

## Bundle Public Board Meeting 11 June 2021

### Agenda

Final agenda Board held in public 11 June 2021.doc.docx

- 22 13:30 - Welcome, introductions and apologies: (Brodie Clark)
- 23 Declarations of interest: (Brodie Clark)
- 24 Questions from members of the public: (Brodie Clark)
- 25 13:35 - Guardian of Safe Working Hours: (Dr Nagashree Nallapeta)
- 25.a Quarterly report (Quarter 4 2020-21)
  - Item 25a GoSWH Quaterly report June 2021 rb.docx
- 25.b Annual report 2020/21
  - Item 25b GoSWH Annual report June 2021 (2) rb.docx
- 26 13:45 - Annual report and accounts 2020-21: (Bryan Machin)
  - Item 26 Annual Report and Accounts cover paper.docx
- 26.a ISA 260 external auditor's opinion
  - Item 26a ISA260 auditors report and opinion.pdf
- 26.b Annual report
  - Item 26b Annual Report 2020\_21.docx
- 26.c Annual accounts
  - Item 26c Annual Accounts 2020-21.pdf
- 26.d Letter of representation (draft)
  - Item 26d Letter of Representation.doc
- 27 14:15 - Quality account 2020-21: (Steph Lawrence)
  - Item 27i Quality Account cover paper 11 06 21.docx
  - Item 27ii Quality Account Draft V2 for Board 110621.docx
- 28 14:25 - CAMHS collaborative business case: (Bryan Machin)
  - Item 28i WY CAMHS BC cover.docx
  - Item 28ii WY CAMHS Business Case.pdf
- 29 14:35 - Performance brief - annual report 2020-21: (Bryan Machin)
  - Item 29i Performance Brief Cover Paper (Board) bm.DOCX
  - Item 29ii Performance Brief (YearEnd20\_21) bm0206\_vdm\_bm.docx
- 30 14:45 - Assessment of performance against 2020-21 priorities: (Bryan Machin)
  - Item 30i Assessment of performance against priorities 2020-21 cover paper.docx
  - Item 30ii Assessment of performance against 2020-21 Priorities v2.docx
- 31 14:55 - Any other business: (Brodie Clark)
- 32 Close of the public section of the Board: (Brodie Clark)

## Agenda Board Meeting held in public

### Virtual meeting **and live streamed**

**Date** 11 June 2021  
**Time** 1:30 - 3:00pm  
**Location** Microsoft Teams

#### AGENDA

#### **22 Welcome, introductions and apologies**

(1.30) *(Brodie Clark)*

#### **23 Declarations of interest**

*(Brodie Clark)*

#### **24 Questions from members of the public**

*(Brodie Clark)*

#### **25 Guardian of Safe Working Hours – for noting**

(1.35) *(Dr Nagashree Nallapeta)*

25.a Quarterly report (Q4 2020/21)

25.b Annual report 2020/21

#### FOR APPROVAL

#### **26 Annual report and accounts 2020-21**

(1.45) *(Bryan Machin)*

26.a ISA 260 external auditor's opinion

26.b Annual report

26.c Annual accounts

26.d Letter of representation (draft)

#### **27 Quality account 2020-21**

(2.15) *(Steph Lawrence)*

#### **28 CAMHS collaborative business case**

(2.25) *(Bryan Machin)*

#### FOR NOTING

#### **29 Performance brief - annual report 2020-21**

(2.35) *(Bryan Machin)*

#### **30 Assessment of performance against 2020-21 priorities**

(2.45) *(Bryan Machin)*

#### **31 Any other business**

(2.55) *(Brodie Clark)*

#### **32 Close of the public section of the Board meeting**

(3.00) *(Brodie Clark)*

**Board meeting held in public: 11 June 2021**

**Agenda item number: 2021-22 (25a)**

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**Title: Guardian of Safe Working Hours Quarter 4 report 2020-21**

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**Category of paper: For assurance**

**History: not applicable**

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**Responsible director: Executive Medical Director**

**Report author: Guardian of Safe Working Hours**

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## **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.

## **Main issues for consideration**

- The CAMHS ST Rota gaps and the work that is in progress facilitated by GoSWH along with clinical lead, DME and Junior doctors to ensure the current rota pattern and internal locum cover are compliant with the Junior doctor terms and conditions.
- Improved engagement with Junior Doctor in the Junior Doctor Forum (JDF) has been achieved through work to improve flexibility in regards to meeting days and times, together with virtual meetings in light of Covid19 restrictions.
- Work continues to improve paediatric Junior Doctor training opportunities without reliance on exception reports.

## **Recommendations**

### **Board is recommended to:**

- Receive this assurance regarding Junior Doctor rotas and working conditions within the Trust
- Support GSWH with the work that has been started to ensure CAMHS ST rota gaps and locum cover arrangements are compliant with the Junior Doctor terms and conditions.
- Support GSWH 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.

## Quarterly Report of the Guardian of Safe Working Hours

### 1.0 Purpose of this report

- 1.1 To provide the Board with assurance that trainee doctors and dentists within LCH NHS Trust are working safely and in a manner 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.

### 2.0 Background

- 2.1 The role of Guardian of Safe Working Hours (GSWH) was introduced as part of the 2016 Junior Doctor's contract. The role of the GSWH is to independently assure the confidence of junior doctors that their concerns will be addressed and require improvements in working hours and rotas.

### 3.0 Quarterly report of guardian of safe working hours

There are currently 18 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	4	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)		March 2021		April 2021		May 2021	
		CT	ST	CT	ST	CT	ST
	Gaps	n/a	22	n/a	18	n/a	21
	Internal Cover	n/a	22	n/a	15	n/a	21
	External cover	n/a	0	n/a	3	n/a	0
	Unfilled	n/a	0	n/a	0	n/a	0
Exception reports (ER)		0	0	0	0	0	0
Fines		None					
Patient Safety Issues		None					
Junior Doctor Forum		27 <sup>th</sup> May 2021					

### 3.1 Rota gaps

The CAMHS ST rota currently has vacancies related to maternity leave and gap in the rota (unfilled post). There has been an increase in the number of rota gaps covered by internal locums. A concern was raised on the 28<sup>th</sup> April by another Trust regarding whether our CAMHS Junior Doctors oncall rota is compliant with Junior Doctor contract T&Cs.

The GSWH is in discussion with CAMHS Medical lead, Deputy Medical Education, DMD, HR and BMA to ensure the current rota and cover by Internal locums is compliant, and to ensure immediate steps are taken to rectify this if it is not compliant.

### 3.2 Exception reports

No exception reports submitted.

### 3.3 Fines

No fines levied by the GSWH.

### **3.4 Feedback from trainees**

The Junior Doctors Forum (JDF) has been held virtually since the restrictions imposed by the Covid19 pandemic, and was last held on 27<sup>th</sup> May 2021. A doodle poll was generated to provide flexibility in dates and time of the meeting and the date and time with maximum votes was finalised. This method has been successful and attendance from Junior Doctors has been better compared to before. Five Junior Doctors attended the forum and successfully contributed ideas to spend the remaining fatigue and facilities funds. These suggestion will be put forward to SMT for approval. The forum was used as a platform for CAMHS ST trainees to feedback on the rota gap and internal locum cover issues. GSWH also discussed ideas to ensure better engagement and attendance for future meetings.

### **3.5 Update from the BMA**

No new updates from BMA since last Quarterly meeting.

## **4.0 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.

Work continues to explore further ways to help with engagement of junior doctors in the JDF meetings. Doodle poll idea and flexibility in choice of virtual and face to face meeting has been explored. This has been well received by Junior Doctors.

### **4.2 Challenges with Community Paediatric Training**

There continues to be absence in reporting from paediatric trainees in relation to impact of on-call rota on training and educational opportunities. There was better engagement from paediatric trainees in the recent Junior doctor forum and this was useful in initiating the discussions regarding the impact of on-call rota on training time and missed educational opportunities. A specific meeting (in conjunction with college tutor, DMD and rota lead) has been planned by the GSWH to address this issue in depth.

### **4.3 Fatigue and facilities fund**

Ideas for using the remaining money from the fatigue and facilities funding was explored in the JDF for well-being courses, Gym membership, away day or educational day, lockers, meal vouchers are being looked into as

suggested by the Junior Doctors. Those not able to attend the JDF have had the opportunity to contribute via email.

The BMA Junior Doctors Committee has advised that NHSE have committed that any unspent Fatigue and Facilities fund can be carried over into the next financial year when it has not been possible to spend it.

## **5. Recommendations**

### **Board is recommended to:**

- receive this assurance regarding Junior Doctor rotas and working conditions within the Trust
- Support GSWH with the work that has been started to ensure CAMHS ST rota gaps and locum cover arrangements are compliant with the Junior Doctor terms and conditions.
- Support GSWH 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.



**Board Meeting held in public: 11 June 2021**

**Agenda item number: 2021-22 (25b)**

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**Title: Guardian of Safe Working Hours Annual Report 2020-21**

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**Category of paper: For assurance**

**History: Not applicable**

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**Responsible director: Executive Medical Director**

**Report author: Guardian of Safe Working Hours**

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## **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.

## **Main issues for consideration**

- No exception reports filed during this period
- New appointment of GSWH – Dr Nagashree Nallapeta, Community Paediatrician from January 2021.
- Progress made to improve Junior Doctor engagement in the Junior Doctor Forum (JDF)
- Work continues to improve paediatric Junior Doctor training opportunities without reliance on exception reports.
- A concern was raised to the Trust on 28<sup>th</sup> April 2021 regarding whether the CAMHS Junior Doctor rota was compliant with their Terms & Conditions of Service. This is currently being explored, and immediate steps to rectify this will be taken if it is determined the rota does breach TCS.

## **Recommendations**

### **Board is recommended to:**

- Receive this assurance regarding Junior Doctor working patterns and conditions within the Trust
- Continue to Support the new GSWH in their role.
- Recognise the work underway to engage trainee doctors and dentists within LCH NHS Trust and to promote the role of the GSWH.
- Support GSWH with the work that has been started to ensure CAMHS ST rota gaps and locum cover arrangements are compliant with the Junior Doctor terms and conditions.
- Support GSWH 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.

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

## **1.0 Executive summary**

This report covers the period from 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021.

Dr Nagashree Nallapeta, Community Paediatrician, has been in post as Guardian of Safe Working Hours (GSWH) since January 2021.

Dr Catherine Agar has been appointed as the junior doctor trainee representative on the LNC. Dr Agar's involvement will have a positive impact on LNC and GSWH's engagement with junior doctors.

There has been no exception reporting during this time period.

A concern was raised to the Trust on 28<sup>th</sup> April 2021 regarding whether the CAMHS Junior Doctor oncall rota was compliant with Junior Doctor Terms & Conditions of service. This is being investigated

The CAMHS ST rota currently has vacancies related to maternity leave and gap in the rota (unfilled post). The on-call/night shifts are covered by a combination of internal and external locums as detailed in the above table. GSWH is working along with clinical lead, DME and Junior doctors to ensure the current rota pattern and internal locum cover does not breach the Junior doctor terms and conditions.

## **2.0 Introduction**

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

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

## **3.0 High level data**

Number of doctors / dentists in training (total): 19

Number of doctors / dentists in training employed by LCH 11

**4.0 Annual data summary**  
**Trainees within the Trust**  
**(Quarter 4- year 2020 and Quarter 1- year 2021)**

Department	Grade	Status	Quarter 4	Quarter 1
			2020	2021
<b>Adults</b>		LCH contract	0	0
<b>CAMHS</b>	ST	LCH contract	5	4
	CT	Honorary contract	4	4
<b>Community Paediatrics</b>	ST Level 1	Honorary contract	6	3
	ST Level 2 Grid trainee	LCH contract	2	2
<b>Sexual Health</b>	ST	LCH contract	1	1
<b>GP</b>	GPSTR	LCH contract	0	3
<b>Obstetrics</b>		Honorary contract	1	1
<b>Dental Services</b>		Honorary contract	0	0

**5.0 Exception Reporting**

None

**5.1 Working hours and work schedule review**

No exception reports filed during the time frame of this report related to work schedule or working hours.

**5.2 Educational Opportunities**

No exception reports submitted relating to educational opportunities.

The GSWH and Deputy Medical Director are working with Junior Doctors and the ICAN clinical team to understand the impact of the on-call rota on community paediatric training time without reliance on exception reports. This relates to previously received reports to Board highlighting an area of known concern, but a lack of exception reporting received over a prolonged period despite concerted efforts to increase this.

GSWH and DMD are making progress with engaging Junior Doctors through JD forums to gather information related to missed Educational opportunities and encourage Junior Doctors to complete Exception reports for the same.

## **6.0 Rota Gaps**

### **Out of Hours on call rota gaps in CAMHS**

From April 2018, there have been regular rota gaps in the CAMHS 2<sup>nd</sup> on call rota.

The Trust has been successful in covering these gaps as locum shifts, using both existing and external workforce. A concern was raised to the Trust on 28<sup>th</sup> April 2021 regarding whether the cover arrangements relating to internal locums are compliant with the current Junior Doctors Terms & Conditions in relation to safe working hours and rest periods between the shifts.

This is being investigated as a matter of urgency and the GSWH is working with the Medical Lead for CAMHS, Workforce, the BMA, Deputy Medical Director and Junior Doctors to ascertain whether there is a breach of compliance. If the concern is valid, immediate action will be taken to ensure the current cover by existing medical staff (internal locums) is in a manner compliant with current Junior Doctor Terms & Conditions of Service.

## **7.0 Guardian of Safe Working Hours**

Dr Nagashree Nallapeta was appointed to the position of Guardian of Safe Working Hours (GSWH) in January 2021.

The Junior Doctor's Forum (JDF) was held in July 2020, September 2020, January 2021 and May 2021, these took place virtually due to constraints imposed by the Covid19 pandemic.

Attendance at JDF has been challenging, as in previous years. Junior doctors have been actively involved in discussion around spending Fatigue & Facilities funds through email feedback. Increased flexibility has been offered recently regarding dates and times of meetings, which resulted in higher attendance at the forum held on 27<sup>th</sup> May. Five Junior doctors were able to attend the forum and they successfully contributed to the discussion around spending the remaining Fatigue and Facilities funding.

Throughout 20.21 the Trust has progressed centralisation of the support and infrastructure 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 with the Head of Medical Education and Revalidation, they will co-ordinate all junior doctor induction and administrative paperwork.

## **8.0 Fines**

No fines have been levied by the GSWH.

## **9.0 Recommendations**

### **Board is recommended to:**

- Receive this assurance regarding Junior Doctor working patterns and conditions within the Trust
- Continue to Support the new GSWH in their role.
- Recognise the work underway to engage trainee doctors and dentists within LCH NHS Trust and to promote the role of the GSWH.
- Support the GSWH with the work that has been started to ensure CAMHS ST rota gaps and locum cover arrangements are compliant with the Junior Doctor terms and conditions.
- Support GSWH 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.

**Board Meeting held in public: 11 June 2021**

**Agenda item number: 2021-22 (26)**

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**Title: 2020/21 Annual report, annual accounts and associate documentation**

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**Category of paper:** for approval

**History:** Audit Committee 7 June 2021

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**Responsible director:** Executive Director of Finance and Resources

**Report author:** Executive Director of Finance and Resources

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## **Executive summary (Purpose and main points)**

This paper covers a number of agenda items linked to the production of the Trust's annual report and accounts for 2020/21.

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

Main issues for consideration

This agenda item comprises:

- Draft annual report 2020/21
- Audited annual accounts for 2020/21
- Draft letter of representation which the Trust will issue to Mazars, external auditors
- ISA260 external audit opinion from Mazars

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

The annual report is presented to the Board for approval and, in addition, will be made available more widely on the Trust's website.

## **Recommendations**

The Board is recommended to:

- Approve the annual report 2020/21
- Approve the annual accounts 2020/21 as supported by the external auditors' opinion
- Approve the letter of representation



# Audit completion report

Leeds Community Healthcare NHS Trust  
– year ended 31 March 2021

7 June 2021



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- 01** Executive summary
- 02** Status of the audit
- 03** Audit approach
- 04** Significant findings
- 05** Internal control recommendations
- 06** Summary of misstatements
- 07** Value for Money

Appendix A: Draft management representation letter

Appendix B: Draft audit report

Appendix C: Independence

Appendix D: Other communications

This document is to be regarded as confidential to Leeds Community Healthcare NHS Trust. It has been prepared for the sole use of the Audit Committee as the appropriate sub-committee charged with governance by the Board of Directors. No responsibility is accepted to any other person in respect of the whole or part of its contents. Our written consent must first be obtained before this document, or any part of it, is disclosed to a third party.



Audit Committee  
Leeds Community Healthcare NHS Trust  
First Floor, Stockdale House  
Headingley Office Park  
Victoria Road  
Leeds  
LS6 1PF

7 June 2021

Dear Committee Members

## **Audit Completion Report – Year ended 31 March 2021**

We are pleased to present our Audit Completion Report for the year ended 31 March 2021. The purpose of this document is to summarise our audit conclusions.

The scope of our work, including identified significant audit risks, key audit matters and other areas of management judgement, was outlined in our Audit Strategy Memorandum which we presented on 12 March 2021. We have reviewed our Audit Strategy Memorandum and concluded that the original significant audit risks and other areas of management judgement remain appropriate.

We would like to express our thanks for the assistance of your team during our audit.

If you would like to discuss any matters in more detail then please do not hesitate to contact me on 0113 394 5316.

Yours faithfully

A handwritten signature in blue ink, appearing to read "M. Dalton".

Mark Dalton  
Mazars LLP

Mazars LLP  
3 Wellington Place  
Leeds  
LS1 4AP

# 01

Section 01:

**Executive summary**

# 1. Executive summary

## Principal conclusions and significant findings

As outlined in our Audit Strategy Memorandum, our audit has been conducted in accordance with International Standards on Auditing (UK) and means we focus on audit risks that we have assessed as resulting in a higher risk of material misstatement.

In section 4 of this report we have set out our conclusions and significant findings from our audit. This section includes our conclusions on the audit risks and areas of management judgement in our Audit Strategy Memorandum, which include:

- Valuation of land and buildings;
- Management override of controls; and
- Revenue recognition.

Section 6 sets out audit misstatements.

## Status and audit opinion

We have substantially completed our audit in respect of the financial statements for the year ended 31 March 2021.

At the time of preparing this report, a number of matters remaining outstanding as outlined in section 2.

We will provide an update to you in relation to the significant matters outstanding through issuance of a follow up letter.

Subject to the satisfactory conclusion of the remaining audit work, we have the following conclusions:



### Audit opinion

We anticipate issuing an unqualified opinion, without modification, on the financial statements. Our proposed audit opinion is included in the draft auditor's report in Appendix B.



### Value for Money

We anticipate having no significant weaknesses in arrangements to report in relation to the arrangements that the Trust has in place to secure economy, efficiency and effectiveness in its use of resources. Further detail on our Value for Money work is provided in section 7 of this report.



### Reporting to the group auditor

We anticipate reporting to the National Audit Office (NAO) that the Trust's consolidation data is consistent with the financial statements.





# 02


Section 02:

**Status of the audit**


## 2. Status of the audit

Our work is substantially complete and there are currently no matters of which we are aware that would require modification of our audit opinion, subject to the outstanding matters detailed below.


Audit area	Status	Description of the outstanding matters
Expenditure – gross employee benefit costs		We are dealing with the final queries on the remuneration report and the year end payroll reconciliation.
Non material notes		We are reviewing the non material disclosures and agreeing them to the supporting working papers.



Likely to result in material adjustment or significant change to disclosures within the financial statements.








Potential to result in material adjustment or significant change to disclosures within the financial statements.



Not considered likely to result in material adjustment or change to disclosures within the financial statements.

The following standard closure procedures also need to be completed before signing the auditor’s report and reporting to the NAO on the Trust’s consolidation data.

Closure procedures	Status	Description of the outstanding matters
Final versions of the Annual Report and AGS		We need to review the final versions of the Annual Report and Annual Governance Statement.
Post balance sheet events		Review of post balance sheet events up to the point at which we sign our audit report.
Letter of Representation		Receipt of signed Letter of Management Representation
Whole of government accounts (WGA)		Completion of audit procedures supporting the WGA return to the NAO.
Audit review and quality control		Completion of Manager and Partner review and Mazars quality control processes in respect of the audit.

We will provide the Audit Committee with an update in relation to these outstanding matters in a follow-up letter, prior to signing the auditor’s report.

# 03

## Section 03: **Audit approach**



# 3. Audit approach

## Changes to our audit approach

We provided details of our intended audit approach in our Audit Strategy Memorandum in March 2021. We have not made any changes to our audit approach since we presented our Audit Strategy Memorandum.

## Materiality

Our provisional materiality at the planning stage of the audit was set at £2.275m using a benchmark of 2% of gross operating expenditure. No changes to the materiality levels set at the planning stage have been made.

## Use of experts

Where relevant and necessary, provide information on the planned and actual use of experts as part of the audit and any changes to the planned approach as outlined in the ASM.

Item of account	Management's expert	Our expert
Property valuations	District Valuer	We used available third party information to challenge the key valuation assumptions.
Cash equivalent transfer values of pensions as disclosed in the Remuneration Report	NHS Pensions	PwC actuarial experts provided a review of the NHS Pensions Agency.

There are no reporting matters to highlight from our consideration of the work of experts.

## Service organisations

Where relevant and necessary, provide information on the planned and actual use of service organisations as part of the audit and any changes to the planned approach as outlined in the ASM.

Items of account	Service organisation	Audit approach
Payroll	NHS Electronic Staff Record system (ESR) - National payroll system	We reviewed the ESR McKesson Type 2 Service Auditor report.
Payroll	Leeds Teaching Hospitals NHS Trust	We obtained assurance by understanding the processes and controls the Trust has in place to assure itself that transactions processed are materially correct. We undertook sample testing of payroll transactions based on evidence available from the Trust and the shared service provider.
Accounts payable, accounts receivable and cash	NHS Shared Business Services (SBS)	We reviewed the SBS Type 2 Service Auditor Report.

There are no reporting matters to highlight from our consideration of the work of service organisations.



# 04

## Section 04: **Significant findings**

# 4. Significant findings

In this section we outline the significant findings from our audit. These findings include:

- our audit conclusions regarding other significant risks and key areas of management judgement outlined in the Audit Strategy Memorandum;
- our comments in respect of the accounting policies and disclosures that you have adopted in the financial statements. On page 15 we have concluded whether the financial statements have been prepared in accordance with the financial reporting framework and commented on any significant accounting policy changes that have been made during the year;
- any further significant matters discussed with management; and
- any significant difficulties we experienced during the audit.

## Significant risks

Management override of controls	Description of the risk
	<p>In all entities, management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur, we consider there to be a risk of material misstatement due to fraud and thus a significant risk on all audits.</p>
	<p><b>How we addressed this risk</b></p> <p>We addressed this risk through performing audit work over:</p> <ul style="list-style-type: none"><li>• Accounting estimates impacting amounts included in the financial statements;</li><li>• Consideration of identified significant transactions outside the normal course of business; and</li><li>• Journals recorded in the general ledger and other adjustments made in preparation of the financial statements.</li></ul>
	<p><b>Audit conclusion</b></p> <p>There are no matters to report in respect of management override of controls.</p>



# 4. Significant findings

## Significant risks (continued)

Revenue recognition	<div data-bbox="512 332 764 358"><b>Description of the risk</b></div> <div data-bbox="512 365 2456 419"><p>The risk of fraud in revenue recognition is presumed to be a significant risk on all audits due to the potential to inappropriately shift the timing and basis of revenue recognition as well as the potential to record fictitious revenues or fail to record actual revenues.</p></div> <div data-bbox="512 451 1082 476"><p>For the Trust we deem the risk to relate specifically to:</p></div> <div data-bbox="512 508 1182 534"><ul style="list-style-type: none"><li>• Recognition of income and receivables around the year end;</li></ul></div> <div data-bbox="512 601 825 626"><b>How we addressed this risk</b></div> <div data-bbox="512 654 2469 708"><p>We evaluated the design and implementation of controls the Trust has in place which mitigate the risk of income being recognised in the wrong year. In addition we will undertake a range of substantive procedures including:</p></div> <div data-bbox="512 726 2456 886"><ul style="list-style-type: none"><li>• testing of income and year end receivables for accuracy, completeness and occurrence;</li><li>• testing receipts in the pre and post year end period to ensure they have been recognised in the right year; and</li><li>• reviewing intra-NHS reconciliations and data matches provided by the Department of Health and where necessary seek direct confirmation from third parties or their external auditors.</li><li>• testing of top-up income and agreeing the consistency of the returns made to NHSI to in year financial reporting.</li></ul></div> <div data-bbox="512 951 703 976"><b>Audit conclusion</b></div> <div data-bbox="512 998 2046 1023"><p>Our work has provided the assurance we sought in each of the above areas and has not highlighted any material issues to bring to your attention.</p></div>
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# 4. Significant findings

## Significant risks (continued)

Valuation of land and buildings	<div><div>Description of the risk</div><p>Land and buildings are the Trust's highest value assets accounting for £27m of the Trust's £31m Property, Plant and Equipment balance. Management engages the District Valuer as an expert to assist in determining the fair value of land and buildings to be included in the financial statements. Changes in the value of land and buildings, including the use of modern equivalent valuation, may impact on the Statement of Comprehensive Income depending on the circumstances and the specific accounting requirements of the Group Accounting Manual.</p></div> <div><div>How we addressed this risk</div><p>We evaluated the design and implementation of any controls which mitigate the risk. This included liaising with management to update our understanding on the approach taken by the Trust in its valuation of land and buildings. We:</p><ul style="list-style-type: none"><li>assessed the scope and terms of engagement with the District Valuer;</li><li>assessed how management use the District Valuer's report to value land and buildings in the financial statements;</li><li>reviewed the valuation methodology used, including the appropriateness of the modern equivalent asset. This will include testing the underlying data and assumptions;</li><li>assessed the competence, skills and objectivity of the District Valuer;</li><li>considered the reasonableness of the valuation by comparing the valuation output with market intelligence and challenging the Trust and the valuer where required; and</li><li>considered any implications of the valuer and Trust's material valuation uncertainty disclosures within the 2019/20 financial statements.</li></ul></div> <div><div>Audit conclusion</div><p>Our work has provided the assurance we sought in each of the above areas and has not highlighted any material issues to bring to your attention.</p></div>
---------------------------------	--

# 4. Significant findings

## Qualitative aspects of the Trusts accounting practices

We have reviewed the Trusts accounting policies and disclosures and concluded they comply with Department of Health and Social Care Group Accounting Manual 2020/21, appropriately tailored to the Trusts circumstances.

