system in place and the close and effective interaction between the Bronze, Silver and Gold groups, ensuring that information flow and decision making remained swift and effective.

The following were in attendance:

- Councillor Fiona Venner - Interim Executive Member for Health, Wellbeing and Adults
- Cath Roff - Director of Adults and Health
- Victoria Eaton - Director of Public Health
- Shona McFarlane - Deputy Director Social Work and Social Care Services
- Helen Lewis - Director of Pathway Integration, NHS Leeds CCG
- Mike Harvey - Deputy Chief Operating Officer, Leeds Teaching Hospitals NHS Trust
- Sam Prince - Executive Director of Operations, Leeds Community Healthcare NHS Trust

The Executive Member introduced the report, highlighting the impact of the unique requirements of Covid-19, such as social distancing measures, on the treatment of Covid-19 and the impact on wider health service provision.

The Board received a presentation in three parts. The Director of Pathway Integration, NHS Leeds CCG; introduced the first segment and highlighted the following key points:

- The system operating principles which placed an emphasis on working together to share data and plans; address system challenges; to maximise the skills and capability of the collective workforce and ensure clear lines of communication across all levels.
- The command and control structure.
- Long term planning undertaken during Summer 2020 which included winter scenarios and risk assessments, with an initial 'worst case' identifying areas of greatest pressure - plans had focussed on admission avoidance; reduction in length of stay; alternatives to continued stay in hospital; additional Covid and critical care capacity within LTHT and cohort arrangements within LYPFT.
- The need to identify the Covid-19 status of a new patient quickly in order to allocate treatment appropriately and safely.

The Deputy Chief Operating Officer, Leeds Teaching Hospitals Trust, presented the second segment and highlighted the following:

- Advice received from SAGE and modelling informed planning on a weekly basis for Covid-19 capacity, taking into account prevalence and local case rates; and the rate and ability to discharge patients.
- The April peak saw 247 beds in use for Covid-19 patients, the 2nd wave peak was 320 in November and currently there are approximately 240 patients in the hospital.
- The pressures of care, in terms of the numbers of patients, type of care required, pressure on staff to provide care and the physical space required to accommodate Covid-19 patients and the restrictions that brought.

The Deputy Director, Adults and Health, Social Work and Social Care Services, introduced the third segment of the presentation. The following key issues were highlighted:

- The Home First and Discharge to Assess principles embedded in the approach used throughout the pandemic.

- Changes to the Social Work structure made in conjunction with Leeds Community Healthcare NHS Trust had supported more patient discharges to home and community, leading to teams being both hospital and community based.
- Daily review meetings were implemented to ensure system flow and sharing of data and communication channels using effective multi-disciplinary working across social care, therapy, nursing and community services.
- Increased Home Care capacity meant fewer and shorter delays in discharge from hospital, thus releasing bed capacity.
- Social work systems were in place to ensure people who are admitted to a community bed through a 'light touch' approach in LTHT are quickly supported to go home first, and only by exception admitted permanently to residential or nursing care.

Additionally, the following matters were brought to Members attention:

The importance of the Mental Health Service - acknowledging increased demand and expectations of the Service as those admitted displayed an increased acuity and as there was little flexibility in acute bed provision, Covid-19 brought additional space requirements which had a negative impact on the service available. The Service had responded by working West Yorkshire wide to use all available capacity and by enhancing intensive home treatment teams to enable people to stay safely at home. Staffing had also been prioritised to the areas under the greatest pressure.

Impact of Covid-19 on surgery and outpatients - Elective surgery had been significantly impacted by the pandemic and capacity fluctuated depending on the pressures from Covid-19. Although urgent cancer surgery continued throughout the pandemic, the Board were provided with an outline of the number of patients currently on a Cancer Pathway and waiting more than 62 days from referral to treatment.

Members discussed a number of matters, including:

The focus of the impact of the Pandemic on staff - although the public expressed support for NHS staff and carers, the pressure on staff brought by the failure to suppress the pandemic was not felt to be widely understood. Members suggested that hearing directly from staff would enable the Board to gain an understanding of stress, effect on mental health, staff vacancies and the impact of 'Long Covid' alongside an outline of how staff will be supported during the period of service and staff recovery. The Board also acknowledged the impact of loss and bereavement on Care Home staff who have cared for residents over long periods, and on those non-community care staff who were redeployed into the community to meet the care challenge presented by the pandemic, particularly those who had not experienced end of life care pathways before.