Draft accounts were received from the Trust on 26 April 2021 and were of a good quality.

## Significant matters discussed with management

Significant matters discussed with management during the course of our audit included:

- The impact of COVID-19 on the Trust, including potential impact on risks of material misstatement and our audit approach.
- The accounting arrangements for DHSC top up income and centrally provided inventory and equipment items, significant accounting estimates (for example the basis of estimating the annual leave accrual) and other year-end accounting arrangements.
- The accounting treatment for the £1,124k redundancy provision for GP pharmacists that, per section 6, does not, in our view, meet the requirements of IAS 37 (and should therefore be disclosed as a contingent liability only).

There are no additional matters in relation to these discussions that we need to highlight in this section of our report.

## Significant difficulties during the audit

During the course of the audit we did not encounter any significant difficulties and we have had the full co-operation of management. It is however worth noting that our audit work has been carried out through remote working arrangements as a result of the constraints imposed by the COVID-19 pandemic. Whilst challenging at times, through the effective use of technology and close liaison with finance and other officers of the Trust these challenges were overcome. We would like to thank the Finance Team for the quality of their supporting working papers and for being available throughout the audit work to answer our queries.

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# 05

Section 05:

**Internal control recommendations**

# 5. Internal control recommendations

The purpose of our audit was to express an opinion on the financial statements. As part of our audit we have considered the internal controls in place relevant to the preparation of the financial statements in order to design audit procedures to allow us to express an opinion on the financial statements but not for the purpose of expressing an opinion on the effectiveness of internal control or to identify any significant deficiencies in their design or operation.

The matters reported are limited to those deficiencies and other control recommendations that we have identified during our normal audit procedures and that we consider to be of sufficient importance to merit being reported. If we had performed more extensive procedures on internal control we might have identified more deficiencies to be reported or concluded that some of the reported deficiencies need not in fact have been reported. Our comments should not be regarded as a comprehensive record of all deficiencies that may exist or improvements that could be made.

Our findings and recommendations are set out below. We have assigned priority rankings to each of them to reflect the importance that we consider each poses to your organisation and, hence, our recommendation in terms of the urgency of required action. In summary, the matters arising fall into the following categories:

Priority ranking	Description	Number of issues
1 (high)	In our view, there is potential for financial loss, damage to reputation or loss of information. This may have implications for the achievement of business strategic objectives. The recommendation should be taken into consideration by management immediately.	0
2 (medium)	In our view, there is a need to strengthen internal control or enhance business efficiency. The recommendations should be actioned in the near future.	0
3 (low)	In our view, internal control should be strengthened in these additional areas when practicable.	1



# 5. Internal control recommendations

## Other recommendations in internal control – Level 3

**Description of deficiency**

The contract with Leeds City Council for the provision of staff to the Leeds equipment service has not been updated or signed since 2015/16.

**Potential effects**

Lack of clarity as to service requirements and expectations on both parties.

**Recommendation**

The Trust should ensure that the contract with Leeds City Council is updated and signed by both parties on an annual basis.

**Management response**

The Trust will ensure a signed written agreement is in place for the provision of staff for 2021/22 onwards.

Responsibility: Executive Director of Finance and Resources

Timescale: 31August 2021.

## Follow up on previous internal control points

There are no recommendations from the prior year audit to follow-up.

# 06

Section 06:

## **Summary of misstatements**

# 6. Summary of misstatements

This section outlines the misstatements identified during the course of the audit, above the trivial threshold for adjustment of £105k. The first table outlines the misstatements that were identified during the course of our audit which management has assessed as not being material either individually or in aggregate to the financial statements and does not currently plan to adjust.

The second table outlines the misstatements that have been adjusted by management during the course of the audit.

## Unadjusted misstatements

		SOCI		SOFP	
		Dr (£'000)	Cr (£'000)	Dr (£'000)	Cr (£'000)
1	Dr: Provisions			1,124	
	Cr: Operating expenses		1,124		
Redundancy provision that does not meet the requirements of IAS 37 and therefore should be disclosed as a contingent liability.					
Total unadjusted misstatements			1,124	1,124	

## Adjusted misstatements

To date there are no adjusted misstatements identified through the course of our audit.

# 6. Summary of misstatements

## Disclosure amendments

- The following minor disclosure amendments have been agreed with management and actioned within the revised Accounts:
- Statement of Comprehensive Income (SoCI) – to ensure compliance with the DHSC Group Accounting Manual 2020/21 (GAM) and associated accounting standards, the alternative performance measure disclosure (entitled “adjusted financial performance”) has been removed from the face of the SoCI;
  - Remuneration report – the pay multiples calculation excluded agency staff costs resulting in the median remuneration of the workforce changing from £32,167 to £32,188 and the remuneration of the highest paid Director remains 4.7 times the median remuneration.
  - The revaluation of property, plant and equipment disclosure has been amended to reflect that the material uncertainty reported in 2019-20 no longer applies and to include additional information regarding the revaluation process and experience and qualifications of the valuer.
  - The other financial liabilities disclosure has been amended to correct errors in the current and prior year value of other financial commitments due within one year. Whilst the finance team identified the errors, this was in response to an audit inquiry regarding the movement in value between the 2 years.

In addition to the above, we identified a small number of minor presentational issues during our audit of the financial statements and these have all been amended by the Trust.

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# 07

## Section 07: **Value for Money**

# 7. Value for Money

## Approach to Value for Money

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out and sets out the reporting criteria that we are required to consider. The reporting criteria are:

- **Financial sustainability** - How the Trust plans and manages its resources to ensure it can continue to deliver its services
- **Governance** - How the Trust ensures that it makes informed decisions and properly manages its risks
- **Improving economy, efficiency and effectiveness** - How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

At the planning stage of the audit, we undertake work to understand the arrangements that the Trust has in place under each of the reporting criteria and we identify risks of significant weaknesses in those arrangements. Although we describe this work as planning work, we keep our understanding of arrangements under review and update our risk assessment throughout the audit to reflect emerging issues that may suggest significant weaknesses in arrangements exist.

Where our risk-based procedures identify actual significant weaknesses in arrangements we are required to report these and make recommendations for improvement. Where such significant weaknesses are identified, we report these in the audit report.

The primary output of our work on the Trust's arrangements is the commentary on those arrangements that forms part of the Auditor's Annual Report. Consistent with the NAO's revised deadlines for the Auditor's Annual Report, we intend to issue the Auditor's Annual Report in September 2021.

## Status of our work

Whilst we have substantially completed our work in respect of the Trust's arrangements for the year ended 31 March 2021, we have not yet prepared our VFM commentary for inclusion within the Auditor's Annual Report.

To date, the Trust has provided a well-evidenced self assessment covering the NAO's three reporting criteria. We have reviewed the information provided, made further enquiries as required and discussed the key issues with management. At the time of preparing this report, we have not identified any significant weaknesses in arrangements that require us to make a recommendation,

Our draft audit report at Appendix B outlines that we have not yet completed our work in relation to the Trust's arrangements. As noted above, our commentary on the Trust's arrangements will be provided in the Auditor's Annual Report in September 2021.

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# Appendices

A: Draft management representation letter

B: Draft audit report

C: Independence

D: Other communications

# Appendix A: Draft management representation letter

Mark Dalton  
Mazars LLP  
5<sup>th</sup> Floor  
3 Wellington Place  
Leeds  
LS1 4AP

Dear Mark

## Leeds Community Healthcare NHS Trust - audit for year ended 31 March 2021

This representation letter is provided in connection with your audit of the financial statements of Leeds Community Healthcare NHS Trust for the year ended 31 March 2021 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the DHSC Group Accounting Manual. I confirm that the following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience (and, where appropriate, inspection of supporting documentation) sufficient to satisfy ourselves that I can properly make each of the following representations to you.

### My responsibility for the financial statements and accounting information

I believe that I have fulfilled my responsibilities for the true and fair presentation and preparation of the financial statements in accordance with the Group Accounting Manual and relevant legislation and International Financial Reporting Standards (IFRS) as adapted and adopted by HM Treasury.

### My responsibility to provide and disclose relevant information

I have provided you with:

- access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other material;
- additional information that you have requested from us for the purpose of the audit; and
- unrestricted access to individuals within the Trust you determined it was necessary to contact in order to obtain audit evidence.

I confirm as Accounting Officer that I have taken all the necessary steps to make me aware of any relevant audit information and to establish that you, as auditors, are aware of this information. As far as I am aware there is no relevant audit information of which you, as auditors, are unaware.

### Accounting records

I confirm that all transactions that have a material effect on the financial statements have been recorded in the accounting records and are reflected in the financial statements. All other records and related information, including minutes of all Board and relevant committee meetings, have been made available to you.

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# Appendix A: Draft management representation letter

## Accounting policies

I confirm that I have reviewed the accounting policies applied during the year in accordance with Group Accounting Manual and International Accounting Standard 8 and consider these policies to faithfully represent the effects of transactions, other events or conditions on the Trust's financial position, financial performance and cash flows.

## Accounting estimates, including those measured at fair value

I confirm that any significant assumptions used by the Trust in making accounting estimates, including those measured at fair value, are reasonable.

## Contingencies

There are no material contingent losses including pending or potential litigation that should be accrued where:

- information presently available indicates that it is probable that an asset has been impaired or a liability had been incurred at the balance sheet date; and
- the amount of the loss can be reasonably estimated.

There are no material contingent losses that should be disclosed where, although either or both the conditions specified above are not met, there is a reasonable possibility that a loss, or a loss greater than that accrued, may have been incurred at the balance sheet date.

There are no contingent gains which should be disclosed.

All material matters, including unasserted claims, that may result in litigation against the Trust have been brought to your attention. All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to you and accounted for and disclosed in accordance with the Group Accounting Manual and relevant legislation and IFRSs as adapted and adopted by HM Treasury.

## Laws and regulations

I confirm that I have disclosed to you all those events of which I am aware which involve known or suspected non-compliance with laws and regulations, together with the actual or contingent consequences which may arise therefrom.

We have complied with all aspects of contractual agreements that would have a material effect on the accounts in the event of non-compliance.

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# Appendix A: Draft management representation letter

## Fraud and error

I acknowledge my responsibility as Accounting Officer for the design, implementation and maintenance of internal control to prevent and detect fraud and error.

I have disclosed to you:

- all the results of my assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- all knowledge of fraud or suspected fraud affecting the Trust and Group involving;
  - management and those charged with governance;
  - employees who have significant roles in internal control; and
  - others where fraud could have a material effect on the financial statements.

I have disclosed to you all information in relation to any allegations of fraud, or suspected fraud, affecting the Trust's financial statements communicated by employees, former employees, analysts, regulators or others.

## Related party transactions

I confirm that all related party relationships, transactions and balances, have been appropriately accounted for and disclosed in accordance with the requirements of the Group Accounting Manual and relevant legislation and IFRSs as adopted by HM Treasury.

I have disclosed to you the identity of the Trust's related parties and all related party relationships and transactions of which I am aware.

## Impairment review

To the best of my knowledge, there is nothing to indicate that there is a permanent reduction in the recoverable amount of the property, plant and equipment and intangible assets below their carrying value at the statement of financial position date. An impairment review is therefore not considered necessary.

## Charges on assets

All the Trust's assets are free from any charges exercisable by third parties except as disclosed within the financial statements.

## Future commitments

I am not aware of any plans, intentions or commitments that may materially affect the carrying value or classification of assets and liabilities or give rise to additional liabilities.

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# Appendix A: Draft management representation letter

## Ultimate parent company

I confirm that the ultimate parent company for Leeds Community Healthcare NHS Trust is the Department of Health and Social Care.

## Subsequent events

I confirm all events subsequent to the date of the financial statements and for which the Group Accounting Manual, relevant legislation and IFRSs require adjustment or disclosure have been adjusted or disclosed.

Should further material events occur after the date of this letter which may necessitate revision of the figures included in the financial statements or inclusion of a note thereto, I will advise you accordingly.

## Other matters

I can confirm in relation to the following matters that:

- Brexit - we have assessed the potential impact of the United Kingdom leaving the European Union and that any disclosure in the Annual Report fairly reflects that assessment.
- COVID-19 - we have assessed the impact of the COVID-19 Virus pandemic on the Trust and the financial statements, including the impact of mitigation measures and uncertainties, and are satisfied that the financial statements and supporting notes fairly reflect that assessment.

## Going concern

To the best of my knowledge there is nothing to indicate that the Trust will not continue as a going concern in the foreseeable future. The period to which I have paid particular attention in assessing the appropriateness of the going concern basis is not less than twelve months from the date of approval of the accounts.

I have updated our going concern assessment in light of the Covid-19 pandemic. I continue to believe that the Trust's financial statements should be prepared on a going concern basis and have not identified any material uncertainties related to going concern on the grounds that there will be continuity of services. We believe that no further disclosures relating to the Trust's ability to continue as a going concern need to be made in the financial statements.

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# Appendix A: Draft management representation letter

**Annual Governance Statement**

I am satisfied that the Annual Governance Statement (AGS) fairly reflects the Trust's risk assurance and governance framework and I confirm that I am not aware of any significant risks that are not disclosed within the AGS

**Annual Report**

The disclosures within the Annual Report and Remuneration Report fairly reflect my understanding of the Trust's financial and operating performance over the period covered by the financial statements

**Unadjusted misstatements**

I confirm that the effects of any uncorrected misstatements are immaterial, both individually and in aggregate, to the financial statements as a whole. A list of the uncorrected misstatements is attached to this letter as an Appendix.  
*Insert appendix of unadjusted misstatements.*

Yours sincerely  
  
Accounting Officer.....

# Appendix B: Draft auditors report

## Independent auditor's report to the Directors of Leeds Community Healthcare NHS Trust

### Report on the audit of the financial statements

#### Opinion on the financial statements

We have audited the financial statements of Leeds Community Healthcare NHS Trust ('the Trust') for the year ended 31 March 2021 which comprise the Statement of Comprehensive Income, the Statements of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2020/21 as contained in the Department of Health and Social Care Group Accounting Manual 2020/21, and the Accounts Direction issued under the National Health Service Act 2006.

In our opinion, except for the possible effects of the matter described in the 'Basis for qualified opinion' section of our report, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2021 and of the Trust's and income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2020/21; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

#### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Director's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Directors with respect to going concern are described in the relevant sections of this report.

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# Appendix B: Draft auditors report

## Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in these regards.

## Responsibilities of the Directors and the Accountable Officer for the financial statements

As explained more fully in the Statement of Directors' Responsibilities, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. The Directors are required to comply with the Department of Health and Social Care Group Accounting Manual 2020/21 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. The Directors are responsible for assessing each year whether or not it is appropriate for the Trust to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

As explained in the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust, the Accountable Officer is responsible for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is responsible for ensuring that the financial statements are prepared in a format directed by the Secretary of State.

## Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the Trust and Group, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), and we considered the extent to which non-compliance might have a material effect on the financial statements.

We evaluated the Accountable Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates and significant one off or unusual transactions.

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# Appendix B: Draft auditors report

Our audit procedures were designed to respond to those identified risks, including non-compliance with laws and regulations (irregularities) and fraud that are material to the financial statements. Our audit procedures included, but were not limited to:

- discussing with management and the Audit Committee the policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud.

Our audit procedures in relation to fraud included, but were not limited to:

- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statement and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the National Audit Office in April 2021.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

### Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have not completed our work on the Trust's arrangements. On the basis of our work to date, having regard to the guidance issued by the Comptroller and Auditor General in April 2021, we have not identified any significant weaknesses in arrangements for the year ended 31 March 2021.

We will report the outcome of our work on the Trust's arrangements in our commentary on those arrangements within the Auditor's Annual Report. Our audit completion certificate will set out any matters which we are required to report by exception.

### Responsibilities of the Accountable Officer

As explained in the Statement of Accountable Officer's responsibilities the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

### Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by Schedule 21(1)(c) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021.

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# Appendix B: Draft auditors report

## Report on other legal and regulatory requirements

### Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2020/21; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

### Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with guidance issued by NHS Improvement; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act; or
- we issue a report in the public interest under section 24 and schedule 7(1) of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 and schedule 7(2) of the Local Audit and Accountability Act 2014.

We have nothing to report in respect of these matters.

## Use of the audit report

This report is made solely to the Board of Directors of Leeds Community Healthcare NHS Trust, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

## Delay of certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have issued our Annual Auditors Report on the Trust's arrangements to secure Value for Money. We are satisfied that this does not have a material effect on the financial statements or on our conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

Mark Dalton, Key Audit Partner  
For and on behalf of Mazars LLP

5<sup>th</sup> Floor  
3 Wellington Place  
Leeds  
LS1 4AP

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# Appendix C: Independence

As part of our ongoing risk assessment we monitor our relationships with you to identify any new actual or perceived threats to our independence within the regulatory or professional requirements governing us as your auditors.

We can confirm that no new threats to independence have been identified since issuing the Audit Strategy Memorandum and therefore we remain independent.

# Appendix D: Other communications

Other communication	Response
Compliance with Laws and Regulations	<p>We have not identified any significant matters involving actual or suspected non-compliance with laws and regulations.</p> <p>We will obtain written representations from management that all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements have been disclosed.</p>
External confirmations	<p>We did not experience any issues with respect to obtaining external confirmations.</p>
Related parties	<p>We did not identify any significant matters relating to the audit of related parties.</p> <p>We will obtain written representations from management confirming that:</p> <ul style="list-style-type: none"><li>a. they have disclosed to us the identity of related parties and all the related party relationships and transactions of which they are aware; and</li><li>b. they have appropriately accounted for and disclosed such relationships and transactions in accordance with the requirements of the applicable financial reporting framework.</li></ul>
Going Concern	<p>We have not identified any evidence to cause us to disagree with the Audit Committee that Leeds Community Healthcare NHS Trust will be a going concern, and therefore we consider that the use of the going concern assumption is appropriate in the preparation of the financial statements.</p> <p>We will obtain written representations from management, confirming that all relevant information covering a period of at least 12 months from the date of approval of the financial statements has been taken into account in assessing the appropriateness of the going concern basis of preparation of the financial statements.</p>

# Appendix D: Other communications

Other communication	Response
Subsequent events	<p>We are required to obtain evidence about whether events occurring between the date of the financial statements and the date of the auditor's report that require adjustment of, or disclosure in, the financial statements are appropriately reflected in those financial statements in accordance with the applicable financial reporting framework.</p> <p>We will obtain written representations from management that all events occurring subsequent to the date of the financial statements and for which the applicable financial reporting framework requires adjustment or disclosure have been adjusted or disclosed.</p>
Matters related to fraud	<p>We have designed our audit approach to obtain reasonable assurance whether the financial statements as a whole are free from material misstatement due to fraud. In addition to the work performed by us, we will obtain written representations from management, and where appropriate the Audit Committee, confirming that</p> <ul style="list-style-type: none"><li>a. they acknowledge their responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud;</li><li>b. they have disclosed to the auditor the results of management's assessment of the risk that the financial statements may be materially misstated as a result of fraud;</li><li>c. they have disclosed to the auditor their knowledge of fraud or suspected fraud affecting the entity involving:<ul style="list-style-type: none"><li>i. Management;</li><li>ii. Employees who have significant roles in internal control; or</li><li>iii. Others where the fraud could have a material effect on the financial statements; and</li></ul></li><li>d. they have disclosed to the auditor their knowledge of any allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators or others.</li></ul>

# Mark Dalton, Director – Public Services

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\*where permitted under applicable country laws.

**Leeds Community Healthcare NHS Trust**

**Annual Report and Accounts**

**2020 -2021**

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## Foreword

What a year this has been .... the word 'unprecedented' hardly comes close to capturing anything of 2020/21: the complexity; the emotion; the risk and the astounding levels of commitment towards keeping our community safe.

Let us start by remembering the 1670 local people who lost their lives to Covid19 during the twelve months that this Annual Report covers. They were victims of a virus which spread across the world with terrifying speed, bringing life as we knew it to a halt. We express our condolences to the families and friends left behind and share their grief.

We also express our enormous thanks to each and every member of our staff and their families; to the volunteers who have worked with us; and to our citywide partners. Whilst often dealing with personal disruption, they have individually contributed enormously to the successful delivery of community healthcare within a fast and ever-changing context. So, thank you – from the Trust, from the community and from the city of Leeds. You should be proud and positive about what has been achieved and, as we go forward, you must hold on to the determination that has seen us through the past 12 months.

Our achievements and innovations during 2020/21 are many and of necessity, only some are described in this Annual Report. It has been a year of significant transition: we have redeployed and realigned much of our business; we have prioritised against the yardstick of medical priority; we have supported the city's care homes and we have worked with our partners including local hospitals, GPs and Leeds City Council to ensure that the right care is provided at the right time and in the right place for all our patients.

Our Infection Control work has been an important key to community healthcare and has provided support across the whole city; our work with children has been unrelenting and our commitment to a rapidly accelerating community 'end of life' service has increased by 40% during the pandemic and has been both devastating and outstanding.

We have worked with a wide range of partners – best exemplified in the mobilising of vaccination clinics at the Thackray Medical Museum and Elland Road stadium and across all other areas of the city as the vaccination drive ramped up. This was 'Team Leeds' at its best and was evidence of our outstanding potential when we act as one. This Trust commits to furthering and supporting that focus on a Leeds City Partnership as we move beyond the Covid19 pandemic.

The work of shaping a new design for service delivery within a strong city and Integrated Care System framework has never been more important and we have a strong and proven foundation to build from. Equally important are the issues of health inequalities and diversity and inclusion for those we serve and for our workforce. These priorities, along with the emerging safeguarding demand; the deepening mental health challenge and the developing 'long Covid' priority - all now take centre stage as we move into steadier times.

There will be opportunities we must take; there will be uncertainties that we must work through and there will be more of the unexpected that we must be prepared for whilst always remaining totally committed to providing the best possible healthcare to the community of Leeds and beyond.

Before we sign off, we want to say a sincere thank you to those people who donated goods to support our nurses; food for our front-line and office workers and offered to make items of PPE for us. We were overwhelmed with such kindness and every bit of support was gratefully received and helped to sustain the Covid19 response.

We can also report that we received £156,500 from NHS Charities Together which distributed the staggering amount raised for the NHS by the late Captain Sir Tom Moore along with other donations from individuals and businesses – you can read how it has been spent on page XX

Brodie Clark CBE

(signature)

**Chair**

Thea Stein

(signature)

**Chief Executive**



## About the Trust

**Note:** This report contains references to our Black, Asian and Minority (BAME) Network and the colleagues it represents. Thinking has changing about the continued use of this acronym, but as it was common during the year covered by this Annual Report, we have continued to use the reference. Next year's report will detail the action we have taken to effect change.

### How we work

Leeds Community Healthcare NHS Trust serves a population of approximately 868,000 and delivers care to around 5,000 people every day.

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

Adult Services	Specialist Services	Children
13 Neighbourhood Teams (NTs) Neighbourhood Nights/ End of Life Health Case Management Leeds Integrated Discharge Service (LIDS) Community Care Beds Bed Bureau Single Point of Urgent Referral (SPUR) Wound Prevention and Management Service (WPAMS) Continence, Urology and Colorectal Service Community Falls Service Community Geriatricians Pharmacy technicians	Community Neurology Team Community Stroke Team Community Neurology Rehabilitation Unit Speech and Language Therapy Services Leeds Mental Wellbeing Service Diabetes Leeds Partnership Adult and Children's Nutrition and Dietetics Tier 3 Weight Management Podiatry (foot health) Community Dental Service Musculoskeletal Services Leeds Community Pain Service First Contact Physiotherapy Prison Healthcare (Young Offenders)	ICAN Hubs: Child Development Centre, Occupational Therapy, Physiotherapy, Community Paediatrics, Paediatric Neurodisability Clinics ICAN Citywide Services : Child Protection Medical Service, Growth and Nutrition, Adoption and Fostering, Springfield, Audiology CAMHS Inpatient Unit (until 01.04.21) CAMHS Crisis Service CAMHS Community Outreach Service CAMHS Transitions Service Mindmate SPA Community CAMHS Teams Eating Disorders Service CAMHS Learning Disability Team Mindmate SPACE

	Institute, Wetherby and Adel Beck Secure Children's Home) Healthcare services for police custody suites across Yorkshire and the Humber Liaison and Diversion Community Intravenous Antibiotics Service (CIVAS) Tuberculosis (TB) Homeless and Health Inclusion Team (HHIT) Cardiac Service Respiratory Service Leeds Sexual Health Community Gynaecology	Intensive Positive Behaviour Support Service CAMHS Youth Justice Service Team CAMHS input to Therapeutic Social Work Team CAMHS Training Unit Continuing Care and Health Short Breaks Inclusion Nursing Service Hannah House Children's Community Nursing Service Children's Speech and Language Therapy 0-19 Public Health Integrated Nursing Service Watch-It Service Children's Community Eye Service School Immunisations Service
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Our purpose is to provide high quality community healthcare. We do this by working in partnership with other organisations and groups, involving and developing our staff, and using our resources wisely to continually improve services. The Trust was rated **Good** in its most recent inspection by the Care Quality Commission (CQC) and we were pleased to have been rated **Outstanding** for our sexual health services.

We promote equality of service delivery to different groups throughout the organisation. We continue to raise awareness of race equality and support our Race Equality staff network's efforts to create an inclusive environment for patients and staff. We believe that a workforce that reflects its community will be able to serve that community far more effectively. We are proud to be currently rated 21<sup>st</sup> in the UK's top 50 inclusive employers list and we promote inclusion across all protected characteristics.

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

The Trust's culture is underpinned by our vision:

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

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

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



There is more detailed information available on our website:  
[www.leedscommunityhealthcare.nhs.uk](http://www.leedscommunityhealthcare.nhs.uk)

## **Leeds Community Healthcare's strategic goals**

We had four strategic goals to focus on throughout 2020/21:

- To deliver outstanding care
- To use our resources wisely and efficiently
- To ensure our workforce is able to deliver the best possible care in all our communities
- To work in partnership to deliver integrated care and care closer to home

Of course, the onset of the Covid19 pandemic impacted on everything that we had planned and everything that we did. Ensuring that we continued to deliver outstanding care to our patient population in a joined up way with our partners in neighbouring NHS trusts, GPs and third sector organisations was paramount. To achieve this, we needed to take best care of our biggest asset – our staff - so that they were able to continue to deliver care safely. You can read more about how we managed this in this Annual Report.

## Key risks

In 2020/21 we had 20 strategic risks connected to our goals. These are grouped in the four following themes (these are also known as strategic risk clusters) and the level of assurance given for the management and mitigation of these risks is reported to the Trust Board at each of its meetings:

- Failure to provide high quality, safe and clinically effective services that reflect and respond to the needs of the population served
- Failure to engage and empower the Trust's workforce and to recruit, retain and develop staff, and failure to work in a resilient and safe environment
- Failure to deliver integrated care closer to home, as a result of failing to work in partnership with stakeholders to deliver service solutions.
- Failure to maintain a viable and sustainable organisation, and failing to ensure our information technology systems are adequate and our data is secure.

Our response to the pandemic included a re-evaluation of our strategic risks and assurance mechanism. The most significant hazard was identified as the capacity of services which had been altered due to national guidelines and social distancing requirements during the Covid19 pandemic. There was a risk that we would not be able to deliver services in a timely and equitable manner. We also recognised that we had become even more reliant on information technology systems and needed to ensure that these were adequate and secure. Information technology strategic risks were already included on the Trust's Board Assurance Framework, but they were reassessed and additional sources of assurance were included to ensure that the risks were managed effectively.

Our business continuity arrangements were severely tested during the first wave of the pandemic and we have now included business continuity as a strategic risk. This receives oversight and scrutiny through the Board Assurance Framework.

The Performance Overview in this report describes how the Trust managed its strategic risks during 2020/21.

Risk management, including the Board Assurance, is considered in more detail in our Annual Governance Statement which can be found on page **xx** of this report.

# Performance Overview Report 2020/21

## A year of transition

### Responding to the Covid19 pandemic

The 2020/21 financial year began as the first wave of the Covid19 pandemic gripped the United Kingdom. Within the space of a couple of weeks, our frontline working practices changed dramatically and hundreds of our employees became home workers. Leeds Community Healthcare's focus was, and remains, on keeping our people safe – both our patients and our workforce.

As health clinics closed, service delivery was prioritised according to need and new ways of working evolved quickly to meet that need. Team LCH was innovative, flexible and resilient – reshaping where needed and maintaining business as usual where possible.

This section is a brief description of an extraordinary year where necessity became the mother of invention, organisational boundaries evaporated and ideas about how health and social care could work seamlessly suddenly became reality. The first part describes how we responded to the demands of the Covid19 pandemic, the second looks at how we maintained business as usual. It tells a remarkable story of what can be achieved in the face of extreme adversity and nationally showed the NHS at its absolute best.

### Reset and Recovery

The onset of the Covid19 pandemic meant we had to temporarily stop or change the way in which we treated patients within the community. This was to help keep patients and staff safe as the pandemic unfolded, and it also meant we could use our resources more flexibly and direct them to where there was the most need.

This extraordinary position provided a unique opportunity to look closely at how we could improve services when we were able to start seeing patients again. We called this our Reset and Recovery programme. We wrapped a dedicated projects and clinical leadership team around the programme to make it happen and used our bottom-up approach to transformation and quality improvement called 'Making Stuff Better'. Reset and Recovery had eight specific drivers - referred to as 'golden threads' - and these influenced every single service reset plan. The 'golden threads' were:

engagement	inclusion	digital first	home first
estates	self –management	innovation	sustainability.

As soon as it was safe to do so, we aimed to increase our priority service operations in a Covid19 secure way by September 2020. We engaged with service users, staff

and other stakeholders to review our response to the pandemic and embed the learning and innovations into new ways of delivering the service. We prioritised elements of service delivery for the September restart and developed new measures which would demonstrate improvement in outcomes for service users, particularly those from under-represented groups. As a result we were able to reopen every service by the September 2020 milestone.

By the end of the 2020/21 financial year we aimed to have embedded longer term innovations, and be providing outstanding and more accessible patient care, along with an improved employment experience for our workforce. Our ambitions were slightly tempered by the advent of Wave 2 of the pandemic which forced us to be realistic about what we could achieve until there was a nationwide level of stability (projected to be June 2021).

Some of the key achievements of the programme have included:

- ✓ Restarted every service with a range of treatment options including clinic-based, home visits, digital and phone consultations and self-management
- ✓ Reopened the majority of our venues in a Covid19 safe way
- ✓ Established new PPE distribution systems and processes
- ✓ Embedding digital technology Trust -wide to enable more flexible ways of offering treatment, whilst still considering how to be digitally inclusive
- ✓ Engaged with more than 1400 staff members to develop our reset plans and set up specific intranet pages to share developments and changes, using case studies to bring to life significant service reset achievements
- ✓ Made sure patient engagement is a key element part of each service reset
- ✓ Created a new electronic Reset Dashboard to support service data analysis and demonstrate progress
- ✓ Developed a wide range of communications and engagement materials to keep commissioners, patient groups and the wider public up to date.
- ✓ Recruited a Health Equity lead to ensure our impact on health inequalities is a positive one
- ✓ Made sure our supporting infrastructure is fit for purpose – which included a review of our administration models and use of electronic letters and telephony
- ✓ Developed more self-management interventions
- ✓ Created more sustainable approaches to managing backlogs and waiting lists

Redeploying staff:

We asked many members of staff from services that were halted by the Covid19 pandemic to redeploy to Neighbourhood Teams. They were supported by their new colleagues and offered training to develop the skills and competencies needed to work confidently on the front-line.

These skills included learning how to administer medication, provide personal care, dress wounds and look after patients in their own homes. It was a huge leap for those who were used to working with our patients one to one in a clinic.

Many of these staff clearly said they valued the opportunity to see the Trust working from a different perspective and wanted to take new ideas back to the 'day job'. Many of them volunteered as 'Reset Champions' to achieve this.

### Reset Champions

Reset champions came from almost every area of Trust work and added their experiences during the Covid19 pandemic to the Reset and Recovery work.

Engaging with patients and developing better communication with them was top of many action lists. Our Community Dental Service created new letters and leaflets which were carefully written to clearly explain the changes in the service and what patients could expect when the service restarted. The service has a range of patients from children to the elderly, people with severe phobias and special needs.

Harnessing technology to improve services was also a priority for the Reset Champions. They looked at how face to face technology could be used to contact patients when only a conversation was needed because this would allow more patients to be 'seen' each day. Work was done on developing a 'virtual tour' of some services so that patients would have an idea of what to expect when they came for treatment.

Our Reset Champions have reported many positive benefits from their work:

- An insight into what goes into the planning and decision making
- Being able to voice ideas and build on suggestions made by others
- Feeling valued
- Rebuilding services so they are better and more responsive
- Working as a team again after many months elsewhere

### Podiatry - Reset and Recovery in action

In September 2020 the Podiatry service had a waiting list of 1618 overdue high risk patients – by applying the 'Golden Threads' of Reset and Recovery, the list had been reduced to 299 by mid October 2020.

The Podiatry Service reset as five hubs, each led by a Specialist Podiatrist. This restructure was suggested by colleagues who had been redeployed to

Neighbourhood Team during the pandemic where this style of working is the 'norm'. Colleagues said they liked this way of working because weekly meetings made them feel part of a team and well supported, which, in turn, helps to improve their health and wellbeing.

The hub leads meet weekly with the clinical head of service and operational managers to review capacity and demand and where support might be needed from other hubs. Waiting lists have been managed because the service has been able to respond to pressures.

We up skilled our workforce so that all Podiatrists were able to perform toe pressures, this made sure that the less experience Podiatrists were able to see patients who would otherwise have been booked into senior clinicians' rotas.

New ways of working for the Podiatry Assistant Practitioners (PAPs) have also contributed to how the service has managed waiting lists. Pre-pandemic, the PAPs were directly supervised when providing nail care for patients at a high risk of ulceration and amputation, a new framework and guidance allows PAPs to treat these patients alone, freeing up Podiatrists to treat patients with greater complex needs.

A RAG (red, amber, green) rating system was developed to help support less experienced members of staff (particularly six new staff members) so that higher risk patients could be seen more quickly.

Technology meant some patients could be offered virtual/telephone appointments which allowed the service to have contact with more patients which also had an impact on the waiting list. Improved administration has also increased service efficiency. Voice recognition software has been introduced so that Podiatrists no longer need time to type consultation notes, freeing up their time to action other tasks/provide patient care.

Staff regularly began to use a mobile phone app to share photos and ask for clinical advice. Shared information in the app also supported short notice cover which meant that patient appointments did not have to be cancelled or patients added to the waiting list. The app also helped staff members who were isolating at home to cover telephone clinics and other tasks, freeing clinical colleagues to provide face-to-face appointments.

A new flow chart was introduced to support the admin staff so they knew which patients they could book into an appointment and a telephone triage rota was developed for patients needing urgent help. Both measures helped to free Podiatrists from administrative work.

We worked hard to increase access to the Podiatry service. During the early days of the pandemic, we provided treatment from just three clinical sites which meant that the majority of our patients were treated at home. This method of service delivery had created serious capacity issues because the service was unable to see as many patients at home as it could in a clinic. This effect was long waiting lists which would not decrease quickly.



We offered more podiatry clinics and encouraged patients to feel comfortable returning to clinic by calling them and providing reassurance on the infection control precautions we had in place.

### **Supporting Care Homes**

During the pandemic our Infection Prevention and Control (IPC) team used its strong foundations with care homes and hospices to provide support on infection and control measures and helped them to make sure safe processes were in place. IPC Nurse Specialists visited 62 establishments to give support during a confirmed Covid19 outbreak, identify areas of good practice and any areas which needed development.

Each care home received an action plan for areas of development and all care homes with an identified case or an outbreak amongst staff or residents were contacted on a daily basis. This information helped the city-wide efforts to halt the spread of Covid19 between healthcare settings and reduced, where possible, onward transmission.

IPC work before the pandemic, including audit and training in both nursing and residential homes throughout Leeds, had led to regular contact with care homes and development of positive working relationships. These relationships evaluated well and had demonstrated a reduction in gastroenteritis infections. The IPC team continued to offer training during the pandemic and was instrumental in providing the 'Super Training' (supported by colleagues from throughout the healthcare system) which helped care homes to follow correct guidance and infection control measures.

We created and appointed to a Clinical Educator post. The post holder specifically delivers IPC training to care homes and this has been well received. Contact with care providers is both face to face and virtual and 'drop-in' sessions have been offered throughout 2020/21 to continue the support and maintain the relationship that the IPC team has with care homes throughout the Leeds economy.

In the final quarter of 2020/21 the IPC team restarted environmental audits with both residential and nursing care homes which will continue to demonstrate adherence to policy and highlight areas of improvement that we can support them with.

### **Vaccination Clinics**

The Leeds Covid19 Vaccination Programme became a dynamic and successful partnership between multiple health and care organisations in the city, which delivered more than 300,000 vaccinations to priority groups in the Leeds adult population between 8 December and 31 March 2021. At the time of writing, the programme is both ongoing and delivering to its target timescales.

The Trust's Director of Operations holds the Senior Responsible Officer role for the programme, overseeing the citywide Steering Group responsible for the delivery of all vaccine delivery models across the city, including community and primary care vaccination centres, hospital hubs and mobile vaccination models.

The Trust's Director of Workforce job share partnership provided strategic workforce leadership to the Vaccination Programme, with one partner defining and delivering the workforce requirements of the programme from November to March 2021, whilst the other ensured continued expert workforce leadership within the Trust itself.

We were proud that the first vaccination in Leeds was administered by a Leeds Community Healthcare worker on 8 December 2020.

More than 150 members of the Trust - both substantive and bank staff – were part of the Leeds Covid19 vaccination workforce. Between them they carried out more than 1800 vaccination shifts between December 2020 and March 2021.

Many other members of our staff contributed their time and expertise to the infrastructure and running of the vaccination programme in areas including finance, human resources, training, project management and eRostering.

And of course, we were pleased to enable and encourage take up of the vaccine amongst our own workforce, achieving high levels of vaccination, delivered in line with the nationally determined priority cohorts.

All of this has happened as part of committed and successful partnership working between Leeds health and care organisations, working across organisational boundaries to deliver these vital vaccinations to the city's population

## **Personal Protective Equipment**

Making sure our patients and our patient-facing workforce were kept safe and our staff were able to continue face to face care was our primary focus. We developed effective, reliable processes and systems to make sure that all colleagues had a safe and adequate supply of Personal Protective Equipment (PPE). We changed our ways of working in response to a pause on NHS procurement processes for PPE and development of a new, national PPE "Push" Stock System.

We worked with colleagues from Leeds and York Partnership NHS Foundation Trust to develop a new bespoke electronic stock reporting system that enabled us to ensure the right PPE was always available in the right place at the right time for our clinical staff. Having the proper PPE meant they were able to remain protected while continuing to care for our patients.

Between April and December 2020, we successfully:

- Delivered approximately 6.4 million of PPE items to our services
- Completed week on week, 53 delivery schedules
- Made approximately 5,500 physical deliveries

Each of our three Business Units appointed a dedicated PPE Co-ordinator and each individual service has a PPE Champion. These roles have been critical in the development of our systems, processes and continuous local engagement and were a vital part in dissemination and action on product recalls and the evolving national

guidance. Our Infection Prevention and Control Team colleagues have been invaluable in bringing their expertise to help us meet all the challenges we faced.

During 2020/21, working closely with workforce representatives, we equipped all our community staff with a mobile phone safety app which monitors their precise location and allows them to call for help if they need it. Other built-in security features mean that our people are secure in the knowledge that they are never alone while working in patients' homes.

### **Covid19 Rehabilitation Service**

As the existence of 'Long Covid' became apparent, we quickly established a new team to meet patients' needs, drawing in expertise from respiratory, neurology, rehabilitation medicine, cardiology, occupational therapy, physiotherapy and dietetics. This multi-disciplinary approach and new treatment pathway saw 470 referrals to March 31 of patients displaying symptoms after 12 weeks.

The trailblazing service has been featured in national media (The Guardian, and BBC Radio 4) and local radio. The service's work has also been presented in Dubai and the team has shared its experiences nationally through an NHS England lecture.

### **Looking After Our Staff**

At Leeds Community Healthcare, caring for one another is one of our 'Magnificent Seven' behaviours. During the Covid19 pandemic, we asked much of many members of our workforce. Some were redeployed to bolster our front-line and essential services while others were equipped with a laptop and remote IT access and asked to work from home. Flexibility became our new byword.

Early in the pandemic, it became clear that the unprecedented situation, with schools and other childcare options unavailable and many staff managing their own or other household members' clinical vulnerability to Covid19, would require an unprecedented response from the Trust as an employer.

Information in a fast-changing environment was crucial in the early days of the pandemic and our Communications Team took less than a week to develop a new Covid19 intranet that could be accessed remotely. The weekly staff bulletin became daily, and a new on-line system for dealing with individual staff queries - Ask Thea – was introduced which provided responses within a maximum of 48 hours.

The team produced 46 videos on a variety of topics including: demonstrating how PPE should be worn correctly; explaining latest operational changes and saying 'thank you' to colleagues.

To enable our workforce to continue delivering the best possible care to our communities, we urgently carried out support and risk assessments for our 'at risk' and clinically vulnerable staff members and identified how we could create safe

working environments for everyone. Crucially we developed targeted health and wellbeing support to make sure all our staff had tools and resources immediately available if they began to struggle physically or mentally.

Our culture of engagement was fundamental to our approach to looking after our people during the pandemic. Decreased face-to-face interaction contributed to increased levels of communication and engagement in the organisation. As well as the intranet and regular staff bulletins we developed weekly Leaders' Network virtual meetings and the new all-staff 'Team LCH' online meeting – both led by the Chief Executive.

Weekly meetings with the Trade Union chairs of our Joint Negotiating and Consultative Forum and Joint Negotiating Committee staff partnership forums and weekly Black Asian and Minority Ethnic Network meetings enabled regular engagement with key individuals representing significant proportions of our workforce.

These engagement mechanisms directly informed vital aspects of our response to the pandemic, including temporary changes to employment procedures (for example increasing the maximum annual amount of Carer Leave from one week to two weeks) and our approach to supporting Black Asian and Minority Ethnic colleagues.

Some staff members described the sense of connection, shared purpose and support from these engagement mechanisms as being an important element of their resilience through the pandemic.

### Flexibility

Our approach was to use the maximum flexibilities available within national NHS terms and conditions and local employment policies. Examples of this include using different forms of leave, varying working patterns and adjusting duties.

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

- temporary increase in the maximum annual amount of Carers Leave available (to 2 weeks)
- reduction in the notice period an employee has to give to request flexible working arrangements
- extension of annual leave carry over arrangements from 2019/20 to 2020/21

Managers used these flexibilities to respond to people's individual circumstances, to enable staff to balance their work as far as possible with their commitments outside of work.

### Risk Assessment

We developed our own risk assessment tool and guidance documentation to support managers and staff with risk assessment conversations. A multidisciplinary team of our in-house experts, including Freedom to Speak Up (FTSU) Champions from the BAME network, provided guidance sessions to further support managers in preparing for, and undertaking, the risk assessment conversations.

In line with our 'people before process' approach, our focus was on delivering supportive, high quality conversations with staff in 'at risk' groups alongside the required risk assessment.

Early in the pandemic, people from BAME communities were recognised as being at a higher risk from Covid19. An open letter from the Chief Executive and Chair of the BAME network in April 2020 acknowledged this impact and invited open conversations. Opportunities for significant conversations in existing forums, including the weekly BAME network and Leaders network meetings, were created and initiated.

These conversations, and in particular the perspectives and concerns shared by BAME colleagues, influenced and guided our approach to supporting them. Risk assessment completion rates for our BAME staff were at 100% by 31 July 2020. In mid-July 2020, the addition of the 'all male' and 'white European aged 60+' to the recognised 'at risk' groups substantially increased the number of risk assessments required.

More than 10 members of our BAME network volunteered to become BAME Freedom to Speak Up Champions and led guidance sessions for managers on how to undertake supportive risk assessment conversations. They also offered their individual support to BAME employees and managers.

### Supporting BAME colleagues

Using learning from the early stage of the Covid19 pandemic, the Chief Executive sent an open letter to prompt open conversations about the death of George Floyd. Honest conversations about race, racism and the #BlackLivesMatter campaign led to further consideration of how issues of systemic racism that are intrinsic to large organisational structures might be identified and addressed.

The well-established and growing BAME network has been central to these conversations and considerations, and with its support we have developed a new BAME Allyship programme. The aim of the programme is to create a collective of Allies across the Trust who do not identify as a BAME person, but work proactively to ensure that the voices of BAME colleagues are heard.

Throughout the pandemic, our BAME network has been invaluable in sharing its perspectives, suggestions and hands-on support. The influence of the Network in key decision-making processes has been a critical component in enabling us to

provide support for our BAME colleagues in a way that we hope and believe is appropriate, responsive and caring.

#### Support for shielding staff

More than 130 members of our workforce were advised to shield during the pandemic, with the majority working from home.

A Shielding Workshop was held in early July to offer support. True to our ethos of looking after each other, this workshop was designed in-house by an Allied Health Professional with specific expertise in shielding. Additional support and inputs to the workshop came from the Organisational Development and Improvement team and our clinical psychologists.

The workshop was followed up with targeted shielding guidance for staff and their managers and an online Shielding Forum was set up to enable people who were shielding to connect with each other in a supportive virtual space.

#### Targeted Health and Wellbeing Support

We took a more targeted and bespoke approach to health and wellbeing support during the pandemic which was based on research on human responses to traumatic events and in response to the support needs expressed by our workforce.

We offered:

A series of psychological support workshops - developed in house - with topics including psychological wellbeing, burnout and resilience.

Listening and Support Service – a confidential helpline for staff to express worries or anxieties and be directed to other services as needed. For example the Employee Assistance Programme, HR support and the Leeds Mental Wellbeing Service.

Open Conversations – a variety of open conversations hosted by senior leaders enabled people to share experiences and offer peer support to each other; as well as describing their support needs and suggestions.

Safe Working Environments Project - started in May 2020, the project was divided into two key workstreams: Working from Bases and Working from Home. A risk assessment tool for work bases was developed with internal expertise from our own Estates and Facilities and Risk and Safety teams. (This tool was subsequently adopted by other organisations in the city). The inspection team carried out Covid19 Secure risk assessments in 40 bases where our staff worked. The team assessed the layout of the building, the groups of people who access it and the functions performed. Mitigations were put in place to manage each risk so that national 'COVID-Secure' signage could be displayed.

The Safe Working from Home team created a tool to allow home workers to assess their working environment and equipment needs and established a process for fulfilling those needs. A Homeworking Toolkit for employees and line managers, containing all guidance, policies and resources relating to home working, was developed.

Home Working Survey – the survey was completed by more than 400 people and allowed us to understand in detail the wider views, circumstances and training, support, and health and wellbeing needs of home workers. The results also provided important insights for developing our longer term approach to working environments, working practices and estates.

## **Business as Usual in a year of transition**

All organisations have an annual rhythm that even a terrible pandemic could not totally destroy and over the year we maintained and even developed many of our business as usual activities.

We worked with a number of organisations to establish The Leeds Virtual Frailty Ward (LVFW). The service provides rapid assessment (within 2 hours) and wrap-around care for people in their own homes who become suddenly unwell and who would normally be admitted to hospital, or for patients who are already under the care of Leeds Teaching Hospitals with health needs that can be safely managed at home.

The LVFW is a collaboration between NHS organisations in the city (primary, community and secondary care), Leeds City Council Adult Social Care and the Leeds Oak Alliance (Third Sector consortium).

Work got underway on the new, purpose-built Children and Adolescent Mental Health Unit at Armley – a £20million investment in young people's mental health services in the West Yorkshire region. The 22 bedroomed inpatient unit has been named Red Kite View following discussion with service users.

During the year we asked our colleagues at Leeds and York Partnership NHS Foundation Trust (LYPFT) – a specialist mental health services provider - to provide the Tier 4 CAMHS service from April 2021 onwards. We will continue to provide expertise to the new unit as the city's lead for general children's services, and in our role as the provider of community based CAMHS services

An innovative recruitment campaign to attract staff for Red Kite View and a decommissioning plan for Little Woodhouse Hall (the current CAMHS unit) which we jointly developed with LYPFT also began.

## **Working with our communities**

We have started on a long-term programme to take an active part in achieving health equity across Leeds. The first phase will last three years and we committed to look at everything we do through an equity and inclusion lens. We have begun to bring together existing work to tackle health inequalities and have started to work with communities in new ways to understand how our actions can be most effective. This has included:

- Reviewing service data and other sources of information that tell us about access, experience and service impact on diverse communities' health. We have begun to share what we have discovered and to work with communities and partners to make improvements
- Continuing to improve the recording of diversity and inclusion data, starting with ethnicity, postcode and communication requirements
- Enabling some services working with communities in specific geographic locations to work out how to best deliver care for that community
- Tasking some services which work with different communities of interest to focus on improving specific health needs in those communities
- Working across services to understand individual and family needs and the impact we can have - for example when a patient moves between services or the impact of poverty on accessing multiple services.

2020/21 was the year we developed our strategic approach to engagement to meet the increased demands of service reset and recovery and the huge challenge of trying to hear the patient voices and capture carer experiences during the pandemic - particularly the voices of communities at greatest risk of health inequalities.

We developed an engagement 'tool kit' of templates, guidance and information to strengthen each service's approach to gathering patient experience and holding conversations which help to embed patient/carers experiences into service reset and ongoing service delivery.

70 members of our staff volunteered to become Engagement Champions and meet monthly to share their knowledge and successes.

We were proud to launch our first ever '*Third Sector Strategy*' at our Annual General Meeting in September. The strategy is the outcome of extensive consultation and collaboration with the city's Third Sector and Forum Central (which represents the hundreds of community and voluntary groups in the city). It aims to improve how we work together to create better health outcomes, improve health inequalities and support a more sustainable and resilient third sector.

We have been active members of the West Yorkshire and Harrogate Health and Care Partnership (HCP) which supports 2.7million people across the region.



Since the Partnership began in 2016, we have worked hard with our partners and communities to build the relationships needed to deliver better health, care and wellbeing support to people across West Yorkshire and Harrogate.