Covid-19 testing for patients – the Board heard that, due to improvements in technology and processes, the waiting time to receive a result had reduced to

30 minutes – this was essential to ensure new patients are tested so they can be assigned care and a bed if needed. Care can be provided in relevant areas under a red amber green system; with 9 red wards across Leeds; patients are tested daily for 5 days to minimise risk.

Standards of care within 'own home' – An increased number of people now choose care being provided within their own homes and it was confirmed that there were no concerns regarding own home care standards. Close working between Social Workers, Home Care Providers and Community Healthcare professionals was being piloted to develop a good joint approach. It was acknowledged that there had been issues in the past achieving 'good' rating; but with new ways of working and 'spot checks' this had improved. Some Home Care Providers had previously struggled to recruit and retain staff, but that was less of an issue now.

Flu vaccination uptake – In acknowledging that there had been an increased uptake of the flu vaccination, it was agreed that more detailed data reflecting age and ethnicity on a ward level basis would be provided to Board Members.

In conclusion and on behalf of the Scrutiny Board, the Chair extended thanks to staff; Third Sector and volunteers, working in hospitals; care home and community settings for the tremendous effort in supporting patients of Covid-19 and patients requiring care.

RESOLVED –

- a) That the contents of the report and accompanying presentation, along with Members comments, be noted;
- b) That the information requested from Members (as set out above) be provided.

73 Overview of the Leeds COVID-19 Vaccination Programme

The Board received the report of the Leeds Bronze COVID-19 Vaccination Steering Group, which provided a high level overview of the Leeds COVID-19 Vaccination Programme and rollout. The Board also received a 'just in time' presentation produced by the Leeds COVID-19 Vaccination Programme outlining the dynamic nature of the programme, which included information on the following:

- Arrangements for the Leeds COVID-19 Vaccination Programme
- Types of vaccination settings
- Prioritisation of people and staff and tackling health inequalities
- Workforce implications

The following were in attendance:

- Councillor Fiona Venner - Interim Executive Member for Health, Wellbeing and Adults
- Cath Roff - Director of Adults and Health
- Victoria Eaton - Director of Public Health

- Shona McFarlane - Deputy Director Social Work and Social Care Services
- Tony Cooke - Chief Officer Health Partnerships
- Sam Prince - Executive Director of Operations, Leeds Community Healthcare NHS Trust
- Shak Rafiq - Interim Head of Communications and Engagement, NHS Leeds Clinical Commissioning Group

The Interim Executive Member for Health, Wellbeing and Adults introduced the item and took the opportunity to focus on health inequalities and the need for work to address vaccine hesitancy in some communities. The work undertaken by some of Leeds' student population to support the vaccination programme and the work of Leeds Healthwatch during the pandemic were also highlighted.

The Executive Director of Operations, Leeds Community Healthcare NHS Trust and Senior Responsible Officer, Leeds COVID-19 Vaccination Programme provided an overview of the roll out of the vaccination programme in Leeds, culminating in 23 vaccination sites now being operational along with a roving team targeting health inequalities and the harder to reach communities.

The presentation included a video walk through of a vaccination procedure at a vaccination hub and provided the following details:

- Initial priority groups - The phased vaccination programme initially prioritised care home staff and residents, patients aged 80 and above and frontline health and social care staff. The priority group has now been expanded to cover over 50's and Clinically Extremely Vulnerable. The priority groups will be broadened following advice from the JCVI.
- The order of vaccine delivery
- The prioritisation of the workforce
- The recruitment campaign to support the delivery of the vaccine

The Chief Officer, Health Partnerships and Chair of LCC COVID-19 Vaccine Co-ordination Group provided an overview of the far reaching impact of the programme in terms of management of unrelated issues such as ensuring gritters treat the roads during recent bad weather and discussions with WYCA regarding bus routes leading to vaccination hubs. Additionally, the Board received assurance that focus remains on Care Home residents and staff, with the programme aware of the variations in Care Home uptake of the vaccine and work was underway to address the reasons for this. Details on the following points were provided:

- Tackling health inequalities exacerbated during the pandemic;
- Communications with a strategic focus on improving public and staff knowledge, perceptions and motivations to vaccines but also to ensure information is provided in a range of languages and supported by effective communications and a network of trusted individuals to provide messages to their communities.

Members discussed a number of matters including:

The methods to approach frontline workers – Members queried whether the NHS or GPs had up to date employment data by which to contact frontline workers to receive a vaccination and, acknowledging vaccine hesitancy, the approach to take. The challenge of identifying health and social care staff was acknowledged, initial figures suggested 42,000 but the real total in Leeds was nearer to 60,000. Those employed through NHS or LCC received an invitation through their employer and work undertaken with the Third Sector and independent Care Sector had identified remaining staff. In terms of vaccine hesitancy amongst staff, the NHS had determined that vaccination should not be mandatory but a choice to be encouraged and this informed work to encourage take up, through peer to peer discussions, use of social media and highlighting positive experiences. Although no figures were available on any incidents mandating a vaccine in order to keep working in the sector, there was awareness that a number of Care Homes were taking legal advice and this issue was being debated at a national level.

Identifying trusted local voices to reach communities – the Board discussed the importance of working with local community leaders or local celebrities to encourage groups most hesitant to receive the vaccine. It was acknowledged that some communities do not make use of social media or engage with national media as much as others, so targeting those communities requires new ways of communicating.

Frontline workers not in the top four groups identified for early vaccination – Members questioned whether there was flexibility to encompass other frontline workers not currently identified, such as police officers and supermarket staff. While noting the NHS was only licensed to deliver the vaccine to identified groups, it was reported that work had been done to provide flexibility to encompass Third Sector, Voluntary Sector and unpaid carers within the ‘social care providers’ group, however the categories reflect those most affected by the First Wave of the pandemic and therefore deemed at greater risk. Discussions were being held at a national level, recognising the support to extend the categories but any change would need to have regard to the timing of the cohort to be vaccinated.

The efficacy of some vaccines against some strains of the virus – Reference was made to studies undertaken however the key message remained that all vaccines are a protective measure against all strains of the virus prevalent in the UK. The spread of the different strains was monitored and in Leeds, 80% of the cases were the ‘Kent strain’ against which the Oxford Astra Zeneca vaccine works well. There was no evidence to suggest that the ‘South African’ strain would surge like the Kent strain.

The capacity required to facilitate the second vaccine dose and availability of the vaccine – planning had begun to structure the roll out of the second dose to the four high priority groups at the same time as administering first doses to the lower priority groups. Sufficient vaccine was available to complete the planned vaccinations and supply will be reviewed once Government guidance is available on the expanded cohorts. The current challenge remained vaccine

hesitancy and encouraging high level of community confidence in the vaccine rather than lack of supply

(Councillor Latty and Councillor Lay left the meeting at this point)

Vaccination programme within prisons and for the Homeless – With regards to HMP Wealstun, HMP Leeds and Wetherby Young Offenders Institute, all healthcare staff had been vaccinated and discussions were ongoing over how to reach residents over the age of 65. It was noted that the city centre Primary Care Network had taken the decision to offer the vaccine to all Homeless persons within the city.

The Chair acknowledged the amount of work undertaken to achieve the current position regarding the vaccination programme and expressed the thanks of the Board to all the teams involved in the programme.

RESOLVED – That the contents of the update report and the comments made by the Scrutiny Board be noted.

(Councillor Wray left the meeting at this point)

74 Work Schedule

The Head of Democratic Services submitted a report that invited Members to consider the Board's Work Schedule for the remainder of the current municipal year. It was noted that the March meeting would predominantly focus on women's health. However, following a request made by the Board, it was also highlighted that there would be an additional agenda item scheduled for March in relation to the Leeds Hearing and Balance Centre.

RESOLVED – That the report and outline work schedule presented be agreed.

75 Date and Time of Next Meeting

Tuesday, 16th March 2021 at 1.30 pm (pre-meeting for all Board Members at 1.00 pm)

Leeds Community Healthcare NHS Trust

NEDs COVID Update Briefing Meeting

17 February 2021

Present: Thea Stein (TS), Brodie Clark (BC), Jane Madeley (JM), Ian Lewis (IL), Richard Gladman (RG), Helen Thomson (HT), Khalil Rehman (KR), .