## **Safety and support**

The Covid19 pandemic was unprecedented in living memory and had significant impact for individuals, families, communities and wider society.

Our Safeguarding team worked remotely during 2020/2 and provided a full service offering advice and support over the telephone, via email and virtual face to face meetings online to assist colleagues with safeguarding activity. The team worked in partnership with other agencies to prevent and stop both the risks and experience of abuse or neglect. It also worked with 'Safer Leeds' on domestic abuse and modern slavery issues and with partners across the whole health economy of Leeds to evaluate and review the 'Front Door' safeguarding hub model.

The team contributed to the development of a Leeds Safeguarding Adults Board, Exceptional Risk Forum and the general self-neglect agenda.

Not being able to see patients face to face in some situations was a challenge when attempting to assess safeguarding needs and caused us to think very differently about how we support our community and colleagues during very difficult times.

During the year, all safeguarding training became virtual. The new, online resources and training modules proved successful in reaching a wider audience and were more cost effective than face to face training.

In partnership with the Leeds Cancer Programme, we rolled out the first two phases of the Leeds Cancer Support Service. A team of nurses and support staff help adults aged over 25 who have a cancer diagnosis to develop a personal care plan which helps them reach their health goals, however big or small.

Take up of the flu vaccine reached more than 90% in our front-line teams - our highest ever total and a tribute to our the Infection Prevention and Control team which listens, learns and adapts its campaign each year so that any member of staff who wants a jab can get one easily at a place and time which suits them.

We were delighted to welcome six final year nursing students from Leeds Beckett University to Team LCH. They stepped forward to support the NHS frontline during the Covid19 pandemic by joining us as Aspirant Community Nurses.

## **NHS Staff Survey**

The annual NHS Staff Survey invites everyone working in the NHS to give their views on working life. It is completely independent, and we encourage our staff to complete it as an important feedback mechanism. 45% of our staff completed the 2020 survey which was down 10% from 2019. This however needs to be seen in the

context of the pandemic and it coincided with the very difficult and challenging conditions of the second wave of the pandemic.

The huge challenges of the pandemic have shone a light on the Trust's health and wellbeing focus and the initiatives we developed to support this. To the great credit of the collective effort across the Trust, four of the top five response increases between this year and last are in the area of health and wellbeing.

The staff survey results 2020 show 94% of staff (up 3% on 2019) think that the Trust takes positive action on health and wellbeing. The response rate to the question: 'the organisation definitely takes positive action' on health and wellbeing increased by 5% to 40% in the 2020 survey which is particularly pleasing. The overall national figure for this question is 33%, making our score 7% higher than average.

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



**Charitable Funds:** An operational group for the LCH charity which benefits patients, carers and staff was established and met monthly to discuss and oversee work on the priorities of the charity, fundraising activities and profile raising. The group of clinical and corporate staff - plus two Youth Board representatives - is chaired by the

Executive Director of Nursing and Allied Health Professionals and feeds directly into the Charitable Funds Committee.

The LCH charity became a member of NHS Charities Together in spring 2020 and has been successful in securing several funding grants from money donated to Covid19 appeals. Some of this funding has been spent on a programme to provide psychological and wellbeing support to staff in response to the impact of the Coronavirus pandemic; this has included funding a part-time Clinical Psychologist.

The charity approved funding applications from a variety of different services across the Trust to benefit patients, carers and staff which included:

- Providing tablets with internet access to unpaid carers who access/or support others to access our services.
- providing warm clothing for homeless service users
- a 12 month television subscription service for the inpatient CAMHS unit
- two rounds of healthy lunches and refreshments to boost staff morale during the pandemic which were received positively
- wellbeing packs; fitness equipment and stress-management resources for staff to encourage self-care
- a week-long event of virtual arts and wellness workshops to promote staff wellbeing.

The funding for internet ready tablets - delivered as part of ongoing partnership work with Carers Leeds and 100% Digital Leeds – has helped to promote digital inclusion for carers, support digital healthcare access and reduce social isolation in unpaid carers group.

The charity also continued to administer a charitable fund for Hannah House – a purpose built unit for children (3-18 years of age) with complex health needs - where the Trust provides short breaks for children and their and their families. The fund has covered the costs of running a minibus for outings and maintaining an on-site sensory aquarium.

### **Awards and recognition**

We were delighted to win the Health Service Journal's Speaking up Organisation of the Year Award. Our Freedom to Speak Up team, led by John Walsh (Freedom to Speak Up Guardian) and Kulvant Sandhu (Chair of our BAME network) were recognised for their work to build an effective and caring speaking up culture in our Trust and across the wider health and social care system.

Details of all our awards during the year can be found on our website:

<https://www.leedscommunityhealthcare.nhs.uk/our-news/awards/>

Our annual staff awards became a virtual 'Thank You' event as senior managers popped up unannounced in virtual staff meetings to congratulate teams and individuals for their outstanding efforts during the year. Our PPE Team was awarded Team of the Year at the LCH "Thank You Event" in December 2020 - a reflection of

the fantastic team ethos that has always been focussed on protecting our patients and our staff.

## **Financial Performance**

In my report on the Trust's 2019/20 financial performance in last year's Annual Report I reflected on the changes that had by then already been introduced for the 2020/21 NHS financial regime due to Covid19.

It was right that financial performance took a back seat as our staff responded to the pandemic and for the first six months of the year NHS England provided the Trust with the income to match our expenditure; effectively a break even position.

In the second six months the Trust was allocated a resource within which to manage to our expenditure. That resource was allocated via the West Yorkshire and Harrogate Integrated Care System and all the constituent organisations, NHS Trusts and Clinical Commissioning Groups worked together to ensure the System collectively achieved the best possible pandemic response within available resources. The three trusts in Leeds and NHS Leeds CCG worked together in the same way.

The resources allocated to Leeds Community Healthcare in the second half of the year were sufficient to meet all our day to day costs, including the additional costs of providing care during the pandemic and making a start on reducing some of the patient waiting times that had unavoidably built up during the year. Finance was not a constraint to anything the Trust wished to achieve for patients and staff during 2020/21.

At the end of the year we recorded a £1.5m surplus. This is a financial result specific to 2020/21 resulting from the financial regime in operation. It does not provide any guide to the Trust's underlying financial position which will be heavily dependent on the resources available to the NHS as recovery from the pandemic takes place.

As the table below shows, we underspent our Capital Resource Limit of £2.4m by just £200k reflecting difficulties of completing some building maintenance schemes at the end of the year due to bad weather. Nevertheless, we were able to make significant progress on reducing backlog maintenance issues in our buildings as well as providing replacement clinical equipment. We invested heavily in Information technology to enable our staff to continue to do their jobs remotely, be that delivering digital consultations with patients or providing support roles from home. We now must ensure that we are able to sustainably support these new ways of working and further innovation.

Key Financial Data			
Statutory Duties with target	Outturn	Variance from plan	Performance
Income and Expenditure Retained Surplus Breakeven	£1.5m	£1.5m	☑
Remain with External Financing Limit (£6.2m)	(£6.2m)	-	☑
Remain within Capital Resource Limit £2.4m	£2.2m	£0.2m	☑
Capital Cost Absorption Duty 3.5%	3.5%	-	☑
Better Payments Practice Code 95%			
NHS Invoices Number	99%	4%	☑
NHS Invoices Value	100%	5%	☑
Non NHS Invoices Number	97%	2%	☑
Non NHS Invoices Value	98%	3%	☑

I have been proud to write about the Trust's financial performance in ten Annual Reports. I have tried to reflect the critical importance of all Trust staff and managers in working to deliver the best possible care each year whilst meeting financial targets and thank them for doing so. For 2020/21 achievement of the Trust's financial targets were not a priority; the requirement to write about financial performance in the Annual Report does however give me the opportunity to reflect on how hard our staff worked, often in new and challenging ways, to provide care to patients and look after each other. This year, more than anything, that made me proud to be part of Leeds Community Healthcare.

**Signature**

Bryan Machin

**Executive Director of Finance**

## **Legal obligations and how we are fulfilling these**

### **Emergency Preparedness and Resilience**

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

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

- A Major Incident Plan which is regularly updated to ensure it is fit for purpose along with management on call arrangements.
- Business Continuity plans to protect against the impact of a wide range of emergency situations which may affect normal service delivery.
- Emergency planning functions to deal with national issues that may affect service delivery. Most recently, planning has involved national issues relating to Brexit and Coronavirus (Covid19).

### **Health and Safety**

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

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

The Health and Safety Group is the forum that enables staff to be involved in developing, enabling and reviewing the Trust's health and safety arrangements. The group which met four times in 2020/21 is chaired by the Executive Director of Finance and Resources and its membership includes staff-side representatives.

The Health and Safety Group reviews and proposes changes and developments of the health and safety management system to ensure the continuous improvement of health and safety performance.

### **Counter Fraud**

We have a zero tolerance approach to fraud and we work hard to prevent, deter, detect and investigate it. Our counter fraud work is undertaken by a counter fraud specialist from our Internal Audit team and is overseen by the Executive Director of

Finance and Resources. Our counter fraud work complies with the NHS Standards for Providers of NHS services.

### **Modern Slavery and Human Trafficking Statement**

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

### **Disclosure of personal data related incidents**

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

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

For details of the personal data related incidents reported by the Trust during 2020/21 please see the Annual Governance Statement (page xx).

### **Safeguarding**

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

The Trust is committed to safeguarding our population through effective multiagency working and public engagement in line with our organisation's vision and values while recognising Leeds City Council's Social Work service as the lead agency.

The Trust approved a new three year strategy in August 2020. The strategy sets out LCH's direction of travel and priorities for Safeguarding 2020-2023 and outlines the vision of making safeguarding everybody's business, and recognising safeguarding is fundamental to our duty as care providers.

### **Duty of Candour**

The Quality Committee monitors the Trust's compliance with Duty of Candour requirements on a monthly basis. This ensures that applicable incidents have met the criteria of a safety notifiable incident which are:

- a 72 hour review was carried out to understand the initial facts in relation to what happened, what went wrong and what we could have done better
- the people affected were informed and necessary apologies given

- the people affected were provided with an explanation of how we would investigate and asked if they required any specific questions to be answered within the investigation.

### **Going Concern Assessment**

“Going Concern” is an accounting principle that requires organisations to consider whether they can continue their operations for the foreseeable future when preparing their Accounts. The sort of questions the Trust considers are: do we have contracts to provide sufficient income? Have we enough cash to pay for things we need to run the business (staff and non-staff)? Can we afford to buy any capital equipment we might need? Do we have strong, stable management? Are we meeting external requirements? Do we understand our risks and are they being mitigated and managed appropriately?

The Trust has prepared its 2020/21 accounts on a going concern basis. The Board considered the matter of the Trust as a going concern at its meeting on 26 March 2021. Our formal financial reporting begins on **page XX**.

**Signed..... Thea Stein**

**Chief Executive**

**Date.....**



# Accountability Report

## Directors' Report

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

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

Our Board is accountable to the public and stakeholders for:

- High quality, safe health services
- Accessible and responsive health services
- Making sure public money is spent in a way that is fair, efficient, effective and economic
- Being a good employer
- Engaging patient and the wider public in shaping health services

The Board plays a key role in:

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

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

The Trust's Chair and Chief Executive have led these functions throughout 2020/21.

Here are the people on our Board of Directors as at 31 March, 2021

# Board of Directors

**Our vision is:**  
We provide the best possible care to every community in Leeds

**We will do this by:**

- Working with children, adults and families to deliver high quality care
- Being a good partner
- Developing and valuing our staff
- Using our resources wisely and efficiently

**Brodie Clark CBE**  
Chair

**Thea Stein**  
Chief Executive

**Helen Thomson**  
Non-executive Director (Deputy Chair)

**Richard Gladman**  
Non-executive Director

**Allison Lowe**  
Non-executive Director

**Sam Prince**  
Executive Director of Operations

**Bryan Machin**  
Executive Director of Finance and Resources

**Steph Lawrence**  
Executive Director of Nursing and Allied Health Professionals

**Professor Ian Lewis**  
Non-executive Director

**Khalil Rehman**  
Non-executive Director

**Rachel Booth**  
Associate Non-executive Director

**Jenny Allen and Laura Smith**  
Director of Workforce\*

**Dr Ruth Burnett**  
Executive Medical Director

\* non voting members

May 2021

## Changes to the Board

Neil Franklin, who had served the Trust for eight years, stepped down as Trust Chair on 7 May 2020 and was replaced by Brodie Clark CBE, who was previously a Non-Executive Director at the Trust. Initially this appointment was on an interim basis. Following a recruitment process conducted by NHS Improvement, Brodie Clark CBE was appointed to the substantive post on 11 August 2020.

Alison Lowe was appointed as a Non-Executive Director on 1 December 2020, to replace Brodie Clarke CBE when he was appointed to the Chair's position.

Two Associate Non-Executive Directors were also appointed on 1 December 2020: Khalil Rehman and Rachel Booth.

Non-Executive Director Jane Madeley stepped down on 31 March 2021, after serving the Trust for 10 years. Khalil Rehman, who was previously an Associate Non-Executive Director, then took over this role.

## **A 'fit and proper' Board**

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

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

All directors have made a declaration that they comply with the 'fit and proper person test' that was introduced from November 2014.

Each director has confirmed in writing that they know of no information that would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and each has taken all the steps that he or she ought to have taken to make himself/herself aware of any such information and to establish that the auditors are aware of it.

### Director's declarations of interests for disclosure 2020/21

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
<b>Brodie Clark CBE (Trust Chair)</b>	Director, Clark Advisory Ltd – consultancy services on security and Government Affairs.	None	None	Non-Executive (Compass) charity - until May 2020.	None	None	None	None
<b>Thea Stein (CEO)</b>	None	None	None	Trustee of Nuffield Trust.  CQC Executive reviewer.	None	None	None	None
<b>Neil Franklin (until 7 May 2021)</b>	None	None	None	Donisthorpe Hall Care Home – advisor to the Board.	None	None	None	None

<b>Board Member</b>	<b>Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)</b>	<b>Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS</b>	<b>Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS</b>	<b>A position of trust in a public, charity or voluntary organisation in the field of health and social care</b>	<b>Any connection with a voluntary or other organisation contracting for NHS services</b>	<b>Any other commercial interest  Impacting on  decision making in meetings</b>	<b>Any other area of potential conflict</b>	<b>Details of any hospitality or gift in received within the past 12 months:  in excess of £35 in connection with the Trust</b>
<b>Jane Madeley (until 31 March 2021)</b>	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
<b>Richard Gladman</b>	Director of Verbena Digital Ltd.	Part ownership of Verbena Digital Ltd.	None	None	None	None	None	None
<b>Prof Ian Lewis</b>	None	None	None	Trustee: Rossett School, Harrogate.	None	None	None	None
<b>Helen Thomson</b>	None	Helen Thomson Ltd.	None	Trustee: Sue Ryder.	Council Member University of Huddersfield.  DHSC IRP panel member	None	Executive Director Pennine Acute Hospital NHS Trust.	None

<b>Board Member</b>	<b>Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)</b>	<b>Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS</b>	<b>Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS</b>	<b>A position of trust in a public, charity or voluntary organisation in the field of health and social care</b>	<b>Any connection with a voluntary or other organisation contracting for NHS services</b>	<b>Any other commercial interest  Impacting on decision making in meetings</b>	<b>Any other area of potential conflict</b>	<b>Details of any hospitality or gift in received within the past 12 months:  in excess of £35 in connection with the Trust</b>
					until September 2020.			
<b>Alison Lowe (From 1 December 2020)</b>	None	None	Chief Executive at Touchstone.	Chair of Trustees, Leeds Survivor-led Crisis Service.  Trustee, Leeds CAB.	None	None	Former Labour Councillor 1990-2020.	None
<b>Khalil Rehman (Associate Member from 1 December 2020)*</b>	Director Salix Homes Ltd. Director Medisina Foundation.	None	None	Non-Executive Director, East Lancashire Hospitals NHS Trust.	None	None	None	None
<b>Rachel Booth (Associate Member from 1 December</b>	None	None	None	None	Full time employee of BUPA.	None	None	None

<b>Board Member</b>	<b>Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)</b>	<b>Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS</b>	<b>Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS</b>	<b>A position of trust in a public, charity or voluntary organisation in the field of health and social care</b>	<b>Any connection with a voluntary or other organisation contracting for NHS services</b>	<b>Any other commercial interest  Impacting on  decision making in meetings</b>	<b>Any other area of potential conflict</b>	<b>Details of any hospitality or gift in received within the past 12 months:  in excess of £35 in connection with the Trust</b>
<b>2020)*</b>								
<b>Bryan Machin</b>	None	None	None	Trustee at St Anne's Community Services. St Anne's is a charity and housing association.	None	None	None	None
<b>Dr Ruth Burnett</b>	None	None	None	Medical Director Leeds GP Confederation.	Undertakes continuing professional development at Crossley Street Surgery, Wetherby.	None	None	None
<b>Sam Prince</b>	None	None	None	None	None	None	None	Hamper of hair and beauty products

<b>Board Member</b>	<b>Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)</b>	<b>Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS</b>	<b>Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS</b>	<b>A position of trust in a public, charity or voluntary organisation in the field of health and social care</b>	<b>Any connection with a voluntary or other organisation contracting for NHS services</b>	<b>Any other commercial interest  Impacting on  decision making in meetings</b>	<b>Any other area of potential conflict</b>	<b>Details of any hospitality or gift in received within the past 12 months:  in excess of £35 in connection with the Trust</b>
								from Professional Beauty Systems in acknowledgement of setting up the Covid19 Vaccination Programme (Gift provided to each member of the team)
<b>Steph Lawrence</b>	None	None	None	Director of Nursing Leeds GP Confederation	None	None	None	None
<b>Laura Smith*</b>	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 Covid19 Vaccination



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
								Programme (Gift provided to each member of the team)
Jenny Allen*	None	None	None	Director of Workforce Leeds GP Confederation Leeds  Trustee for Hollybank Trust.	None	None	Indirect interest – husband is a partner at KPMG. KPMG bid and contract for contracts with NHS Providers  Husband is a Trustee for Age UK Leeds.	None

\* Non-voting Board member

## **Board meetings and business in 2020/21**

As with all NHS Trusts, we are required to hold formal Board meetings in public. The Board has met formally eight times during the year, including additional Board meetings that replaced some previously scheduled informal meetings, in order for the Board to progress and monitor its response to the pandemic. At these meetings, the Board takes strategic decisions and monitors the operational performance of the Trust. Any member of the public is welcome to attend the formal meetings, and the Board has encouraged the public to attend virtually during the year. The dates are advertised on the Trust's website, with a live link to the meetings, and Board meeting agendas, reports and minutes are published online.

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

In addition, an Annual General Meeting was held on 15 September 2020. This was held virtually in order to comply with Government guidelines for social distancing.

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

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

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

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

## **The Board's committees (decision making groups)**

The Trust has five committees that make sure we carry out our duties effectively, efficiently and economically.

Details of the functions of each committee can be found in our Annual Governance Statement 2020/21 which starts on page XX.

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

- West Yorkshire Mental Health Services Learning Disabilities and Autism Collaborative. This comprises of the four mental health and community NHS trusts in West Yorkshire (Bradford District Care NHS Foundation Trust, Leeds and York Partnerships NHS Foundation Trust, Leeds Community Healthcare NHS Trust, and South West Yorkshire Partnership NHS Foundation Trust) working together to ensure high quality, sustainable mental health services.
- Leeds Primary Healthcare Collaborative, which is Leeds Community Healthcare NHS Trust and the Leeds GP Confederation whose aim is to jointly deliver city-wide seamless and efficient primary care and community health services for patients.

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

## Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

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

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

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

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

Signed..... **Thea Stein**

**Chief Executive**

Date.....

## **Annual Governance Statement 2020/21**

### **Scope of responsibility**

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

**Thea Stein**

### **The purpose of the system of internal control**

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Leeds Community Healthcare NHS Trust (LCH), to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in LCH for the year ended 31 March 2021 and up to the date of approval of the Annual Report and Accounts.

### **Capacity to handle risk**

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

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

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

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

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

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

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

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

There is a 'lessons learned' portal on the Trust's intranet, where managers can share information about incidents, learning and improvements.

The Trust continued to strengthen its risk management processes during 2020/21 following the decision in late 2019 to combine its risk management functions and health and safety functions into one team.

There has been a targeted approach to risk management training during 2020/21 in response to a realisation that some services did not have a suite of suitable and sufficient health and safety risk assessments. Individual and group training sessions have been provided, along with an accessible library of risk assessment templates. A training session around a manager's role and responsibilities in staff health, safety and risk management has been developed, which has a strong focus on risk assessment technique. The session is part of the Trust's essential management training programme. Due to pressures imposed on services by the pandemic, only a limited number of training sessions have been delivered.

This year the Trust has procured an electronic system to support the completion, review and monitoring of risk assessments.

### **The risk and control framework**

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

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

The Trust has systems in place that contribute to the identification of risk from a number of sources for example:

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

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

During 2020/21 there has been a particular focus on ensuring that risks associated with Covid19 were assessed and mitigated effectively. This included assessments of clinically extremely vulnerable and at risk staff, creating and maintaining Covid19 secure environments, and ensuring that the large cohort of staff who were suddenly asked to work from home where possible were able to do so safely by assessing their new work space and providing equipment as required.

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

**The Board Assurance Framework (BAF)** enables the Board to be assured that risks to the success of strategic goals and corporate objectives are being managed effectively. The BAF aligns strategic risks to the revised strategic goals and priorities in the Trust's operational plan. Following a review of BAF processes in 2020, the means by which committees reported assurance levels to the Board was revised to ensure that those assurances are aligned with the strategic goals. The Board reviewed and approved changes to the strategic risks in March 2021.

The **Risk Register** is a record of all the risks that may affect the Trust's ability to achieve its strategic, project or operational objectives. The Trust uses an electronic risk management system to record and monitor risks. The risk register includes: a description of the risk, the risk owner, any controls in currently in place, actions to be completed, and the initial, current and target risk scores. Extracts and themes from the risk register are frequently scrutinised by appropriate managers, committees and the Board. Risks relating to Covid19 and the Reset and Recovery programme are also captured, assessed, mitigated and reported in the risk register.

The Trust's **risk appetite** is aligned with its four strategic goals. Senior Management Team defines the Trust's risk appetite and reviews this on an annual basis. Any proposed amendments are subject to approval by the Audit Committee. The risk appetite statement is an appendix of the Risk Management Policy and procedure, which can be found on the Trust's intranet. The risk appetite was reviewed in 2020 with a particular focus on whether it reflected the changed and difficult climate the Trust continues to work in and some minor amendments were made.

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

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

- The release of software patches to ensure our electronic devices remain as resilient as possible to the threat of computer viruses and other cyber security risks.
- Third party penetration tests designed to identify vulnerabilities in the Trust security architecture. The Penetration Test in 2020/21 was delayed due to the



additional workload experienced by the IT Team in response to the Covid19 pandemic and the complexities of maintaining social distancing for the staff conducting the actual tests. However the tests were completed during March 2021 and the results are awaited. Any issues highlighted will be incorporated into an action plan to mitigate the threats.

- Business Continuity Plan testing to make sure that the Trust is able to respond to a cyber-attack.
- Staff education and awareness. With the support of NHS Digital, anti-phishing campaigns have been run to test the likelihood of an individual following a malicious link in an email. If this happens, the individual is directed to an e-learning resource to help them spot the signs of a suspicious email in the future.
- Additional Senior Information Risk Owner Training provided
- The importance of maintaining awareness of data security, awareness to phishing emails and other cyber-risks have been highlighted to staff through articles in the Midday Briefings.
- The organisation has created and recruited to a dedicated Information Security Manager post, with responsibility for advising and maintaining data security.
- Through the Internal Audit Programme, commissioned a specific Cyber Security Audit.

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

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

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

## **Governance structures and accountability**

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

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

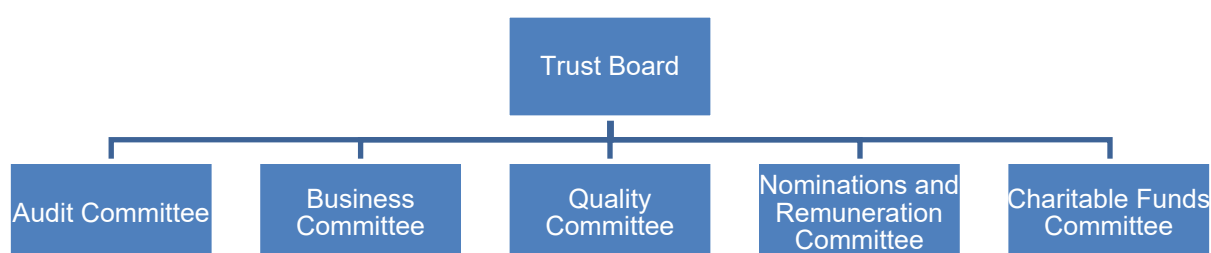
There is a clear division of responsibilities between the Chair and Chief Executive and both have discharged their leadership functions throughout the whole of 2020/21.

The Board met twelve times in 2020/21: eight formal meetings were held in public. During the first wave of the pandemic, the public was discouraged from physically attending the Trust's premises to attend Board meetings, and Healthwatch took an active part in observing the Board meetings and submitting questions to Board members. Later in the year a live link to the Board meetings was published on the Trust's website to allow the public to 'attend' the meetings. The Annual General Meeting was held virtually in September 2020 and by offering various ways of accessing the meeting, reasonably good attendance was achieved. Board member attendance at Board meetings has been good and all meetings have been quorate.