Note Taker: Diane Allison

Apologies: Rachel Booth, Alison Lowe

In Attendance: N/A




Item	Discussion Points	Action
	<p>COVID-19</p> <p>Rates of infection</p> <ul style="list-style-type: none"> • Positive case 180 per 100k –positivity 8.7%. Trend is now gently downwards • Pressure on the hospital remains similar to last week but gradually decreasing <p>Staff resource</p> <ul style="list-style-type: none"> • Several neighbourhood teams in particular have capacity issues due to shielding, short term illness etc. • Additional support in place –staff from other teams and from CLASS to work in the team and for doing case management reviews to free up time. • There was a discussion about shielding and when the work environment would be deemed safe enough to return, depending on infection rates and national guidance, which currently states that shielding staff cannot return to work even after having received two vaccines. <p>Transforming services</p> <ul style="list-style-type: none"> • Aspects of service models that can be changed were getting some focus including the potential to centralise triage across neighbourhood teams and free up more clinical time • A Quality Impact Assessment is in hand to demonstrate that this is safe <p>Vaccine programme</p> <ul style="list-style-type: none"> • The Trust has played its part in hitting the national target • It was recognised that there was vaccine hesitancy amongst various groups within the community • Novel outreach venues were being utilised – adapted library buses, mosques, churches • The approach should be to listen, inform and encourage – coercion will not work well particularly in any community including amongst our own staff whom we continue to encourage. Vaccination rates are however high amongst our staff <p>There was then a more general update and conversation about ICS/ ICP developments and future planning</p>	

MEETING DATES OF BOARD AND SUB-COMMITTEES 2012 - 2013

Date	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Mar
Non-Executive Directors Meeting		Fri 25 May *12.00 - 13.00 St George's Centre, Middleton Apologies: Sally		Fri 27 July 08.00 - 09.00 Leeds Media Centre Apologies: none		Monday 25 September 17.00 Apologies: Jane, Anooj		Monday 26 November 16.30 Apologies: Sally, Anooj,		Wednesday 23 January, 16.00 Apologies: none			Monday 18 March, 16.00, Stockdale House
Public Board Meeting		Fri 25 May 13.30 - 16.30 St George's, Middleton Apologies: Sally		Fri 27 July 09.00 - 12.00 Leeds Media Centre Apologies: none		Fri 28 Sept 09.00 - 12.00 Middleton Health Centre Apologies: Anooj		Fri 30 Nov 09.00 - 12.00 Pudsey Civic Hall Apologies: Sally		Fri 25 Jan 09.00 - 12.00 Shine, Harehills Apologies: none		Fri 1 Mar 09.30 - 12.00 Boardroom, Stockdale House Apologies: none	Fri 22 Mar 09.00 - 12.00 St George's Centre, Middleton Apologies: none
Private Board Meeting		Fri 25 May 13.00 - 13.30 St George's Centre, Middleton Apologies: Sally		Fri 27 July 12.00 - 13.00 Leeds Media Centre Apologies: none		Fri 28 Sept 12.00 - 13.00 Middleton Health Centre Apologies: Anooj		Fri 30 Nov 12.00 - 13.00 Pudsey Civic Hall Apologies: Sally	Fri 21 Dec 10.30 - 13.00 Boardroom, Stockdale	Fri 25 Jan 12.00 - 13.00 Shine, Harehills Apologies: none		Fri 1 Mar 12.00 - 12.30 Boardroom, Stockdale House Apologies: none	Fri 22 Mar 12.00 - 13.00 St George's Centre, Middleton Apologies: none
Short Public Board Meeting				*EXTRAORDINARY* Fri 13 July 09.00 - 10.30 Boardroom Stockdale Apologies: Sam, Neil, Jag, Anooj		*EXTRAORDINARY* Fri 14 September 12.00 - 13.00 Boardroom Stockdale Apologies: Sam, Mandy	Fri 26 Oct 09.00 - 10.30 Boardroom, Stockdale Apologies: Sally, Robert, Paul, Bryan		Fri 21 Dec 09.00 - 10.30 Boardroom, Stockdale	*MOCK BOARD TO BOARD* 13.30 - 16.00 Apologies: Anooj			
Board Development Half Days	Fri 13 April 09.00 - 13.00 Boardroom Stockdale Apologies: none	Fri 18 May 09.00 - 13.00 Boardroom Stockdale Apologies: none	*CANCELLED* - Thur 14 June 09.00 - 13.00 Boardroom Stockdale	Fri 13 July 10.30 - 13.00 Boardroom Stockdale Apologies: Sam, Neil, Jag, Anooj	CANCELLED: Fri 17 Aug 09.00 - 13.00 Boardroom Stockdale	Fri 14 Sept 08.30 - 12.00 Boardroom Stockdale Apologies: Sam, Mandy	Tues 9 Oct 13.00 - 17.00 Boardroom Stockdale Apologies: Jane, Anooj	Fri 9 Nov 09.00 - 13.00 Boardroom Stockdale Apologies: none	Fri 7 Dec 09.00 - 13.00 Boardroom Stockdale Apologies: Anooj, Jag	Fri 11 Jan 09.00 - 13.00 Boardroom Stockdale Apologies: none	Fri 8 Feb 09.00 - 13.00 Boardroom Stockdale Apologies: Neil, Sam, Jane leaving at 12.15pm	Fri 8 Mar 09.00 - 13.00 Boardroom Stockdale Apologies: Paul, Angie, Rob, Sam, Sue	
	Fri 27 April 09.00 - 13.00 Boardroom Stockdale Apologies: Sally, Paul		Fri 29 June 09.00 - 13.00 Boardroom, Stockdale Apologies: Angie, Sally		CANCELLED: Fri 31 August 09.00 - 13.00 Boardroom, Stockdale		Fri 12 Oct 09.00 - 13.00 Boardroom Stockdale Apologies: none				CANCELLED *SHA BOARD TO BOARD* Fri 22 Feb 09.00 - 13.00 Boardroom, Stockdale then Blenheim House		
								Fri 26 Oct 10.30 - 13.00 Boardroom, Stockdale Apologies: Sally, Robert, Paul, Bryan					
Board Evening Session		Wed 30 May 18.00 - 21.00 Haley's Hotel											
AGM						Tues 18 Sept 17.00 - 20.00 Leeds Art Gallery							
Audit Committee		Fri 25 May 09.00 - 12.00 St George's, Middleton		Fri 6 July 13.00 - 15.30 Stockdale, Boardroom			Fri 5 Oct 13.00 - 15.30 Stockdale, Boardroom		Fri 7 Dec 13.30 - 16.00 Stockdale, Boardroom		Fri 15 Feb 09.00 - 12.30 Meeting room, Stockdale		