The quality of services remains the Trust's first priority, so the Board's agendas feature reports on our quality strategy, patient experience topics and the maintenance of safe staffing levels. Information presented to the Board provides essential assurance and our Directors regularly 'visit' frontline services to support staff and see them in action. Many visits in 2020/21 took place virtually rather than being actual visits to sites.

The Board has Standing Orders, a scheme of reservation and delegation of powers and standing financial instructions. These are regularly reviewed and provide a governance framework which allows the Trust to show it is well governed and that it meets the requirements of corporate governance codes of practice. It also has an annual work plan, which schedules required and discretionary business. A temporary amendment was made to the standing orders at the Board meeting on 27 March 2020 in order to respond effectively to the Covid19 situation which was rapidly escalating. This was to reduce Board and committee agendas to ensure that essential business was covered and the focus was on staff and patient safety and the Trust's Covid19 response. This revision was revoked in July 2020 but re-established by the Board in October 2020 as part of the Trust's response to the second wave of the pandemic.

The Board's five committees ([see diagram below/opposite](#)) have Board approved terms of reference and work plans which have been reviewed during 2020/21. Each committee's minutes and assurance reports are presented at Board meetings.



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

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

The Board wants to be sure that it is operating effectively and regularly seeks opportunities to evaluate its effectiveness and strengthen its performance, remaining mindful of the best practice contained within codes of governance.

The Trust Board and committees undertake an annual self-assessment against elements of the NHS Improvement/CQC Well-Led Framework. This assessment has drawn out a number of priorities to enhance the effectiveness of elements of the Trust's governance. The results being reported to the Board and are contained in committees' annual reports. The committee chairs also meet collectively to discuss committee effectiveness.

The Trust has a needs-based Board development programme. In response to the Covid19 pandemic, the programme was reduced to two sessions to allow for additional Board meetings.

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

The Trust has published an up-to-date register of interests including gifts and hospitality for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance. It is available on the Trust website.

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

### **Audit Committee**

Chair: Jane Madeley (until 31 March 2021)

The Audit Committee comprises three non-executive directors. The Chair of the committee during 2020/21 was a qualified accountant and a Chief Financial Officer in the higher education sector. The Audit Committee met formally six times during 2020/21 and is routinely attended by the Executive Director of Finance and Resources, the Company Secretary, Internal Audit and External Audit representatives.

The committee provides an overarching governance role and reviews the work of the other committees which provides relevant assurance to the Audit Committee's own scope of work. It also has responsibility for overseeing the work of the

Information Governance Group. The committee receives minutes from this sub-group, receives papers on any matters escalated to it and periodically reviews the effectiveness of the sub-group.

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

The committee has considered a range of financial control reports and a number of governance papers, and has oversight of risk management processes including the Board Assurance Framework, which it reviewed during the year.

The Chair of each of the Board's committees produces an annual report, which is reviewed by the Audit Committee in order to provide assurance to the Board that each committee has met its terms of reference during the year. Each committee undertakes a self-assessment exercise which is reported in their annual reports. The committees' chairs also met to discuss the flow of business through the committees in November 2020.

### **Quality Committee**

Chair: Professor Ian Lewis (April 2020-November 2020)

Helen Thomson (January 2021- present)

The Quality Committee's membership comprises four non-executive directors and three executive directors with other senior officers also attending each meeting. The committee met on 10 occasions in 2020/21. Some meetings had their agendas reduced to essential business only during the peaks of the pandemic.

The committee provides assurance to the Board that the Trust provides high standards of care and that adequate and appropriate quality governance structures, processes and controls are in place to:

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

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

The committee also has responsibility for overseeing the work of three subgroups: Quality Assurance and Improvement Subgroup, Safeguarding Committee and Mental Health Act Governance Group. The Mental Health Act Governance Group provides assurance to the Quality Committee that statutory duties are being met in

relation to the care provided to patients who are detained under the Mental Health Act.

The Quality Committee and the Board monitor serious incidents, incidents and complaints and the associated action plans. All serious incidents are managed in accordance with the Trust's incident and serious incident management policy.

### **Business Committee**

Chair: Brodie Clark CBE (April 2020-November 2020)

Richard Gladman (January 2021- present)

The Business Committee's membership comprises three non-executive directors, the Chief Executive and two further executives. Other senior officers attend as required. The Business Committee held 10 meetings in 2020/21.

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

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

The committee discharges a significant role in overseeing the workforce aspects of the Trust's performance. During 2020/21 the committee considered recruitment and retention initiatives, sickness absence management and leadership approaches. It also has responsibility for overseeing the work of the Health and Safety Group. This Group provides an overarching view of health and safety and ensures that the Trust complies with its health and safety obligations by monitoring adherence with its policies and procedures. The committee receives minutes from the Health and Safety Group and papers on any matters escalated to it. It also periodically reviews the effectiveness of the Health and Safety Group in discharging its delegated responsibilities.

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

### **Nominations and Remuneration Committee**

Chair: Neil Franklin (March 2020-April 2020)

Brodie Clark CBE (May 2020 - present)

The Nominations and Remuneration Committee's membership comprises the Chair and two further non-executive directors; the committee is supported by the Director of Workforce. The committee has met four times in 2020/21.

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

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

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

The committee ratifies and agrees any awards at the discretion of the Trust as the employer. One such duty is to review the nominations for the Clinical Excellence Awards and to encourage maximum participation from staff across the eligible consultant body.

### **Charitable Funds Committee**

Chair: Brodie Clark CBE

The Charitable Funds Committee's membership is comprised of the Chair and one other non-executive director. The committee is supported by the Executive Director of Nursing and met four times during 2020/21.

The purpose of the committee is to give assurance to the Board that the Trust's charitable activities happen within the law and regulations set by the Charity Commissioners for England and Wales. The committee oversees charitable activities, approves charitable funds expenditure, agrees an investment policy for charitable funds and monitors investments on a regular basis. In 2020 the committee approved the creation of an operational subgroup to support the committee's objectives.

### **Risk assurance process and scrutiny of risks**

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

Covid19 pandemic these groups did not meet so that operational time was freed up for managers. Risks were reviewed by individual risk owners with support from the Risk and Safety Manager and within each Business Unit's performance groups.

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

Risks to strategic objectives contained within the Trust's clinical and service strategies and plans are identified and the BAF has been revised during 2020, in line with the Trust's operational plan. These risks are assigned to a lead executive to manage. Each of the strategic risks is also assigned to one of the Board's committees for oversight and scrutiny. Overall in-depth scrutiny is provided by Audit Committee. Sources of assurance are reviewed and evaluated by the committees to provide an indication to the Board of the current assurance level for each strategic risk. This information is used to populate the BAF. A summary of this information is presented at each Board meeting.

In early 2020, the Board recognised that it needed further assurance about its business continuity plans particularly as they were being severely tested during the initial response to the Covid19 pandemic. This emerging strategic risk was added to the Board Assurance Framework and the controls and assurance sources were evaluated to ensure that the Trust could be assured that business continuity arrangements were robust.

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

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

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

### **Incident reporting and learning from incidents**

The Trust has a strong, open incident reporting culture. An electronic incident reporting system is operational throughout the organisation and is accessible to all colleagues. Incident reporting is promoted through induction and training and regular communications. Learning from incidents is shared with staff at forums and

through a learning resource on the Trust's intranet for all staff to access, which has been developed to share anonymised, learning from incidents across the organisation. When root cause analysis is undertaken, good practice in incident management is celebrated and learning shared. In addition, arrangements are in place to raise any concerns at work confidentially and anonymously if necessary.

Serious incidents are reported and managed in accordance with the Trust's incident and serious incident policy. The majority of managers have had serious incident investigation training and root cause analysis is carried out to ensure that systemic problems are resolved so that similar incidents do not occur.

### **Information Governance**

Data security, data ownership and transparency are of paramount importance to the Trust, supporting both clinical and organisational management needs. The Trust is committed to ensuring that personal data is protected, and any confidential data is used appropriately.

The Trust complies with the relevant legislation and national codes of practice and actively supports the transparency of information. The Trust complies with the General Data Protection Regulation (GDPR) by employing a Data Protection Officer (DPO). The DPO duties include:

- Promoting the accountability principle within the Regulation which empowers the organisation to be compliant with the Data Protection Act 2018.
- Ensuring there is subject matter expert provision for internal and external stakeholders to achieve compliance with privacy and information security in relation to the organisation activities.
- Protecting information, its integrity and availability throughout the lifecycle of the information and also supporting the move to integrated care modelling.

The Senior Information Risk Owner (SIRO) ensures that there is effective information governance in place. The SIRO chairs the Information Governance Group which reports quarterly to the Audit Committee and in turn to the Board. The Caldicott Guardian is the Deputy Chair of the Information Governance Group, and works closely with the SIRO and the DPO, particularly where there are any identified information risks relating to patient data.

The Trust ensures effective information governance through a number of mechanisms including education, policies and procedures, IT / information security controls, IT vulnerability testing, and by demonstrating annual compliance with the Data Security Standards of the Data Security and Protection Toolkit (DSPT).

The Trust demonstrates compliance with the 10 Data Security Standards, an outcome from the National Data Guardians' *'Review of data security, consent and opt outs'* report, via a self-assessment within the Data Security and Protection Toolkit (DSPT). During the 2020-2021 reporting year an extension was granted to 30 September 2020 for the Trust to comply with all 10 Data Security Standards due to



supporting the Covid19 pandemic response. Compliance was achieved by the extended deadline date.

In recognition of the importance of data security, there is a nationally set target of 95% of staff compliance with information governance training, this has been achieved. Training compliance is closely monitored and enforced where necessary.

All incidents relating to a potential breach of personal data are reported, investigated and, where appropriate, remedial actions are implemented. The Trust reported one incident to the Information Commissioner's Office (ICO) during 2020/21. Details of the incident are:

A rapid change in process occurred to support patient engagement during the Covid19 pandemic. Notes from a multi-disciplinary team meeting about a young patient were sent by email to the wrong parent. The emailed letter contained sensitive information relating to the patient's physical and mental health.

Action taken by the Trust: A peer review of any new process has been implemented locally and a reminder of the security controls to be deployed in similar circumstance has been recommunicated to minimise any recurrence.

The ICO confirmed that no further action was to be taken.

### **Safe, sustainable and effective staffing**

The Trust has a range of strategies, systems and processes in place to ensure safe, sustainable and effective staffing. The overall approach to workforce is described in the Trust's Workforce Strategy, which was approved by the Board on 1 February 2019. The Workforce Strategy is aligned with LCH's strategic goals and priorities, responding to external, internal and cultural factors which are currently (or anticipated) to impact on our workforce requirements. Progress on delivery of the Workforce Strategy's priorities is overseen by the Business Committee. The Strategy was due to be refreshed during 2020/21 but the work was affected by the Covid19 pandemic. The refresh will incorporate learnings from our response to the pandemic.

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

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

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

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

Workforce data is an important plank of the Trust's business continuity approach, with daily, real-time workforce and capacity information informing decision making and planning during the Covid19 pandemic, for example.

The roll out of an electronic rostering system trust-wide to further improve the capability of our staffing systems is well-advanced. E-rostering enables us to better monitor, analyse and plan staffing patterns and resource requirements.

### **NHS pension obligations**

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

### **Equality and diversity**

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has a legal obligation under the Equality Act 2010 and Public Sector Equality Duty to provide equality in access to service provision and within employment.

The Board receives in-depth analysis and updates on a range of proactive work around this wider agenda. This includes delivery against the Workforce Race Equality Standard (WRES) action plan and the Workforce Disability Equality Standard (WDES) Action Plan. The Board receives regular updates on through the current Workforce Strategy, which includes diversity and inclusion as one of its six priority areas. The Board's development workshops in 2020/21 included the Trust's involvement in the Cultural change pilot and two workshops on health inequalities.

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

The Trust has consistently met the financial targets set by its regulators.

The Board sets an annual budget to meet the Trust's financial obligations. During 2020/21 NHS England introduced an emergency financial regime as a response to the impact of Covid19 on NHS services. In the first six months, NHS providers were reimbursed for all their spending. In the second six months, a target for all

providers was set and Leeds Community Healthcare was expected to achieve at least a balanced income and expenditure - a surplus was achieved. LCH maintained its financial governance arrangements throughout 2020/21 with the Business Committee and Board continuing to receive financial reports at each of their meetings.

The Trust has a 'use of resources' metric of 1, which means it has a low risk.

During 2020/21 there has been little focus on the achievement of efficiencies whilst the focus of the NHS was on the pandemic response.

The Trust would normally receive an annual report on its reference costs, and how these compare to similar NHS trusts. These are an indicator of the Trust's efficiency in delivering its services. This year's data collection of reference costs has been delayed therefore a report is not available. The Audit Committee reviews all internal audit reports and monitors how the Trust implements any recommendations. The Trust's external auditors are required to provide a Value for Money conclusion each year.

For 2020/21 the auditors concluded that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2021.

The effectiveness of the Trust's services is regularly assessed by the Trust's Quality Committee and by the Board.

**Sustainability:** The Trust's first Sustainable Development Management Plan (SDMP) and Sustainable Implementation Plan were approved by the Trust Board in December 2020. This commits the Trust to taking environmental issues into consideration during our decision-making processes to avoid the consequences of our actions further on.

Over the last 12 months the Trust has completed a number of projects that have improved the sustainability of the Trust, such as:

#### Estates

Replacement of windows with better insulated window units

Replacement of old type light bulbs with LED bulbs

Increasing the number of thermostatic valves

#### Travel

A significant reduction in both commuter mileage and business mileage, some obviously linked to the Covid19 pandemic but also to the innovative measures that have been put in place.

#### Waste

Introduction of recycling facilities at all sites.

The Trust has also signed the national Plastics Reduction Pledge to assist in reducing 50% of the Trust's single-use plastic products and engaged the LCH workforce in our activity through a new sustainability Intranet page.

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

### Carbon reduction delivery plans

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

#### Energy Use and Carbon Production

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

The table above presents LCH's overall energy use and carbon production from 2017 – 2019, followed by projections for 2019 – 2020. This data demonstrates and signifies the organisation is on track to reducing its carbon production and becoming a greener organisation.

During our carbon calculating process we encountered specific areas of the organisation where the access to or presence of reporting data requires some improvement, in turn enabling us to produce up to date progress data for future reports and monitoring.

### Quality Account

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

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

The Quality Account priorities for LCH have been developed in conjunction with stakeholders, services and senior managers. These priorities will make sure that Trust activity drives improvements in services for all communities, stakeholders and aligns to the Quality Strategy and business objectives. The Quality Account highlights a selection of initiatives, clinical practice and events that have happened throughout the year to reflect the commitment and drive to provide the best possible standards of care throughout all services.

The Trust recognises the complex needs of its community and strives to achieve consistent delivery of high quality care to maximise patient safety and experience. The Quality Account seeks to provide a balanced view of the Trust's achievements and areas for improvement. The Trust acknowledges the developments it continues to make and the collaborative work with partners to make real progress across the whole health economy.

The Trust has robust systems and processes to ensure the accuracy of data provided in the Quality Account, including waiting time data. This includes data cleansing and data validation processes as well as oversight arrangements provided by committees and committee subgroups.

### **Review of effectiveness**

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

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

**Thea Stein**

## **Internal audit**

TIAA Limited has been the provider of the Trust's internal audit services since 1 April 2015. The Head of Internal Audit has provided an opinion which concludes that - based on the work undertaken in 2020/21 - reasonable assurance can be given that there are adequate and effective management and internal control processes to manage the achievement of the organisation's objectives. No emerging risks were identified which could have an impact on the overall effectiveness of the governance, risk and internal control framework of the organisation.

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

## **Clinical audit**

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

Clinical audit is managed at service level with the support of the quality and professional development directorate. The Quality Committee approves an annual programme of clinical audit and has oversight of progress during the course of the year. Due to the response required for the pandemic, most of the national audit projects were paused during 2020/21 until quarter four and local audits were also delayed. Those completed included 4 National Clinical Audit and Patient Outcomes Programme/Quality Account audits (priority one), 14 audits identified as priority one by the Trust, 20 recommended audits (priority two) and 109 locally determined audits which includes 23 priority three audits. A further 27 audits that began in 2020/21 will continue into 2021/22.

## **CQC compliance**

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

## **NHS England and NHS Improvement oversight**

NHS England and NHS Improvement have assigned the Trust a segment rating of '2' which indicates standard oversight whereby the provider may be offered targeted support in one or more areas.

The Trust works with a range of regulators including the CQC, HM Inspectorate of Prisons, and Ofsted.

## Conclusion

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

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

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

During 2020/21, no significant control issues have been identified by the Trust's systems of internal control.

Signed.....

**Thea Stein**  
**Chief Executive**

Date.....

## Remuneration and Staff Report

Resourcing has naturally been a critical function during the pandemic. We were able to act quickly to maximise our workforce capacity in 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
- supporting internal redeployment of LCH staff
- introduction of workforce sharing agreements and Memoranda of Understanding for use, as needed, with a range of partners in Leeds.
- 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 Primary Care Networks in their vaccine delivery model

Work has continued to focus on maximising workforce supply. Our successful recruitment of a cohort of new healthcare support workers (45 Whole Time Equivalents) has been published as a national case study of good practice. New roles have emerged during this time such as the health centre navigator and vaccinators to support the Covid19 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.

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 to date. There has been an 8% increase in registered nursing appointments across the organisation.

Our focus remains on refining and enhancing our employment offer to ensure that once again the LCH workforce is in the best possible position to respond to the challenges ahead. We remain committed to the vision of a flexible 'One Leeds Workforce'.

Sickness absence rates have remained lower during 2020/21 than 2019/20, the exceptions being in April 2020 and January 2021 when the rate rose to 6.1% - reflecting the peak periods of the pandemic. LCH's sickness absence performance compares well with other local trusts. There are many reasons for this 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 and wellbeing (up 3% from 2019).

For the third year running LCH has been shortlisted in the Top 50 UK Inclusive Employers list (ranked 21st) in recognition of the public commitment shown and progress being made in Equality and Diversity. An Allyship Programme launched in November 2020 has recruited 18 Allies who want to support and speak up for their BAME colleagues. Another NHS trust is keen to use our materials and buy our support to establish a similar project. Our Reverse Mentoring scheme has continued at pace bringing the total number of participants who have benefitted from having a BAME mentor to 40.

LCH believes in workplaces where all LGBTQ+ people are accepted without exception and promotes this through the NHS Rainbow badge – more than 600 staff members are Rainbow Ambassadors and we actively participate in LGBT History Month.

### **Partnership Working**

The Workforce Sharing Agreement) we designed 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 that we offer to Primary Care Networks (PCNs) continues to see a significant increase in take up with two thirds of PCNs now actively using the model. We employ 44 staff members through the Additional Roles Reimbursement Scheme and a further 22 were employed to staff primary care vaccination centres as needed.

Through joint working with the GP Confederation, we have supported the development and introduction of a suite of employment terms and conditions and policies and procedures for the Confederation.

LCH continues to play a central role in the Leeds One Workforce Strategic Board, which refreshed its priorities during 2020/21. The Director of Workforce is now the lead for Leeds on the Workforce Portability priority, focused on facilitating joint and integrated working between health and care organisations.

## Senior managers' remuneration (subject to audit)

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

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

Name and title	2020/21						2019/20					
	Salary	Expense payments	Performance pay and bonuses	Long term performance pay and bonuses	All pension related benefits	TOTAL	Salary	Expense payments	Performance pay and bonuses	Long term performance pay and bonuses	All pension related benefits	TOTAL
	(bands of £5,000) £'000s	(Rounded to the nearest hundred) £'000s	(bands of £5,000) £'000s	(bands of £5,000) £'000s	(bands of £2,500) £'000s	(bands of £5,000) £'000s	(bands of £5,000) £'000s	(Rounded to the nearest hundred) £'000s	(bands of £5,000) £'000s	(bands of £5,000) £'000s	(bands of £2,500) £'000s	(bands of £5,000) £'000s
Jennifer Allen - Director of Workforce, OD and System Development	60 - 65				12.5 - 15	70 - 75	45 - 50		0 - 5			45 - 50
Rachel Booth - Associate Non-Executive Director (from 01/12/2020)	0 - 5					0 - 5						
Ruth Burnett - Executive Medical Director	100 - 105				25 - 27.5	125 - 130	115 - 120	0.1			62.5 - 65	180 - 185
Brodie Clark – Non-Executive Director (until 07/05/2020) Interim Chair (from 08/05/2020 to 10/08/2020) Chair (from 11/08/2020)	25 - 30	0.1				25 - 30	5 - 10	0.2				5 - 10
Tony Dearden – Non-Executive Director (until 30/04/2019)							0 - 5	< 0.1				0 - 5
Neil Franklin – Chair (until 07/05/2020)	0 - 5	< 0.1				0 - 5	20 - 25	0.1				20 - 25
Richard Gladman - Non-Executive Director	10 - 15					10 - 15	5 - 10					5 - 10

	2020/21						2019/20					
Name and title	Salary (bands of £5,000) £'000s	Expense payments (Rounded to the nearest hundred) £'000s	Performance pay and bonuses (bands of £5,000) £'000s	Long term performance pay and bonuses (bands of £5,000) £'000s	All pension related benefits (bands of £2,500) £'000s	TOTAL (bands of £5,000) £'000s	Salary (bands of £5,000) £'000s	Expense payments (Rounded to the nearest hundred) £'000s	Performance pay and bonuses (bands of £5,000) £'000s	Long term performance pay and bonuses (bands of £5,000) £'000s	All pension related benefits (bands of £2,500) £'000s	TOTAL (bands of £5,000) £'000s
Stephanie Lawrence - Executive Director of Nursing and Allied Health Professionals	70 - 75		0 - 5		12.5 - 15	90 - 95	80 - 85				65 - 67.5	145 - 150
Ian Lewis - Non-Executive Director	10 - 15					10 - 15	5 - 10					5 - 10
Alison Lowe - Non-Executive Director (from 01/12/2020)	0 - 5					0 - 5						
Bryan Machin – Executive Director of Finance and Resources	120 - 125	< 0.1				120 - 125	120 - 125	0.1				120 - 125
Jane Madeley – Non-Executive Director (until 31/03/2021)	10 - 15					10 - 15	5 - 10					5 - 10
Samantha Prince – Executive Director of Operations	105 - 110	< 0.1				105 - 110	105 - 110	0.1				105 - 110
Khalil Rehman - Associate Non-Executive Director (from 01/12/2020)	0 - 5					0 - 5						
Laura Smith - Director of Workforce, OD and System Development	55 - 60				7.5 - 10	65 - 70	45 - 50		0 - 5			45 - 50
Thea Stein – Chief Executive	150 - 155	< 0.1				150 - 155	145 - 150	0.1				145 - 150
Helen Thomson - Non-Executive Director (from 01/05/2019)	10 - 15					10 - 15	5 - 10					5 - 10

## Total remuneration for senior managers with shared responsibilities.

	2020/21						2019/20					
Name and title	Salary  (bands of £5,000) £'000s	Expense payments  (Rounded to the nearest hundred) £'000s	Performance pay and bonuses  (bands of £5,000) £'000s	Long term performance pay and bonuses  (bands of £5,000) £'000s	All pension related benefits  (bands of £2,500) £'000s	TOTAL  (bands of £5,000) £'000s	Salary  (bands of £5,000) £'000s	Expense payments  (Rounded to the nearest hundred) £'000s	Performance pay and bonuses  (bands of £5,000) £'000s	Long term performance pay and bonuses  (bands of £5,000) £'000s	All pension related benefits  (bands of £2,500) £'000s	TOTAL  (bands of £5,000) £'000s
Jennifer Allen - Director of Workforce, OD and System Development	70 - 75				12.5 - 15	85 - 90	55 - 60		0 - 5			55 - 60
Ruth Burnett - Executive Medical Director	130 - 135				30 - 32.5	160 - 165	145 - 150	0.1			77.5 - 80	225 - 230
Stephanie Lawrence - Executive Director of Nursing and Allied Health Professionals	90 - 95		0 - 5		17.5 - 20	110 - 115	100 - 105				80 - 82.5	180 - 185
Laura Smith - Director of Workforce, OD and System Development	65 - 70				10 - 12.5	80 - 85	55 - 60		0 - 5			55 - 60

## Pension details for senior managers (subject to audit)

	2020/21						
Board Member	Real increase in pension at pensionable age  (bands of £2,500) £'000	Real increase in pension lump sum at pensionable age  (bands of £2,500) £'000	Total accrued pension at pensionable age at 31 March 2021  (bands of £5,000) £'000	Lump sum at pensionable age related to accrued pension at 31 March 2021  (bands of £5,000) £'000	Cash Equivalent Transfer Value at 1 April 2020  £'000	Real increase in Cash Equivalent Transfer Value  £'000	Cash Equivalent Transfer Value at 31 March 2021  £'000
Jennifer Allen - Director of Workforce, OD and System Development	0 - 2.5	0	20 - 25	40 - 45	305	10	330
Ruth Burnett - Executive Medical Director	2.5 - 5	0 - 2.5	15 - 20	25 - 30	195	11	233
Stephanie Lawrence - Executive Director of Nursing and Allied Health Professionals	0 - 2.5	0	30 - 35	70 - 75	550	18	590
Laura Smith - Director of Workforce, OD and System Development	0 - 2.5	0	25 - 30	50 - 55	353	8	378

No other senior managers are members of the pension scheme.

### **Cash Equivalent Transfer Values**

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

### **Real increase in CETV**

This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

### **Compensation payments for loss of office**

Redundancy and other departure costs have been paid in accordance with the provisions of Section 16 of the Agenda for Change Handbook.