Remuneration Committee / Remuneration and Nominations Committee		*EXTRAORDINARY* Fri 18 May 08.00 - 09.00 Stockdale	*EXTRAORDINARY* Fri 29 June 13.30 - 14.30 Stockdale	Fri 27 July 13.30 - 14.30 Leeds Media Centre			*EXTRAORDINARY* Tues 30 Oct 15.30 - 16.30 Stockdale		Thurs 6 Dec 11.30 - 12.30 Boardroom			Wed 13 March 13.00 - 14.30 Boardroom, Stockdale	
Quality Governance and Risk Committee / Quality Committee	Mon 2 April 14.00 - 17.00 Boardroom, Stockdale		Mon 11 June 14.00 - 17.00 Boardroom, Stockdale		Mon 13 August 14.00 - 17.00 Boardroom, Stockdale		Mon 8 Oct 14.00 - 17.00 Boardroom, Stockdale		Mon 10 Dec 14.00 - 17.00 Boardroom, Stockdale		Mon 11 Feb 14.00 - 17.00 Boardroom, Stockdale		
Extraordinary Quality Committee											*EXTRAORDINARY* Fri 22 Feb 14.00 - 15.30 Boardroom, Stockdale		
Finance and Performance Committee / Business Committee	Wed 18 April 09.00 - 12.00 Boardroom, Stockdale	Wed 16 May 09.00 - 12.00 Boardroom, Stockdale	Wed 20 June 09.00 - 12.00 Boardroom, Stockdale	Wed 18 July 09.00 - 12.00 Boardroom, Stockdale	Wed 22 August 09.00 - 12.00 Boardroom, Stockdale	Wed 19 Sept 09.00 - 12.00 Boardroom, Stockdale	Wed 17 Oct 09.00 - 12.00 Boardroom, Stockdale	Wed 21 Nov 09.00 - 12.00 Boardroom, Stockdale	Wed 19 Dec 09.30 - 12.00 Boardroom, Stockdale	Wed 23 Jan 09.00 - 11.00 Boardroom, Stockdale	Wed 20 Feb 09.00 - 11.00 Boardroom, Stockdale	Wed 20 March 09.00 - 11.00 Boardroom, Stockdale	
Charitable Funds				*CANCELLED* Fri 6 July 11.30 - 12.30 Stockdale, Boardroom	Fri 10 August 08.30-09.30 Stockdale Boardroom		Fri 5 Oct 15.30 - 16.30 After Audit Committee Stockdale, Boardroom		Wed 19 Dec 08.30 - 09.30 Boardroom, Stockdale				
Community Foundation Trust Committee	Wed 11 April 11.00 - 12.30 Boardroom, Stockdale	Wed 9 May 08.30 - 09.30 Boardroom, Stockdale	Wed 13 June 11.00 - 12.30 Boardroom, Stockdale	Wed 11 July 11.00 - 12.30 Boardroom, Stockdale	Wed 8 Aug 11.00 - 12.30 Boardroom, Stockdale	Wed 12 Sept 11.00 - 12.30 Boardroom, Stockdale	Wed 10 Oct 11.00 - 12.30 Boardroom, Stockdale	Wed 14 Nov 11.00 - 12.30 Boardroom, Stockdale	Wed 12 Dec 11.00 - 12.30 Boardroom, Stockdale	Wed 16 Jan 11.00 - 12.30 Boardroom, Stockdale	Wed 13 Feb 11.00 - 12.30 Boardroom, Stockdale	Wed 13 March 11.00 - 12.30 Boardroom, Stockdale	