### **Fair pay disclosures**

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

The remuneration of the highest paid director for the Trust for 2020/21 was £151,540 (2019/20 £148,463); this relates to the Chief Executive. This was 4.7 times (2019/20, 4.8) more than the median remuneration of the workforce, which was £32,188 (2019/20, £30,778).

At 4.7 times the 2020/21 multiple is less than it was in 2019/20 because the highest paid director's salary increased by 2% on last year whereas the median salary increased by 4.5%. This reflects the tiered approach to the agenda for change pay awards. In 2020/21 total remuneration ranged from £15,803 to £163,932 (2019/20, £17,652 to £151,892).

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

## Staff Report

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

Staff costs	Permanent £k	2020/21 Other £k	Total £k	2019/20 Total £k
Salaries and wages	95,294	5,496	100,790	90,717
Social security costs	9,206	224	9,430	8,419
Apprenticeship levy	457	11	468	421
Employer's contributions to NHS pensions	17,447	226	17,673	16,106
Pension cost - other	62	2	64	50
Other post employment benefits	0	0	0	0
Other employment benefits	0	0	0	0
Termination benefits	1,018	0	1,018	376
Temporary staff	0	2,544	2,544	4,472
<b>Total gross staff costs (including seconded out)</b>	<b>123,484</b>	<b>8,503</b>	<b>131,987</b>	<b>120,561</b>
Of which:				
<b>Costs capitalised as part of assets</b>	<b>339</b>	<b>0</b>	<b>339</b>	<b>263</b>

### Average staff numbers in post by occupation groupings

Average number of employees (WTE basis)	Permanent Number	2020/21 Other Number	Total Number	2019/20 Total Number
Medical and dental	50	26	76	78
Administration and estates	742	40	782	756
Healthcare assistants and other support staff	531	42	573	531
Nursing, midwifery and health visiting staff	933	36	969	940
Nursing, midwifery and health visiting learners	9	0	9	7
Scientific, therapeutic and technical staff	505	21	527	493
Healthcare science staff	0	0	0	0
Other	35	2	37	35
<b>Total average numbers</b>	<b>2,806</b>	<b>168</b>	<b>2,974</b>	<b>2,839</b>
Of which:				
<b>Number of employees (WTE) engaged on capital projects</b>	<b>7</b>	<b>0</b>	<b>7</b>	<b>4</b>

### Gender composition

Gender	Headcount	%	FTE
Female	2,890	86.9	2444.67
Male	437	13.1	403.21
Total	3,327	100.0	2847.88

## Staff Turnover

	2020 / 04	2020 / 05	2020 / 06	2020 / 07	2020 / 08	2020 / 09	2020 / 10	2020 / 11	2020 / 12	2021 / 01	2021 / 02	2021 / 03
Headcount	3,043	3,049	3,067	3,080	3,087	3,121	3,134	3,154	3,154	3,178	3,194	3,198
Leavers Headcount	20	27	14	19	21	27	21	25	27	30	18	78
Turnover Rate (12m)	11.82%	11.86%	11.34%	11.47%	10.77%	9.93%	9.45%	9.22%	9.15%	8.91%	9.05%	10.48%
Avg Headcount (12m)	2,985.50	2,994.50	3,015.00	3,025.00	3,037.50	3,051.00	3,059.50	3,068.00	3,071.50	3,097.00	3,115.00	3,120.50

More information about our workforce statistics, including staff turnover, can be found on NHS Digital's website at:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/january-2021>

## Engagement

The Levels of Engagement score at Leeds Community Healthcare has remained at 7.2 - the same 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 used by the Care Quality Commission in its Well Led assessments. To have maintained this score between 2019 and 2020 is impressive in the context of a global pandemic. LCH is benchmarking just below the community trust benchmark average in 2020 but this needs to be seen in the context that it performs in the highest performing cohort of the NHS.

## Expenditure on consultancy

The Trust has spent a total of £9k on external consultancy during 2020/21. This was for CAMHS inpatient service specialist technical advice.

## Off-payroll engagements

The Trust had the following off-payroll engagements as of 31 March 2021, that were for more than £245 per day and where engagement was for six months or more.

#### Length of all highly paid off-payroll engagements

Number of existing engagements as of 31 March 2021	15
Of which, the number that have existed:	
for less than 1 year at the time of reporting	1
for between 1 and 2 years at the time of reporting	0
for between 2 and 3 years at the time of reporting	1
for between 3 and 4 years at the time of reporting	1
for 4 or more years at the time of reporting	12

None of the existing engagements have contractual clauses to request assurance on tax status. Of the fourteen appointments all but three relate to forensic medical examiners; given the nature of their work the off-payroll arrangements gives the Trust the best value for money.

The Trust must also disclose how many off-payroll contractors who worked for the Trust at any time during 2020/21 where the earnings were £245 or more per day, this picks up all agency staff who are employed by and on the payroll of an umbrella company.

#### Off-payroll workers engaged at any point during the financial year

Number of temporary off-payroll workers engaged between 1 April 2020 and 31 March 2021	68
Of which:	
Number not subject to off-payroll legislation	53
Number subject to off-payroll legislation and determined as in-scope of IR35	0
Number subject to off-payroll legislation and determined as out of scope of IR35	15
Number of engagements reassessed for compliance or assurance purposes during the year	0
Of which, number of engagements that saw a change to IR35 status following review	0

The Trust is required to disclose how many members of the Board or those with significant financial responsibility have been subject to off-payroll arrangements during the financial year 2020/21.

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year	0
Total number of individuals on payroll and off-payroll that have been deemed 'board members, and/or, senior officials with significant financial responsibility', during the financial year. This figure must include both on payroll and off-payroll engagements	16



## Reporting on Time off for Trade Union facility time

What was the total number of your employees who were relevant union officials during the relevant period?

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
12	10.17

Percentage of time spent on facility time: How many of your employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?

Percentage of time	Number of employees
0%	5
1-50%	7
51%-99%	0
100%	0

Percentage of pay bill spent on facility time: Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

Pay bill spend	Figures
Provide the total cost of facility time	£53,501.40
Provide the total pay bill	£130,360,113
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.041%

Paid trade union activities: As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

**Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as:**

(total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100

2.20%

### Exit Packages

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

There has been one exit package agreed in the year; this totalled total £25k.

Exit Package cost band (including any special payment element)	Total number of compulsory redundancies Number	Number of departures where special payments have been made Number	Total number of exit packages Number
£25,011 - £50,000	1	0	1
<b>Total Number</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Total Cost £</b>	<b>£25,260</b>	<b>0</b>	<b>£25,260</b>

Redundancy and other departure costs have been paid in accordance with the provisions of Section 16 of the Agenda for Change Handbook. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirements are met by the NHS Pensions Scheme and are not included in the table. There were no other departures where special payments have been made during 2020/21.

## **Staff Sickness**

Information on the Trust's sickness rates is available from NHS Digital at:

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

## **Parliamentary Accountability and Audit Report**

We disclose the mandated content (fees and charges, remote contingent liabilities, Losses and special payments and gifts) in the accounts.

## **Financial Statements and Notes**

(Full accounts and notes plus Audit report to be appended after Audit)

Leeds Community Healthcare NHS Trust

Annual accounts for the year ended 31 March 2021

## Statement of directors' responsibilities in respect of the accounts

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

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

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

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

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

By order of the Board

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

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

## Statement of Comprehensive Income

		2020/21	2019/20
	Note	£000	£000
Operating income from patient care activities	3	170,731	162,397
Other operating income	4	17,189	8,915
Operating expenses	6, 8	(185,957)	(169,052)
<b>Operating surplus / (deficit) from continuing operations</b>		<b>1,963</b>	<b>2,260</b>
Finance income	11	7	206
Finance expenses	12	-	-
PDC dividends payable		(348)	(757)
<b>Net finance costs</b>		<b>(341)</b>	<b>(551)</b>
Other gains / (losses)	13	(80)	(12)
Share of profit / (losses) of associates / joint arrangements	20	-	-
Gains / (losses) arising from transfers by absorption		-	-
Corporation tax expense		-	-
<b>Surplus / (deficit) for the year from continuing operations</b>		<b>1,542</b>	<b>1,697</b>
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations		-	-
<b>Surplus / (deficit) for the year</b>		<b>1,542</b>	<b>1,697</b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairments	7	-	(1,112)
Revaluations	18	-	3,248
Share of comprehensive income from associates and joint ventures	20	-	-
Fair value gains / (losses) on equity instruments designated at fair value through OCI	21	-	-
Other recognised gains and losses		-	-
Re-measurements of the net defined benefit pension scheme liability / asset		-	-
Gain / (loss) arising from transfers by modified absorption		-	-
Other reserve movements		-	-
<b>May be reclassified to income and expenditure when certain conditions are met:</b>			
Fair value gains / (losses) on financial assets mandated at fair value through OCI	21	-	-
Recycling gains / (losses) on disposal of financial assets mandated at fair value through OCI	13	-	-
Foreign exchange gains / (losses) recognised directly in OCI		-	-
<b>Total comprehensive income / (expense) for the period</b>		<b>1,542</b>	<b>3,833</b>

# Statement of Financial Position

		31 March 2021	31 March 2020
	Note	£000	£000
<b>Non-current assets</b>			
Intangible assets	15	231	229
Property, plant and equipment	16	30,985	30,836
Investment property	19	-	-
Investments in associates and joint ventures	20	-	-
Other investments / financial assets	21	-	-
Receivables	24	-	-
Other assets	25	-	-
<b>Total non-current assets</b>		<b>31,216</b>	<b>31,065</b>
<b>Current assets</b>			
Inventories	23	-	-
Receivables	24	5,551	9,782
Other investments / financial assets	21	-	-
Other assets	25	-	-
Non-current assets for sale and assets in disposal groups	26.1	-	-
Cash and cash equivalents	27	39,619	33,086
<b>Total current assets</b>		<b>45,170</b>	<b>42,868</b>
<b>Current liabilities</b>			
Trade and other payables	28	(13,857)	(14,476)
Borrowings	30	-	-
Other financial liabilities	31	-	-
Provisions	33	(1,769)	(774)
Other liabilities	29	(1,183)	(985)
Liabilities in disposal groups	26.2	-	-
<b>Total current liabilities</b>		<b>(16,809)</b>	<b>(16,235)</b>
<b>Total assets less current liabilities</b>		<b>59,577</b>	<b>57,698</b>
<b>Non-current liabilities</b>			
Trade and other payables	28	-	-
Borrowings	30	-	-
Other financial liabilities	31	-	-
Provisions	33	-	-
Other liabilities	29	-	-
<b>Total non-current liabilities</b>		<b>-</b>	<b>-</b>
<b>Total assets employed</b>		<b>59,577</b>	<b>57,698</b>
<b>Financed by</b>			
Public dividend capital		778	441
Revaluation reserve		14,182	14,186
Financial assets reserve		-	-
Other reserves		-	-
Merger reserve		-	-
Income and expenditure reserve		44,617	43,071
<b>Total taxpayers' equity</b>		<b>59,577</b>	<b>57,698</b>

The notes on pages 8 to 49 form part of these accounts.

Signed

Name	Thea Stein
Position	Chief Executive
Date	11 June 2021

## Statement of Changes in Taxpayers' Equity for the year ended 31 March 2021

	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2020 - brought forward</b>	<b>441</b>	<b>14,186</b>	-	-	<b>43,071</b>	<b>57,698</b>
Surplus / (deficit) for the year	-	-	-	-	1,542	<b>1,542</b>
Gain / (loss) arising from transfers by modified absorption	-	-	-	-	-	-
Transfers by absorption: transfers between reserves	-	-	-	-	-	-
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-
Other transfers between reserves	-	(4)	-	-	4	-
Impairments	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-
Transfer to retained earnings on disposal of assets	-	-	-	-	-	-
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-
Fair value gains / (losses) on financial assets mandated at fair value through OCI	-	-	-	-	-	-
Fair value gains / (losses) on equity instruments designated at fair value through OCI	-	-	-	-	-	-
Recycling gains / (losses) on disposal of financial assets mandated at fair value through OCI	-	-	-	-	-	-
Foreign exchange gains / (losses) recognised directly through OCI	-	-	-	-	-	-
Other recognised gains and losses	-	-	-	-	-	-
Re-measurements of the defined net benefit pension scheme liability / asset	-	-	-	-	-	-
Public dividend capital received *	337	-	-	-	-	<b>337</b>
Public dividend capital repaid	-	-	-	-	-	-
Public dividend capital written off	-	-	-	-	-	-
Other movements in public dividend capital in year	-	-	-	-	-	-
Other reserve movements	-	-	-	-	-	-
<b>Taxpayers' and others' equity at 31 March 2021</b>	<b>778</b>	<b>14,182</b>	-	-	<b>44,617</b>	<b>59,577</b>

\* PDC received is in respect of capital programme allocations from the Department of Health & Social Care for critical infrastructure backlog maintenance £61k, e-rostering £121k, to support remote working £50k and for the Covid-19 response £105k.



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

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

## **Information on reserves**

### **Public dividend capital**

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

### **Revaluation reserve**

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

### **Other reserves**

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

### **Income and expenditure reserve**

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

## Statement of Cash Flows

		2020/21	2019/20
	Note	£000	£000
<b>Cash flows from operating activities</b>			
Operating surplus / (deficit)		1,963	2,260
<b>Non-cash income and expense:</b>			
Depreciation and amortisation	6.1	2,032	2,038
Net impairments	7	-	343
Income recognised in respect of capital donations	4	-	-
Amortisation of PFI deferred credit		-	-
Non-cash movements in on-SoFP pension liability		-	-
(Increase) / decrease in receivables and other assets		4,214	(346)
(Increase) / decrease in inventories		-	-
Increase / (decrease) in payables and other liabilities		(353)	4,437
Increase / (decrease) in provisions		995	194
Tax (paid) / received		-	-
Operating cash flows from discontinued operations		-	-
Other movements in operating cash flows		-	-
<b>Net cash flows from / (used in) operating activities</b>		<b>8,851</b>	<b>8,926</b>
<b>Cash flows from investing activities</b>			
Interest received		7	206
Purchase and sale of financial assets / investments		-	-
Purchase of intangible assets		(52)	(208)
Sales of intangible assets		-	-
Purchase of PPE and investment property		(2,327)	(1,623)
Sales of PPE and investment property		-	-
Receipt of cash donations to purchase assets		-	-
Prepayment of PFI capital contributions		-	-
Investing cash flows from discontinued operations		-	-
Cash from acquisitions / disposals of subsidiaries		-	-
<b>Net cash flows from / (used in) investing activities</b>		<b>(2,372)</b>	<b>(1,625)</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received		337	46
Public dividend capital repaid		-	-
Movement on loans from DHSC		-	-
Movement on other loans		-	-
Other capital receipts		-	-
Capital element of finance lease rental payments		-	-
Capital element of PFI, LIFT and other service concession payments		-	-
Interest on loans		-	-
Other interest		-	-
Interest paid on finance lease liabilities		-	-
Interest paid on PFI, LIFT and other service concession obligations		-	-
PDC dividend (paid) / refunded		(283)	(744)
Financing cash flows from discontinued operations		-	-
Cash flows from / (used in) other financing activities		-	-
<b>Net cash flows from / (used in) financing activities</b>		<b>54</b>	<b>(698)</b>
<b>Increase / (decrease) in cash and cash equivalents</b>		<b>6,533</b>	<b>6,603</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>		<b>33,086</b>	<b>26,483</b>
Prior period adjustments		-	-
<b>Cash and cash equivalents at 1 April - restated</b>		<b>33,086</b>	<b>26,483</b>
Cash and cash equivalents transferred under absorption accounting		-	-
Unrealised gains / (losses) on foreign exchange		-	-
<b>Cash and cash equivalents at 31 March</b>	27.1	<b>39,619</b>	<b>33,086</b>

## **Notes to the Accounts**

### **Note 1 Accounting policies and other information**

#### **Note 1.1 Basis of preparation**

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2020/21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view, has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

#### **Accounting convention**

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

#### **Note 1.2 Going concern**

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern.

The Trust Board specifically considered the matter of Going Concern at its meeting on the 26 March 2021. The Board concluded that after considering the matters in the paper and having an awareness of all relevant information that there are no material uncertainties related to events or conditions which may cast significant doubt about the ability of the Trust to continue as a going concern.

#### **Note 1.3 Interests in other entities**

##### **Joint operations**

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

The Trust provides sexual health services under a joint operation with The Leeds Teaching Hospitals NHS Trust. As lead provider the contract income flows to the Trust, and The Leeds Teaching Hospitals NHS Trust recharges expenditure associated with the provision of this service. The total cost of the service is recognised by Leeds Community Healthcare NHS Trust and usually a share of any profit or loss is transferred to The Leeds Teaching Hospitals NHS Trust. As the NHS financial regime was amended for 2020/21 in light of Covid-19 the full financial impact of the contract has been borne by the Trust.

The Trust provides forensic child and adolescent mental and physical health services under a joint operation with South West Yorkshire Partnership NHS Foundation Trust. As lead provider the contract income flows to the Trust, and South West Yorkshire Partnership NHS Foundation Trust recharges expenditure associated with the provision of this service. The total cost of the service is recognised by Leeds Community Healthcare NHS Trust and usually a share of any profit or loss is transferred to South West Yorkshire Partnership NHS Foundation Trust. As the NHS financial regime was amended for 2020/21 in light of Covid-19 the full financial impact of the contract has been borne by the Trust.

The Trust is lead provider of an integrated mental wellbeing service for Leeds under a joint operation with Leeds and York Partnership NHS Foundation Trust, Northpoint, Touchstone, Community Links, Leeds GP Confederation, Women's Counselling Service and Homestart Leeds. As lead provider the contract income flows to the Trust and the other providers recharge expenditure associated with the provision of this service. The total cost of this service is recognised by Leeds Community Healthcare NHS Trust and usually a share of any profit or loss is transferred to the provider partners. As the NHS financial regime was amended for 2020/21 in light of Covid-19 the full financial impact of the contract has been borne by the Trust.

The Trust provides court liaison and diversion services under a joint operation with Community Links. As lead provider the contract income flows to the Trust and Community Links recharges expenditure associated with the provision of this service. The total cost of this service is recognised by Leeds Community Healthcare NHS Trust and usually a share of any profit or loss is transferred to Community Links. As the NHS financial regime was amended for 2020/21 in light of Covid-19 the full financial impact of the contract has been borne by the Trust.

The Trust provides weight management services under a joint operation with The Leeds Teaching Hospitals NHS Trust and Leeds and York Partnership NHS Foundation Trust. As lead provider the contract income flows to the Trust and the other providers recharge expenditure associated with the provision of this service. The total cost of this service is recognised by Leeds Community Healthcare NHS Trust and usually a share of any profit or loss is transferred to the partner providers. As the NHS financial regime was amended for 2020/21 in light of Covid-19 the full financial impact of the contract has been borne by the Trust.

The Trust provides a Community Care Beds Service under a joint operation with Leeds City Council. The Trust is the lead provider and contract income flows to the Trust. Leeds City Council recharges expenditure associated with the service. The total cost of this service is recognised by Leeds Community Healthcare NHS Trust.

The Trust provides a 10 bed dementia service under a joint operation with Leeds City Council. The City Council is the lead provider and contract income flows to the Council. Leeds Community Healthcare NHS Trust recharges expenditure associated with the service to Leeds City Council.

### **NHS Charitable Fund**

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

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

### **Note 1.4 Revenue from contracts with customers**

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

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

### **Revenue from NHS contracts**

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

#### *This year 2020/21*

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the Trust's income was in the form of block contract arrangements. During the first half of the year the Trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at an Integrated Care System level. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

### *Comparative period 2019/20*

In the comparative period (2019/20), the Trust's contracts with NHS commissioners included those where the Trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

In 2019/20, the Provider Sustainability Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

### **Revenue from non-NHS contracts**

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

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

### **Revenue from research contracts**

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

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

### **Revenue from other contracts**

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

## **Note 1.5 Other forms of income**

### **Grants and donations**

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

### **Apprenticeship service income**

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

### **Other Income**

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

## **Note 1.6 Expenditure on employee benefits**

### **Short-term employee benefits**

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

### **Pension costs**

#### *NHS Pension Scheme*

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

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

## **Note 1.7 Expenditure on other goods and services**

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

## **Note 1.8 Discontinued operations**

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

The Trust has no discontinued operations for 2020/21.

## **Note 1.9 Property, plant and equipment**

### **Recognition**

Property, plant and equipment is capitalised where:

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

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

### *Subsequent expenditure*

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

## Measurement

### *Valuation*

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

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

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

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

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

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

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

### *Depreciation*

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

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use by the Trust.

### *Revaluation gains and losses*

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

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

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



## Impairments

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

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

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

## De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

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

## Donated and grant funded assets

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

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

In 2020/21 this includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the Covid-19 pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

The Trust received no donated assets during 2020/21.

## Private Finance Initiative and Local Improvement Finance Trust transactions

The Trust has no Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions.

## Useful lives of property, plant and equipment

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

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	5	90
Dwellings	-	-
Plant & machinery	5	10
Transport equipment	-	-
Information technology	5	5
Furniture & fittings	10	10

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

## **Note 1.10 Intangible assets**

### **Recognition**

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

#### *Internally generated intangible assets*

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

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

#### *Software*

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

### **Measurement**

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

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

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

#### *Amortisation*

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

### **Useful lives of intangible assets**

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

	<b>Min life Years</b>	<b>Max life Years</b>
Software licences	2	5

## **Note 1.11 Inventories**

The Trust has no inventories.

## **Note 1.12 Investment properties**

The Trust has no investment properties.

## **Note 1.13 Cash and cash equivalents**

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

## **Note 1.14 Financial assets and financial liabilities**

### **Recognition**

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

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

### **Classification and measurement**

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

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

Financial assets so classified are subsequently measured at amortised cost.

Financial liabilities so classified are subsequently measured at amortised cost.

### **Financial assets and financial liabilities at amortised cost**

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

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

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

### **Impairment of financial assets**

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

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

At the end of the reporting period, the Trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' require an allowance for an expected credit loss. Lifetime credit losses are recognised if there is objective evidence of impairment as a result of one or more events that occurred after initial recognition of the asset and that have an impact on the estimated future cash flows of the asset. However NHS bodies are not allowed to recognise any impairments against intra-DHSC balances as it is expected that they will be recoverable, therefore no lifetime credit losses are made against NHS bodies.

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

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

### **De-recognition**

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

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

### Note 1.15 Leases

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

#### The Trust as a lessee

##### *Finance leases*

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

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

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

##### *Operating leases*

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

##### *Leases of land and buildings*

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

#### The Trust as a lessor

##### *Finance leases*

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

##### *Operating leases*

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

### Note 1.16 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount, for which it is probable that there will be a future outflow of cash or other resources, and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective at 31 March 2021:

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

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

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

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% in real terms.

### **Clinical negligence costs**

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution. NHS Resolution in return settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 33.2 but is not recognised in the Trust's accounts.

### **Non-clinical risk pooling**

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

### **Note 1.17 Contingencies**

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 34 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 34, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

### **Note 1.18 Public dividend capital**

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

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

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

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

### **Note 1.19 Value added tax**

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

**Note 1.20 Corporation tax**

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

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

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

**Note 1.21 Climate change levy**

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

**Note 1.22 Foreign exchange**

The functional and presentational currency of the Trust is sterling.

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

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

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

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

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

**Note 1.23 Third party assets**

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

**Note 1.24 Losses and special payments**

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

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

**Note 1.25 Gifts**

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

**Note 1.26 Transfers of functions to / from other NHS bodies**

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

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

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

**Note 1.27 Early adoption of standards, amendments and interpretations**

No new accounting standards or revisions to existing standards have been early adopted in 2020/21.

**Note 1.28 Standards, amendments and interpretations in issue but not yet effective or adopted****IFRS 16 Leases**

IFRS 16 Leases will replace IAS 17 - Leases, IFRIC 4 - Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the Statement of Financial Position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the Statement of Financial Position the standard also requires the re-measurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

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

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

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

The implementation date for IFRS 16 in the NHS was revised to 1 April 2022 in November 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity from April 2022 and beyond, a quantification of the expected impact of applying the standard in 2022/23 is currently impracticable. However, the Trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

**Note 1.28 Standards, amendments and interpretations in issue but not yet effective or adopted****Other standards, amendments and interpretations**

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

Changes to IAS 1 - classification of liabilities, IAS 37 - onerous contract amendment and IAS 16 - Property Plant and Equipment proceeds before intended use, are unlikely to impact on the Trust.

**Note 1.29 Critical judgements in applying accounting policies**

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

In line with IFRS 9 Financial Instruments, the Trust uses a provisions matrix approach to determine the value of provisions in respect of all financial instruments. The only financial instrument the Trust has is its trade receivables. The Trust has had to estimate its irrecoverable debt value using the matrix for 2020/21. In addition to the matrix the Trust has reviewed all outstanding debts at the end of March 2021 and made an assessment as to likelihood of recovery based on experience and knowledge of the debtors. This has resulted in an increase in the credit loss provision for 2020/21, as disclosed in Note 6.1.

**Note 1.30 Sources of estimation uncertainty**

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

An estimate of the redundancy and legal claims costs has been made and included in the Trust's expenditure for 2020/21 as required under IAS 37. The estimated value of this is £1,558k for redundancies and £211k for legal claims.

**Note 2 Operating Segments**

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

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

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



**Note 3 Operating income from patient care activities**

All income from patient care activities relates to contract income recognised in line with Note 1.4 of the accounting policies.