Topic	Frequency	Lead officer	2 October 2020	4 December 2020	5 February 2021	26 March 2021	28 May 2021	6 August 2021	1 October 2021	3 December 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 Neuro rehab	X Community Dental	X-Covid rehab	X	X	X	X	X
Quality and delivery										
Chief Executive's report	every meeting	CE	X	X Inc COVID19	X Inc COVID19	X Inc COVID19	X	X	X	X
Performance Brief	every meeting	EDFR	X	X	X	X	X	X	X	X
Performance brief:Measures for inclusion in the performance brief	Annual	EDFR				X				
Performance Brief: annual report	Annual	EDFR					X			
Significant risks and risk assurance report	every meeting	CS	X	X	X	X	X	X	X	X
Care Quality Commission inspection reports	as required	EMD								
Quality account	annual	EDN&AHPS	X Deferred from May				X Defer August	X		
Health inequalities strategy	3 x year (December, March, May 2021) August	EMD		X First report		X taken at Board workshop 5 March 2021	X			X
Mortality report	4 x Year	EMD		X	X		X	X		X
Staff survey	annual	DW				X		X		
Safe staffing report	2 x year	EDN&AHPS			X			X		
Seasonal resilience (Business Continuity Mngement Policy)	annual	EDO	X taken at Board Workshop Nov 2020						X	
Business Coninuity Management Policy	As required	EDO					X			
Serious incidents report	4 x year	EDN&AHPS		X Q2	X Q3		XQ4	X Q1		X Q2
Patient experience: complaints and incidents report	2 x year (Annual report August)	EDN&AHPS			X Six monthly report			X Annual report		
Reducing restrictive interventions –Little Woodhouse Hall	4x year	EDN&AHPS		X first report	X		X	X		X
Freedom to speak up report	2 x year	CE		X				X Annual report		X
Guardian for safe working hours report	4 x year	EMD		X		X		X Annual report&Q12020-21		X
Strategy and planning										
Organisational priorities position paper	3 x year	EDFR	X			X 2021-22	x End of year report		X	
Third Sector Strategy	2x year		X First report		X Deferred				X	
Service Strategy	as required	EDFR								
Digital Strategy	2x year	EDFR	X			X			X	
Engagement Strategy	2 x year (Mar & Oct from 2020)	EDN&AHPS	X			X			X	
Quality Strategy	annual	EDN&AHPS				X Defer August		X		
Workforce Strategy	every meeting from May 2019	DW	X	X part of CE report	X part of CE report	X	X	X	X New strategy for approval	X
Research and Development Strategy	annual	EMD			X Deferred					
Governance										
Medical Director's annual report	annual	EMD						X		
Nurse and AHP revalidation	annual	EDN&AHPS						X		
Well-led framework	as required	CS								
Annual report	annual	EDFR					X			
Annual accounts	annual	EDFR					X			
Letter of representation (ISA 260)	annual	EDFR					X			
Audit opinion	annual	EDFR					X			
Audit Committee annual report (part of corporate governance report)	annual	CS								
Standing orders/standing financial instructions review (part of corporate governance report)	annual	CS					X			
Annual governance statement (part of corporate governance report)	annual	CS					X			
Going concern statement (part of corporate governance report)	annual	EDFR				X				
NHS provider licence compliance	annual	CS					X			
Committee terms of reference review	annual	CS					X			
Board and sub-committee effectiveness	annual	CS					X			
Register of sealings	annual	CS					X			
Declarations of interest/fit and proper persons test (part of corporate governance report)	annual	CS				X				
Corporate governance update	as required	CS								
Reports										
Equality and diversity - annual report	annual (Dec)	DW		X						X
Safeguarding -annual report	annual	EDN&AHPS						X		
Health and safety compliance report	Annual	EDFR						X		
Infection prevention control annual report	annual	EDN&AHPS	X						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