<b>Note 3.1 Income from patient care activities (by nature)</b>	<b>2020/21 £000</b>	<b>2019/20 £000</b>
<b>Mental health services</b>		
Block contract / system envelope income *	1,665	1,620
Clinical partnerships providing mandatory services (including S75 agreements)	-	-
Clinical income for the secondary commissioning of mandatory services	-	-
Other clinical income from mandatory services	-	-
<b>Community services</b>		
Block contract / system envelope income *	133,512	124,663
Income from other sources (eg local authorities)	29,159	31,041
<b>All services</b>		
Private patient income	-	-
Additional pension contribution central funding **	5,359	4,893
Other clinical income ***	1,036	180
<b>Total income from activities</b>	<b>170,731</b>	<b>162,397</b>

\* As part of the Covid-19 pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework was built on these arrangements but with a greater focus on system partnership, and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

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

\*\*\* Other clinical income includes central funding for annual leave that staff have carried forward from 2020/21 and for annual leave owed in respect of overtime and additional hours worked.

**Note 3.2 Income from patient care activities (by source)**

	<b>2020/21 £000</b>	<b>2019/20 £000</b>
<b>Income from patient care activities received from:</b>		
NHS England	17,283	16,960
Clinical Commissioning Groups	124,290	114,396
Department of Health and Social Care	-	-
Other NHS providers	2	2
NHS other	-	-
Local Authorities	27,993	29,725
Non-NHS: private patients	-	-
Non-NHS: overseas patients (chargeable to patient)	-	-
Injury cost recovery scheme	-	-
Non NHS: other	1,163	1,314
<b>Total income from activities</b>	<b>170,731</b>	<b>162,397</b>
<b>Of which:</b>		
Related to continuing operations	170,731	162,397
Related to discontinued operations	-	-

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

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

**Note 4 Other operating income**

	2020/21			2019/20		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	359	-	359	387	-	387
Education and training	3,058	156	3,214	2,006	109	2,115
Non-patient care services to other bodies	283		283	287		287
Provider sustainability fund (2019/20 only)			-	1,138		1,138
Financial recovery fund (2019/20 only)			-	63		63
Marginal rate emergency tariff funding (2019/20 only)			-	-		-
Reimbursement and top up funding	5,303		5,303			-
Income in respect of employee benefits accounted on a gross basis	2,184		2,184	1,115		1,115
Receipt of capital grants and donations		-	-		-	-
Charitable and other contributions to expenditure *		2,457	2,457		-	-
Support from the Department of Health and Social Care for mergers		-	-		-	-
Rental revenue from finance leases		-	-		-	-
Rental revenue from operating leases		491	491		507	507
Amortisation of PFI deferred income / credits		-	-		-	-
Other income **	2,898	-	2,898	3,303	-	3,303
<b>Total other operating income</b>	<b>14,085</b>	<b>3,104</b>	<b>17,189</b>	<b>8,299</b>	<b>616</b>	<b>8,915</b>
<b>Of which:</b>						
Related to continuing operations			17,189			8,915
Related to discontinued operations			-			-

\* This is notional income in respect of protective equipment provided centrally by the Department of Health & Social Care to the Trust as part of the Covid-19 response.

\*\* Other contract income totalled £2,898k; this includes £761k rental income, £153k lease car income and £1,005k income to fund projects supporting the transformation of care pathways.

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

	<b>2020/21</b>	<b>2019/20</b>
	<b>£000</b>	<b>£000</b>
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	265	380
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

**Note 5.2 Transaction price allocated to remaining performance obligations**

	<b>31 March</b>	<b>31 March</b>
	<b>2021</b>	<b>2020</b>
	<b>£000</b>	<b>£000</b>
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:		
- within one year	-	-
- after one year, not later than five years	-	-
- after five years	-	-
<b>Total revenue allocated to remaining performance obligations</b>	<b>-</b>	<b>-</b>

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

**Note 5.3 Fees and charges**

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

The Trust has no income associated with fees and charges.

## Note 6.1 Operating expenses

	2020/21	2019/20
		Restated *
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	-	-
Purchase of healthcare from non-NHS and non-DHSC bodies	-	-
Purchase of social care	-	-
Staff and executive directors costs	130,630	119,922
Remuneration of non-executive directors	96	67
Supplies and services - clinical (excluding drugs costs)	20,837	15,963
Supplies and services - general **	7,714	5,072
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	799	883
Inventories written down	-	-
Consultancy costs	9	57
Establishment	2,627	3,262
Premises	6,701	7,006
Transport (including patient travel)	1,370	1,985
Depreciation on property, plant and equipment	1,982	2,029
Amortisation on intangible assets	50	9
Net impairments	-	343
Movement in credit loss allowance: contract receivables / contract assets	94	4
Movement in credit loss allowance: all other receivables and investments	-	-
Increase / (decrease) in other provisions	17	(44)
Change in provisions discount rate(s)	-	-
Audit fees payable to the external auditor		
audit services- statutory audit	68	47
other auditor remuneration (external auditor only)	-	-
Internal audit costs	98	94
Clinical negligence	318	227
Legal fees	11	24
Insurance	124	100
Research and development	28	36
Education and training	1,044	685
Rentals under operating leases ***	7,721	8,308
Early retirements	-	-
Redundancy	1,018	376
Charges to operating expenditure for on-SoFP IFRIC 12 schemes	-	-
Charges to operating expenditure for off-SoFP PFI / LIFT schemes	-	-
Car parking and security	270	250
Hospitality	2	5
Losses, ex gratia and special payments	99	64
Grossing up consortium arrangements	-	-
Other services, eg external payroll	1,066	1,096
Other ****	1,164	1,182
<b>Total</b>	<b>185,957</b>	<b>169,052</b>
<b>Of which:</b>		
Related to continuing operations	185,957	169,052
Related to discontinued operations	-	-

\* There have been some restatements of the expenditure for 2019/20 to bring it into line with current reporting requirements and provide appropriate comparators; the overall value of expenditure has not changed. The largest of these changes are £1,968k moved from Purchase of healthcare non NHS costs to Clinical supplies and services costs and £257k moved from Establishment costs to Other services costs in respect of external contracts.

\*\* 2020/21 expenditure includes £2,457k for protective equipment issued by DHSC as part of the Covid pandemic response.

\*\*\* In advance of the adoption of IFRS 16; during 2019/20 the Trust began establishing formal leases for all premises. Whilst this work has not been fully completed all building rental costs have been transferred from premises, where historically they have been reported, to rentals under operating leases.

\*\*\*\* Other expenditure includes £816k relating to external recharges in respect of joint operations and £307k for services commissioned from South West Yorkshire Partnership NHS Foundation Trust and Bradford District Care NHS Foundation Trust using New Care Models resources.

**Note 6.2 Nightingale hospital**

During 2020/21 the Trust supported the set up of a Nightingale facility as part of the regional Covid-19 pandemic response.

The costs incurred by the Trust in operating the facility have been included within the operating expenses note in these accounts. The total costs associated with the facility are disclosed below for information; this includes where existing resources were redeployed so the note below does not represent the additional cost to the Trust of operating the facility. Incremental costs associated with operating the facility have been reimbursed by NHS England.

	<b>Gross costs</b>
	<b>2020/21</b>
	<b>£000</b>
<b>Set up costs:</b>	
Staff costs	2
Other operating costs	-
<b>Running costs:</b>	
Staff costs	-
Other operating costs	-
<b>Decommissioning costs:</b>	
Staff costs	-
Other operating costs	-
<b>Total gross costs</b>	<b>2</b>

**Note 6.3 Other auditor remuneration**

The Trust has no other auditor remuneration costs in 2020/21.

**Note 6.4 Limitation on auditor's liability**

The auditor's liability for external audit work is unlimited; (2019/20 liability of the previous audit firm was limited to £1 million).

**Note 7 Impairment of assets**

	<b>2020/21</b>	<b>2019/20</b>
	<b>£000</b>	<b>£000</b>
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
Loss or damage from normal operations	-	-
Over specification of assets	-	-
Abandonment of assets in course of construction	-	-
Unforeseen obsolescence	-	-
Loss as a result of catastrophe	-	-
Changes in market price	-	343
Other	-	-
<b>Total net impairments charged to operating surplus / deficit</b>	<b>-</b>	<b>343</b>
Impairments charged to the revaluation reserve	-	1,112
<b>Total net impairments</b>	<b>-</b>	<b>1,455</b>

The impairments reported here for 2019/20 are as a consequence of the revaluation exercise undertaken during 2019/20.

## Note 8 Employee benefits

	2020/21	2019/20
	Total	Total
	£000	£000
Salaries and wages	100,790	90,717
Social security costs	9,430	8,419
Apprenticeship levy	468	421
Employer's contributions to NHS pensions	17,673	16,106
Pension cost - other	64	50
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	1,018	376
Temporary staff (including agency)	2,544	4,472
<b>Total gross staff costs</b>	<b>131,987</b>	<b>120,561</b>
Recoveries in respect of seconded staff	-	-
<b>Total staff costs</b>	<b>131,987</b>	<b>120,561</b>
<b>Of which:</b>		
Costs capitalised as part of assets	339	263

### Note 8.1 Retirements due to ill-health

During 2020/21 there were 5 early retirements from the Trust agreed on the grounds of ill-health (5 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £247k (£300k in 2019/20).

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

## **Note 9 Pension costs**

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

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

### **a) Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

### **b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and report to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

### **Other pension costs**

NEST (National Employment Savings Trust) is an alternative pension scheme set up to comply with new legislation which provides that employees fulfilling certain criteria must auto-enrol into a pension scheme. When they do not qualify for or wish to join the NHS Pension Scheme this is the Trust's mandatory alternative scheme. NEST Corporation is the Trustee body that has overall responsibility for running NEST. It is a non-departmental public body that operates at arm's length from government and is accountable to Parliament through the Department of Work and Pensions (DWP). The Trust has expensed £64k during the year in respect of contributions for employees under the NEST scheme.

## Note 10 Operating leases

### Note 10.1 Leeds Community Healthcare NHS Trust as a lessor

This note discloses income generated in operating lease agreements where Leeds Community Healthcare NHS Trust is the lessor.

Leasing arrangements where the Trust is a lessor relate to the sub-letting of health centres and clinics, where the lessee is generally a GP practice or other healthcare provider.

	2020/21 £000	2019/20 £000
<b>Operating lease revenue</b>		
Minimum lease receipts	491	507
Contingent rents	-	-
Other	-	-
<b>Total</b>	<b>491</b>	<b>507</b>
	<b>31 March 2021 £000</b>	<b>31 March 2020 £000</b>
<b>Future minimum lease receipts due:</b>		
- not later than one year	491	491
- later than one year and not later than five years	1,385	1,243
- later than five years	598	34
<b>Total</b>	<b>2,474</b>	<b>1,768</b>

### Note 10.2 Leeds Community Healthcare NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Leeds Community Healthcare NHS Trust is the lessee.

The Trust has leases in respect of accommodation, vehicles and photocopiers.

	2020/21 £000	2019/20 £000
<b>Operating lease expense</b>		
Minimum lease payments	7,721	8,308
Contingent rents	-	-
Less sub-lease payments received	-	-
<b>Total</b>	<b>7,721</b>	<b>8,308</b>
	<b>31 March 2021 £000</b>	<b>31 March 2020 £000</b>
<b>Future minimum lease payments due:</b>		
- not later than one year	7,092	8,100
- later than one year and not later than five years	26,307	28,656
- later than five years	41,510	46,058
<b>Total</b>	<b>74,909</b>	<b>82,814</b>
Future minimum sub-lease payments to be received	-	-



**Note 11 Finance income**

Finance income represents interest received on assets and investments in the period.

	2020/21	2019/20
	£000	£000
Interest on bank accounts	7	206
Interest income on finance leases	-	-
Interest on other investments / financial assets	-	-
Other finance income	-	-
<b>Total finance income</b>	<b>7</b>	<b>206</b>

**Note 12.1 Finance expenses**

Finance expenses represent interest and other charges involved in the borrowing of money or asset financing.

	2020/21	2019/20
	£000	£000
<b>Interest expense:</b>		
Loans from the Department of Health and Social Care	-	-
Other loans	-	-
Overdrafts	-	-
Finance leases	-	-
Interest on late payment of commercial debt	-	-
Main finance costs on PFI and LIFT schemes obligations	-	-
Contingent finance costs on PFI and LIFT scheme obligations	-	-
<b>Total interest expense</b>	<b>-</b>	<b>-</b>
Unwinding of discount on provisions	-	-
Other finance costs	-	-
<b>Total finance expenses</b>	<b>-</b>	<b>-</b>

**Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015**

	2020/21	2019/20
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-

**Note 13 Other gains / (losses)**

	2020/21	2019/20
	£000	£000
Gains on disposal of assets	-	-
Losses on disposal of assets	(80)	(12)
<b>Total gains / (losses) on disposal of assets</b>	<b>(80)</b>	<b>(12)</b>
Gains / (losses) on foreign exchange	-	-
Fair value gains / (losses) on investment properties	-	-
Fair value gains / (losses) on financial assets / investments	-	-
Fair value gains / (losses) on financial liabilities	-	-
Recycling gains / (losses) on disposal of financial assets mandated as fair value through OCI	-	-
Other gains / (losses)	-	-
<b>Total other gains / (losses)</b>	<b>(80)</b>	<b>(12)</b>

Losses on the disposal of assets relate to the write off of building enhancements on a property which will not be used by the Trust after 31 March 2021.

**Note 14 Discontinued operations**

The Trust has no discontinued operations.

**Note 15.1 Intangible assets - 2020/21**

	Software licences £000	Licences & trademarks £000	Patents £000	Internally generated information technology £000	Development expenditure £000	Goodwill £000	Websites £000	Intangible assets under construction £000	Other (purchased) £000	Total £000
<b>Valuation / gross cost at 1 April 2020 - brought forward</b>	<b>255</b>	-	-	-	-	-	-	-	-	<b>255</b>
Transfers by absorption	-	-	-	-	-	-	-	-	-	-
Additions	52	-	-	-	-	-	-	-	-	<b>52</b>
Impairments	-	-	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	-
Disposals / de-recognition	-	-	-	-	-	-	-	-	-	-
<b>Valuation / gross cost at 31 March 2021</b>	<b>307</b>	-	-	-	-	-	-	-	-	<b>307</b>
<b>Amortisation at 1 April 2020 - brought forward</b>	<b>26</b>	-	-	-	-	-	-	-	-	<b>26</b>
Transfers by absorption	-	-	-	-	-	-	-	-	-	-
Provided during the year	50	-	-	-	-	-	-	-	-	<b>50</b>
Impairments	-	-	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	-
Disposals / de-recognition	-	-	-	-	-	-	-	-	-	-
<b>Amortisation at 31 March 2021</b>	<b>76</b>	-	-	-	-	-	-	-	-	<b>76</b>
<b>Net book value at 31 March 2021</b>	<b>231</b>	-	-	-	-	-	-	-	-	<b>231</b>
<b>Net book value at 1 April 2020</b>	<b>229</b>	-	-	-	-	-	-	-	-	<b>229</b>

**Note 15.2 Intangible assets - 2019/20**

	Software licences £000	Licences & trademarks £000	Patents £000	Internally generated information technology £000	Development expenditure £000	Goodwill £000	Websites £000	Intangible assets under construction £000	Other (purchased) £000	Total £000
<b>Valuation / gross cost at 1 April 2019</b>	<b>47</b>	-	-	-	-	-	-	-	-	<b>47</b>
Transfers by absorption	-	-	-	-	-	-	-	-	-	-
Additions	208	-	-	-	-	-	-	-	-	<b>208</b>
Impairments	-	-	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	-
Disposals / de-recognition	-	-	-	-	-	-	-	-	-	-
<b>Valuation / gross cost at 31 March 2020</b>	<b>255</b>	-	-	-	-	-	-	-	-	<b>255</b>
<b>Amortisation at 1 April 2019</b>	<b>17</b>	-	-	-	-	-	-	-	-	<b>17</b>
Transfers by absorption	-	-	-	-	-	-	-	-	-	-
Provided during the year	9	-	-	-	-	-	-	-	-	<b>9</b>
Impairments	-	-	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	-
Disposals / de-recognition	-	-	-	-	-	-	-	-	-	-
<b>Amortisation at 31 March 2020</b>	<b>26</b>	-	-	-	-	-	-	-	-	<b>26</b>
<b>Net book value at 31 March 2020</b>	<b>229</b>	-	-	-	-	-	-	-	-	<b>229</b>
<b>Net book value at 1 April 2019</b>	<b>30</b>	-	-	-	-	-	-	-	-	<b>30</b>

**Note 16.1 Property, plant and equipment - 2020/21**

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation / gross cost at 1 April 2020 - brought forward</b>	<b>9,708</b>	<b>18,025</b>	-	<b>359</b>	<b>2,086</b>	-	<b>5,847</b>	<b>189</b>	<b>36,214</b>
Transfers by absorption	-	-	-	-	-	-	-	-	-
Additions	-	-	-	879	189	-	1,143	-	2,211
Impairments	-	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-	-
Reclassifications	-	746	-	(746)	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-
Disposals / de-recognition	-	(170)	-	-	(293)	-	-	-	(463)
<b>Valuation / gross cost at 31 March 2021</b>	<b>9,708</b>	<b>18,601</b>	-	<b>492</b>	<b>1,982</b>	-	<b>6,990</b>	<b>189</b>	<b>37,962</b>
<b>Accumulated depreciation at 1 April 2020 - brought forward</b>	-	<b>347</b>	-	-	<b>1,654</b>	-	<b>3,208</b>	<b>169</b>	<b>5,378</b>
Transfers by absorption	-	-	-	-	-	-	-	-	-
Provided during the year	-	762	-	-	159	-	1,048	13	1,982
Impairments	-	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-
Disposals / de-recognition	-	(90)	-	-	(293)	-	-	-	(383)
<b>Accumulated depreciation at 31 March 2021</b>	-	<b>1,019</b>	-	-	<b>1,520</b>	-	<b>4,256</b>	<b>182</b>	<b>6,977</b>
<b>Net book value at 31 March 2021</b>	<b>9,708</b>	<b>17,582</b>	-	<b>492</b>	<b>462</b>	-	<b>2,734</b>	<b>7</b>	<b>30,985</b>
<b>Net book value at 1 April 2020</b>	<b>9,708</b>	<b>17,678</b>	-	<b>359</b>	<b>432</b>	-	<b>2,639</b>	<b>20</b>	<b>30,836</b>

**Note 16.2 Property, plant and equipment - 2019/20**

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation / gross cost at 1 April 2019</b>	<b>10,241</b>	<b>16,294</b>	-	-	<b>2,076</b>	-	<b>5,305</b>	<b>189</b>	<b>34,105</b>
Transfers by absorption	-	-	-	-	-	-	-	-	-
Additions	-	735	-	359	138	-	542	-	<b>1,774</b>
Impairments	(785)	(999)	-	-	-	-	-	-	<b>(1,784)</b>
Reversals of impairments	124	106	-	-	-	-	-	-	<b>230</b>
Revaluations	128	1,889	-	-	-	-	-	-	<b>2,017</b>
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-
Disposals / de-recognition	-	-	-	-	(128)	-	-	-	<b>(128)</b>
<b>Valuation / gross cost at 31 March 2020</b>	<b>9,708</b>	<b>18,025</b>	-	<b>359</b>	<b>2,086</b>	-	<b>5,847</b>	<b>189</b>	<b>36,214</b>
<b>Accumulated depreciation at 1 April 2019</b>	-	<b>911</b>	-	-	<b>1,572</b>	-	<b>2,158</b>	<b>154</b>	<b>4,795</b>
Transfers by absorption	-	-	-	-	-	-	-	-	-
Provided during the year	-	766	-	-	198	-	1,050	15	<b>2,029</b>
Impairments	-	(83)	-	-	-	-	-	-	<b>(83)</b>
Reversals of impairments	-	(16)	-	-	-	-	-	-	<b>(16)</b>
Revaluations	-	(1,231)	-	-	-	-	-	-	<b>(1,231)</b>
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-
Disposals / de-recognition	-	-	-	-	(116)	-	-	-	<b>(116)</b>
<b>Accumulated depreciation at 31 March 2020</b>	-	<b>347</b>	-	-	<b>1,654</b>	-	<b>3,208</b>	<b>169</b>	<b>5,378</b>
<b>Net book value at 31 March 2020</b>	<b>9,708</b>	<b>17,678</b>	-	<b>359</b>	<b>432</b>	-	<b>2,639</b>	<b>20</b>	<b>30,836</b>
<b>Net book value at 1 April 2019</b>	<b>10,241</b>	<b>15,383</b>	-	-	<b>504</b>	-	<b>3,147</b>	<b>35</b>	<b>29,310</b>

**Note 16.3 Property, plant and equipment financing - 2020/21**

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Net book value at 31 March 2021</b>									
Owned - purchased	9,708	17,009	-	492	462	-	2,734	7	30,412
Finance leased	-	-	-	-	-	-	-	-	-
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-	-
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	-
Owned - donated / granted	-	573	-	-	-	-	-	-	573
<b>Net book value at 31 March 2021</b>	<b>9,708</b>	<b>17,582</b>	<b>-</b>	<b>492</b>	<b>462</b>	<b>-</b>	<b>2,734</b>	<b>7</b>	<b>30,985</b>

**Note 16.4 Property, plant and equipment financing - 2019/20**

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Net book value at 31 March 2020</b>									
Owned - purchased	9,708	17,090	-	359	432	-	2,639	20	30,248
Finance leased	-	-	-	-	-	-	-	-	-
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-	-
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	-
Owned - donated / granted	-	588	-	-	-	-	-	-	588
<b>Net book value at 31 March 2020</b>	<b>9,708</b>	<b>17,678</b>	<b>-</b>	<b>359</b>	<b>432</b>	<b>-</b>	<b>2,639</b>	<b>20</b>	<b>30,836</b>

**Note 17 Donations of property, plant and equipment**

The Trust received no donations of property, plant and equipment during 2020/21.

**Note 18 Revaluations of property, plant and equipment**

The Trust has not revalued its property, plant and equipment during 2020/21.

The Trust sought advice from the District Valuer in respect of the movement in property prices during 2020/21. The District Valuer indicated price movements were not material since the last revaluation in 2019/20 and no revaluation exercise has been undertaken in 2020/21. The revaluation exercise undertaken in 2019/20 was carried out by a Member of the Royal Institution of Chartered Surveyors who is a salaried employee of the Valuation Office Agency.

The Valuer's report for the 2019/20 revaluation exercise was issued at the end of March 2020 just as the World Health Organisation had declared a global pandemic. The District Valuer concluded that in the light of this they were faced with an unprecedented set of circumstances on which to base a judgement. This resulted in the valuation for 2019/20 being caveated with a material valuation uncertainty.

The District Valuer has stated that valuations are no longer subject to material uncertainty as markets are starting to function with a sufficient volume of transactions.

**Note 19.1 Investment Property**

The Trust has no investment property.

**Note 20 Investments in associates and joint ventures**

The Trust has no investments in associates and joint ventures.

**Note 21 Other investments / financial assets (non-current)**

The Trust has no non-current other investments / financial assets.

**Note 21.1 Other investments / financial assets (current)**

The Trust has no current other investments / financial assets.

**Note 22 Disclosure of interests in other entities**

The Trust has no interests in unconsolidated subsidiaries, joint ventures, associates or unconsolidated structured entities.

**Note 23 Inventories**

The Trust has no inventories.

**Note 24.1 Receivables**

	31 March 2021 £000	31 March 2020 £000
<b>Current</b>		
Contract receivables	3,931	8,217
Contract assets	-	-
Capital receivables	-	-
Allowance for impaired contract receivables / assets	(91)	(6)
Allowance for other impaired receivables	-	-
Deposits and advances	-	-
Prepayments (non-PFI)	1,126	1,089
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
PDC dividend receivable	-	17
VAT receivable	493	423
Corporation and other taxes receivable	-	-
Other receivables	92	42
<b>Total current receivables</b>	<b>5,551</b>	<b>9,782</b>
<b>Non-current</b>		
Contract receivables	-	-
Contract assets	-	-
Capital receivables	-	-
Allowance for impaired contract receivables / assets	-	-
Allowance for other impaired receivables	-	-
Deposits and advances	-	-
Prepayments (non-PFI)	-	-
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
VAT receivable	-	-
Corporation and other taxes receivable	-	-
Other receivables	-	-
<b>Total non-current receivables</b>	<b>-</b>	<b>-</b>
<b>Of which receivable from NHS and DHSC group bodies:</b>		
Current	650	3,378
Non-current	-	-

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained in Note 1.4 of the accounts. The significant movement in the contract receivables is in respect of this change.



**Note 24.2 Allowances for credit losses**

	2020/21		2019/20	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
<b>Allowances as at 1 April - brought forward</b>	<b>6</b>	<b>-</b>	<b>8</b>	<b>-</b>
Transfers by absorption	-	-	-	-
New allowances arising	98	-	11	-
Changes in existing allowances	-	-	-	-
Reversals of allowances	(4)	-	(7)	-
Utilisation of allowances (write offs)	(9)	-	(6)	-
Changes arising following modification of contractual cash flows	-	-	-	-
Foreign exchange and other changes	-	-	-	-
<b>Allowances as at 31 March 2021</b>	<b>91</b>	<b>-</b>	<b>6</b>	<b>-</b>

**Note 24.3 Exposure to credit risk**

NHS debt is resolved through the agreement of balances process and, as such, is not considered to be a credit risk. In line with IFRS 9 the Trust uses a provision matrix to categorise the debts and reviews historical losses over a two year period. The historical debt rates of non-NHS debt were determined by calculating invoices written off as a percentage of total non-NHS debt. Forward looking macro-economic factors were considered and the final credit losses rates were calculated. The Trust has reviewed the nature and value of other outstanding debt at the end of 2020/21 and has made an additional provision to mitigate the risk of non-payment.

The main credit risk to the Trust is from ex-employee debt and the credit loss rate to be applied to this type of debt was calculated as 26.75%. The Trust has reviewed the nature and value of other outstanding debt at the end of 2020/21 as required by IFRS 9 and has made an additional provision to mitigate the risk of non-payment. Overall a £91k credit loss allowance has been recognised for non-NHS receivables in 2020/21 being £3k from the application of the 26.75% and £88k other risk.

**Note 25 Other assets**

The Trust has no other assets.

**Note 26.1 Non-current assets held for sale and assets in disposal groups**

The Trust has no non-current assets held for sale and assets in disposal groups to disclose for the accounting period.

**Note 26.2 Liabilities in disposal groups**

The Trust has no liabilities in disposal groups.

**Note 27.1 Cash and cash equivalents movements**

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2020/21	2019/20
	£000	£000
<b>At 1 April</b>	<b>33,086</b>	<b>26,483</b>
Transfers by absorption	-	-
Net change in year	6,533	6,603
<b>At 31 March</b>	<b>39,619</b>	<b>33,086</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	3	3
Cash with the Government Banking Service	39,616	33,083
Deposits with the National Loan Fund	-	-
Other current investments	-	-
<b>Total cash and cash equivalents as in SoFP</b>	<b>39,619</b>	<b>33,086</b>
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
<b>Total cash and cash equivalents as in SoCF</b>	<b>39,619</b>	<b>33,086</b>

**Note 27.2 Third party assets held by the Trust**

The Trust has no third party assets.

## Note 28.1 Trade and other payables

	31 March 2021 £000	31 March 2020 £000
<b>Current</b>		
Trade payables	3,202	2,505
Capital payables	161	277
Accruals	6,082	7,862
Receipts in advance and payments on account	-	-
PFI lifecycle replacement received in advance	-	-
Social security costs	1,540	1,393
VAT payables	-	-
Other taxes payable	990	849
PDC dividend payable	48	-
Other payables	1,834	1,590
<b>Total current trade and other payables</b>	<b>13,857</b>	<b>14,476</b>
<b>Non-current</b>		
Trade payables	-	-
Capital payables	-	-
Accruals	-	-
Receipts in advance and payments on account	-	-
PFI lifecycle replacement received in advance	-	-
VAT payables	-	-
Other taxes payable	-	-
Other payables	-	-
<b>Total non-current trade and other payables</b>	<b>-</b>	<b>-</b>
<b>Of which payables from NHS and DHSC group bodies:</b>		
Current	1,844	2,795
Non-current	-	-

## Note 28.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2021 £000	31 March 2021 Number	31 March 2020 £000	31 March 2020 Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-

There are no early retirements included in NHS payables.

**Note 29 Other liabilities**

	31 March 2021 £000	31 March 2020 £000
<b>Current</b>		
Deferred income: contract liabilities	1,183	985
Deferred grants	-	-
Deferred PFI credits / income	-	-
Lease incentives	-	-
Other deferred income	-	-
<b>Total other current liabilities</b>	<b>1,183</b>	<b>985</b>
<b>Non-current</b>		
Deferred income: contract liabilities	-	-
Deferred grants	-	-
Deferred PFI credits / income	-	-
Lease incentives	-	-
Other deferred income	-	-
Net pension scheme liability	-	-
<b>Total other non-current liabilities</b>	<b>-</b>	<b>-</b>

**Note 30.1 Borrowings**

The Trust has no borrowings.

**Note 30.2 Reconciliation of liabilities arising from financing activities - 2020/21**

The Trust has no financial liabilities arising from financing activities for 2020/21.

**Note 30.3 Reconciliation of liabilities arising from financing activities - 2019/20**

There were no financial liabilities arising from financing activities for 2019/20.

**Note 31 Other financial liabilities**

The Trust has no other financial liabilities.

**Note 32 Finance leases**

The Trust has no finance leases.

**Note 33.1 Provisions for liabilities and charges analysis**

	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Re- structuring £000	Equal Pay (including Agenda for Change) £000	Redundancy £000	Other £000	Total £000
<b>At 1 April 2020</b>	-	-	209	-	-	565	-	774
Transfers by absorption	-	-	-	-	-	-	-	-
Change in the discount rate	-	-	-	-	-	-	-	-
Arising during the year	-	-	20	-	-	1,052	-	1,072
Utilised during the year	-	-	(15)	-	-	(25)	-	(40)
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-	-	-
Reversed unused	-	-	(3)	-	-	(34)	-	(37)
Unwinding of discount	-	-	-	-	-	-	-	-
<b>At 31 March 2021</b>	-	-	211	-	-	1,558	-	1,769
<b>Expected timing of cash flows:</b>								
- not later than one year;	-	-	211	-	-	1,558	-	1,769
- later than one year and not later than five years;	-	-	-	-	-	-	-	-
- later than five years.	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	211	-	-	1,558	-	1,769

In respect of legal claims the uncertainty as to amounts and timings relates to the time taken to determine whether or not the Trust is liable and if so, what the value of that liability will be.

In respect of redundancy and other provisions, the uncertainty as to amounts and timings relates to the time that will need to be taken to complete the formal processes.

**Note 33.2 Clinical negligence liabilities**

At 31 March 2021, £1,460k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Leeds Community Healthcare NHS Trust (31 March 2020: £2,908k).

**Note 34 Contingent assets and liabilities**

The Trust has no contingent assets and liabilities.

**Note 35 Contractual capital commitments**

The Trust has no contractual capital commitments.

**Note 36 Other financial commitments**

The Trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangements), analysed by the period during which the payment is made:

	31 March 2021 £000	31 March 2020 £000
- not later than 1 year	10,913	8,844
- after 1 year and not later than 5 years	2,010	4,115
- paid thereafter	-	-
<b>Total</b>	<b>12,923</b>	<b>12,959</b>

**Note 37 Defined benefit pension schemes**

The Trust has no defined benefit pension schemes.

**Note 38 On-SoFP PFI, LIFT or other service concession arrangements**

The Trust has no on-SoFP PFI, LIFT or other service concession arrangements.

**Note 39 Off-SoFP PFI, LIFT and other service concession arrangements**

The Trust has no off-SoFP PFI, LIFT or other service concession arrangements.

## **Note 40 Financial instruments**

### **Note 40.1 Financial risk management**

In accordance with IFRS 7, trusts should disclose information that enables users of the accounts to evaluate the nature and extent of risks arising from financial instruments to which the Trust is exposed at the end of the reporting period. Because of the continuing service provider relationship that the Trust has with commissioners and the way those commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. In addition financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Trust Board. The Trust's treasury activity is subject to review by the Trust's internal auditors.

#### **Currency risk**

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations.

The Trust therefore has low exposure to currency rate fluctuations.

#### **Interest rate risk**

The Trust currently has no borrowings.

The Trust may borrow from government for capital expenditure, subject to affordability as confirmed by NHS England / Improvement. The borrowings would be for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan.

The Trust may also borrow from government for revenue financing subject to approval by NHS England / Improvement. Interest rates are confirmed by the Department of Health and Social Care, the lender, at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

#### **Credit risk**

The majority of the Trust's revenue comes from contracts with other public sector bodies, therefore, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2021 are in receivables from customers, as disclosed in Note 24.3.

#### **Liquidity risk**

The majority of the Trust's operating costs are incurred under contracts with Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit.

The Trust is not therefore exposed to significant liquidity risks.

## Note 40.2 Carrying values of financial assets

	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
<b>Carrying values of financial assets as at 31 March 2021</b>				
Trade and other receivables excluding non financial assets	3,932	-	-	3,932
Other investments / financial assets	-	-	-	-
Cash and cash equivalents	39,619	-	-	39,619
<b>Total at 31 March 2021</b>	<b>43,551</b>	<b>-</b>	<b>-</b>	<b>43,551</b>

	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
<b>Carrying values of financial assets as at 31 March 2020</b>				
Trade and other receivables excluding non financial assets	8,253	-	-	8,253
Other investments / financial assets	-	-	-	-
Cash and cash equivalents	33,086	-	-	33,086
<b>Total at 31 March 2020</b>	<b>41,339</b>	<b>-</b>	<b>-</b>	<b>41,339</b>

## Note 40.3 Carrying values of financial liabilities

	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
<b>Carrying values of financial liabilities as at 31 March 2021</b>			
Loans from the Department of Health and Social Care	-	-	-
Obligations under finance leases	-	-	-
Obligations under PFI, LIFT and other service concession contracts	-	-	-
Other borrowings	-	-	-
Trade and other payables excluding non financial liabilities	9,561	-	9,561
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
<b>Total at 31 March 2021</b>	<b>9,561</b>	<b>-</b>	<b>9,561</b>

	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
<b>Carrying values of financial liabilities as at 31 March 2020</b>			
Loans from the Department of Health and Social Care	-	-	-
Obligations under finance leases	-	-	-
Obligations under PFI, LIFT and other service concession contracts	-	-	-
Other borrowings	-	-	-
Trade and other payables excluding non financial liabilities	10,668	-	10,668
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
<b>Total at 31 March 2020</b>	<b>10,668</b>	<b>-</b>	<b>10,668</b>



**Note 40.4 Maturity of financial liabilities**

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2021 £000	31 March 2020 £000
<b>Period</b>		
In one year or less	9,561	10,668
In more than one year but not more than five years	-	-
In more than five years	-	-
<b>Total</b>	<b>9,561</b>	<b>10,668</b>

**Note 40.5 Fair values of financial assets and liabilities**

The book value (carrying value) of financial assets and liabilities is a reasonable approximation of fair value.

**Note 41 Losses and special payments**

	2020/21		2019/20	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
<b>Losses</b>				
Cash losses	1	89	1	16
Fruitless payments and constructive losses	-	-	-	-
Bad debts and claims abandoned	19	9	17	8
Stores losses and damage to property	-	-	-	-
<b>Total losses</b>	<b>20</b>	<b>98</b>	<b>18</b>	<b>24</b>
<b>Special payments</b>				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	2	1	10	40
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
<b>Total special payments</b>	<b>2</b>	<b>1</b>	<b>10</b>	<b>40</b>
<b>Total losses and special payments</b>	<b>22</b>	<b>99</b>	<b>28</b>	<b>64</b>
Compensation payments received	-	-	-	-

There are no cases which exceed £300k to disclose.

**Note 42 Gifts**

The Trust has made no gifts.

**Note 43 Related parties**

Details of related parties transactions must be disclosed in accordance with IAS 24; these are as follows:

	Expenditure with Related Party £	Revenue from Related Party £	Amounts owed to Related Party £	Amounts due from Related Party £
<b>Care Quality Commission</b>	111,580	-	-	-
Thea Stein (Chief Executive Officer) <i>Executive Reviewer</i>				
<b>Department of Health &amp; Social Care</b>	-	113,197	-	-
Helen Thomson (Non-Executive Director) <i>IRP Panel Member (until September 2020)</i>				
<b>East Lancashire Hospitals NHS Trust</b>	37,069	-	-	-
Khalil Rehman (Associate Non-Executive Director from 1 December 2020) <i>Non-Executive Director</i>				
<b>Leeds GP Confederation</b>	352,028	682,506	406,017	161,584
Jenny Allen (Director of Workforce, OD & System Development) <i>Director of Workforce, Leeds GP Confederation</i>				
Ruth Burnett (Medical Director) <i>Medical Director, Leeds GP Confederation</i>				
Stephanie Lawrence (Executive Director of Nursing & AHPs) <i>Director of Nursing, Leeds GP Confederation</i>				
Laura Smith (Director of Workforce, OD & System Development) <i>Director of Workforce, Leeds GP Confederation</i>				
<b>Touchstone</b>	1,621,616	2,912	10,926	416
Alison Lowe (Non-Executive Director from 1 December 2020) <i>Chief Executive</i>				
<b>University of Huddersfield</b>	2,500	4,061	-	4,061
Helen Thomson (Non-Executive Director) <i>Council Member</i>				
<b>University of Leeds</b>	57,546	49,037	-	15,939
Jane Madeley (Non-Executive Director until 31 March 2021) <i>Chief Financial Officer, University of Leeds</i>				

The Department of Health & Social Care is regarded as a related party. During the year 2020/21 the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department as listed below:

Airedale NHS Foundation Trust	NHS Leeds CCG
Bradford District Care NHS Foundation Trust	NHS Leicester City CCG
Bradford Teaching Hospitals NHS Foundation Trust	NHS Liverpool CCG
Brighton and Sussex University Hospitals NHS Trust	NHS Midlands and Lancashire Commissioning Support Unit
Calderdale and Huddersfield NHS Foundation Trust	NHS North Kirklees CCG
Cambridge University Hospitals NHS Foundation Trust	NHS North of England Commissioning Support Unit
Care Quality Commission	NHS Northumberland CCG
Department of Health and Social Care	NHS Nottingham and Nottinghamshire CCG
East Lancashire Hospitals NHS Trust	NHS Resolution
Great Ormond Street Hospital for Children NHS Foundation Trust	NHS Rotherham CCG
Harrogate and District NHS Foundation Trust	NHS Sunderland CCG
Health Education England	NHS Trafford CCG
Leeds and York Partnership NHS Foundation Trust	NHS Wakefield CCG
Leicestershire Partnership NHS Trust	Nottinghamshire Healthcare NHS Foundation Trust
Manchester University NHS Foundation Trust	Pennine Care NHS Foundation Trust
Mid Yorkshire Hospitals NHS Trust	Public Health England
Midlands Partnership NHS Foundation Trust	Rotherham, Doncaster and South Humber NHS Foundation Trust
NHS Barnsley CCG	Sheffield Teaching Hospitals NHS Foundation Trust
NHS Birmingham and Solihull CCG	South West Yorkshire Partnership NHS Foundation Trust
NHS Blackpool CCG	Tees, Esk and Wear Valleys NHS Foundation Trust
NHS Business Services Authority	The Christie NHS Foundation Trust
NHS Coventry and Rugby CCG	The Leeds Teaching Hospitals NHS Trust
NHS Doncaster CCG	The Rotherham NHS Foundation Trust
NHS England	University Hospital Southampton NHS Foundation Trust
NHS Harrogate and Rural District CCG	University Hospitals Of Derby and Burton NHS Foundation Trust
NHS Herts Valleys CCG	West Midlands Ambulance Service University NHS Foundation Trust
NHS Hull CCG	Yorkshire Ambulance Service NHS Trust
NHS Improvement	York Teaching Hospital NHS Foundation Trust
NHS Kent and Medway CCG	

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies as listed below:

Bradford City Council	Leeds City Council
Cardiff and Vale University Local Health Board	National Employment Savings Trust
Community Health Partnerships	NHS Pension Authority
Hackney London Borough Council	NHS Property Services
HM Revenue and Customs	The West Yorkshire Combined Authority
Humberside Police and Crime Commissioner and Chief Constable	West Yorkshire Police and Crime Commissioner and Chief Constable

The Trust has received receipts from Leeds Community Healthcare Charitable Trust and Related Charities for which the Trust Board is Corporate Trustee. These are solely to reimburse the Trust for purchases made for the Charity as an agent.

The independently examined accounts of the Charity are available from the Trust's Communications Team.

#### **Note 44 Transfers by absorption**

There are no transfers by absorption to disclose.

#### **Note 45 Prior period adjustments**

There are no prior period adjustments to disclose.

#### **Note 46 Events after the reporting date**

On the 1 April 2021 the Trust ceased providing inpatient Child and Adolescent Mental Health Services. This service was contracted by the specialised commissioning arm of NHS England; the contract value of £1.6m per annum has novated to the new provider, Leeds and York Partnership NHS Foundation Trust. Staff associated with the service have transferred under TUPE to the new provider.

**Note 47 Better Payment Practice code**

	2020/21	2020/21	2019/20	2019/20
	Number	£000	Number	£000
<b>Non-NHS Payables</b>				
Total non-NHS trade invoices paid in the year	12,661	34,026	16,214	33,147
Total non-NHS trade invoices paid within target	12,281	33,363	15,729	32,536
Percentage of non-NHS trade invoices paid within target	97.0%	98.1%	97.0%	98.2%
<b>NHS Payables</b>				
Total NHS trade invoices paid in the year	471	19,351	1,115	19,427
Total NHS trade invoices paid within target	468	19,346	1,104	19,166
Percentage of NHS trade invoices paid within target	99.4%	100.0%	99.0%	98.7%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

**Note 48 External financing limit**

The Trust is given an external financing limit against which it is permitted to underspend

	2020/21	2019/20
	£000	£000
Cash flow financing	(6,196)	(6,557)
Finance leases taken out in year	-	-
Other capital receipts	-	-
<b>External financing requirement</b>	<b>(6,196)</b>	<b>(6,557)</b>
External financing limit (EFL)	(6,196)	597
<b>Under / (over) spend against EFL</b>	<b>-</b>	<b>7,154</b>

**Note 49 Capital Resource Limit**

	2020/21	2019/20
	£000	£000
Gross capital expenditure	2,263	1,982
Less: Disposals	(80)	(12)
Less: Donated and granted capital additions	-	-
Plus: Loss on disposal from capital grants in kind	-	-
<b>Charge against Capital Resource Limit</b>	<b>2,183</b>	<b>1,970</b>
Capital Resource Limit	2,365	2,067
<b>Under / (over) spend against CRL</b>	<b>182</b>	<b>97</b>

**Note 50 Breakeven duty financial performance**

	2020/21	2019/20
	£000	£000
<b>Adjusted financial performance (control total basis):</b>		
Surplus / (deficit) for the period (per SoCI)	1,542	1,697
Remove net impairments not scoring to the Departmental expenditure limit	-	343
Remove (gains) / losses on transfers by absorption	-	-
Remove I&E impact of capital grants and donations	15	5
Prior period adjustments	-	-
Remove non-cash element of on-SoFP pension costs	-	-
Remove 2018/19 post audit PSF reallocation (2019/20 only)	-	-
Remove net impact of inventories received from DHSC group bodies for COVID response	-	-
<b>Adjusted financial performance surplus / (deficit)</b>	<b>1,557</b>	<b>2,045</b>

**Note 51 Breakeven duty rolling assessment**

	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Breakeven duty in-year financial performance	2,577	1,809	1,425	2,007	2,985
Breakeven duty cumulative position	2,577	4,386	5,811	7,818	10,803
Operating income	134,978	139,906	142,863	146,668	156,367
<b>Cumulative breakeven position as a percentage of operating income</b>	<b>1.9%</b>	<b>3.1%</b>	<b>4.1%</b>	<b>5.3%</b>	<b>6.9%</b>

	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Breakeven duty in-year financial performance	3,350	4,655	5,661	2,045	1,557
Breakeven duty cumulative position	14,153	18,808	24,469	26,514	28,071
Operating income	148,654	149,526	155,640	171,312	187,920
<b>Cumulative breakeven position as a percentage of operating income</b>	<b>9.5%</b>	<b>12.6%</b>	<b>15.7%</b>	<b>15.5%</b>	<b>14.9%</b>

11 June 2021

Mark Dalton  
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Leeds  
LS14AP

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[www.leedscommunityhealthcare.nhs.uk](http://www.leedscommunityhealthcare.nhs.uk)

Dear Mark

**Leeds Community Healthcare NHS Trust - audit for year ended 31 March 2021**

This representation letter is provided in connection with your audit of the financial statements of Leeds Community Healthcare NHS Trust for the year ended 31 March 2021 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the DHSC Group Accounting Manual. I confirm that the following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience (and, where appropriate, inspection of supporting documentation) sufficient to satisfy ourselves that I can properly make each of the following representations to you.

**My responsibility for the financial statements and accounting information**

I believe that I have fulfilled my responsibilities for the true and fair presentation and preparation of the financial statements in accordance with the Group Accounting Manual and relevant legislation and International Financial Reporting Standards (IFRS) as adapted and adopted by HM Treasury.

**My responsibility to provide and disclose relevant information**

I have provided you with:

- access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other material;
- additional information that you have requested from us for the purpose of the audit; and
- unrestricted access to individuals within the Trust you determined it was necessary to contact in order to obtain audit evidence.

I confirm as Accounting Officer that I have taken all the necessary steps to make me aware of any relevant audit information and to establish that you, as auditors, are aware of this information. As far as I am aware there is no relevant audit information of which you, as auditors, are unaware.

**Accounting records**

I confirm that all transactions that have a material effect on the financial statements have been recorded in the accounting records and are reflected in the financial statements. All other records and related information, including minutes of all Board and relevant committee meetings, have been made available to you.

**Accounting policies**

I confirm that I have reviewed the accounting policies applied during the year in accordance with Group Accounting Manual and International Accounting Standard 8 and consider these policies to faithfully represent the effects of transactions, other events or conditions on the Trust's financial position, financial performance and cash flows.

**Accounting estimates, including those measured at fair value**

I confirm that any significant assumptions used by the Trust in making accounting estimates, including those measured at fair value, are reasonable.

**Contingencies**

There are no material contingent losses including pending or potential litigation that should be accrued where:

- information presently available indicates that it is probable that an asset has been impaired or a liability had been incurred at the balance sheet date; and
- the amount of the loss can be reasonably estimated.

There are no material contingent losses that should be disclosed where, although either or both the conditions specified above are not met, there is a reasonable possibility that a loss, or a loss greater than that accrued, may have been incurred at the balance sheet date.

There are no contingent gains which should be disclosed.

All material matters, including unasserted claims, that may result in litigation against the Trust have been brought to your attention. All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to you and accounted for and disclosed in accordance with the Group Accounting Manual and relevant legislation and IFRSs as adapted and adopted by HM Treasury.

**Laws and regulations**

I confirm that I have disclosed to you all those events of which I am aware which involve known or suspected non-compliance with laws and regulations, together with the actual or contingent consequences which may arise therefrom.

We have complied with all aspects of contractual agreements that would have a material effect on the accounts in the event of non-compliance.

**Fraud and error**

I acknowledge my responsibility as Accounting Officer for the design, implementation and maintenance of internal control to prevent and detect fraud and error.

I have disclosed to you:

- all the results of my assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- all knowledge of fraud or suspected fraud affecting the Trust and Group involving;
  - management and those charged with governance;
  - employees who have significant roles in internal control; and
  - others where fraud could have a material effect on the financial statements.

I have disclosed to you all information in relation to any allegations of fraud, or suspected fraud, affecting the Trust's financial statements communicated by employees, former employees, analysts, regulators or others.

**Related party transactions**

I confirm that all related party relationships, transactions and balances, have been appropriately accounted for and disclosed in accordance with the requirements of the Group Accounting Manual and relevant legislation and IFRSs as adopted by HM Treasury.

I have disclosed to you the identity of the Trust's related parties and all related party relationships and transactions of which I am aware.

**Impairment review**

To the best of my knowledge, there is nothing to indicate that there is a permanent reduction in the recoverable amount of the property, plant and equipment and intangible assets below their carrying value at the statement of financial position date. An impairment review is therefore not considered necessary.

**Charges on assets**

All the Trust's assets are free from any charges exercisable by third parties except as disclosed within the financial statements.

**Future commitments**

I am not aware of any plans, intentions or commitments that may materially affect the carrying value or classification of assets and liabilities or give rise to additional liabilities.

**Ultimate parent company**

I confirm that the ultimate parent company for Leeds Community Healthcare NHS Trust is the Department of Health and Social Care.

**Subsequent events**

I confirm all events subsequent to the date of the financial statements and for which the Group Accounting Manual, relevant legislation and IFRSs require adjustment or disclosure have been adjusted or disclosed.

Should further material events occur after the date of this letter which may necessitate revision of the figures included in the financial statements or inclusion of a note thereto, I will advise you accordingly.

**Other matters**

I can confirm in relation to the following matters that:

- Brexit - we have assessed the potential impact of the United Kingdom leaving the European Union and that any disclosure in the Annual Report fairly reflects that assessment.
- COVID-19 - we have assessed the impact of the COVID-19 Virus pandemic on the Trust and the financial statements, including the impact of mitigation measures and uncertainties, and are satisfied that the financial statements and supporting notes fairly reflect that assessment.

**Going concern**

To the best of my knowledge there is nothing to indicate that the Trust will not continue as a going concern in the foreseeable future. The period to which I have paid particular attention in assessing the appropriateness of the going concern basis is not less than twelve months from the date of approval of the accounts.

I have updated our going concern assessment in light of the Covid-19 pandemic. I continue to believe that the Trust's financial statements should be prepared on a going concern basis and have not identified any material uncertainties related to going concern on the grounds that there will be continuity of services. We believe that no further disclosures relating to the Trust's ability to continue as a going concern need to be made in the financial statements.

**Annual Governance Statement**

I am satisfied that the Annual Governance Statement (AGS) fairly reflects the Trust's risk assurance and governance framework and I confirm that I am not aware of any significant risks that are not disclosed within the AGS.



**Annual Report**

The disclosures within the Annual Report and Remuneration Report fairly reflect my understanding of the Trust's financial and operating performance over the period covered by the financial statements.

**Unadjusted misstatements**

I confirm that the effects of any uncorrected misstatements are immaterial, both individually and in aggregate, to the financial statements as a whole. A list of the uncorrected misstatements is attached to this letter as an Appendix.

Yours sincerely

Thea Stein  
**Chief Executive**

## Appendix – unadjusted misstatements

This Appendix details the misstatements identified during the course of the audit, above the trivial threshold for adjustment of £105k.

The table below outlines the misstatements that were identified during the course of the audit which management has assessed as not being material either individually or in aggregate to the financial statements and does not currently plan to adjust.

	SOI		SOP	
	Dr (£'000)	Cr (£'000)	Dr (£'000)	Cr (£'000)
Dr: Provisions			1,124	
Cr: Operating expenses		1,124		
Redundancy provision that does not meet the requirements of IAS 37 and therefore should be disclosed as a contingent liability.				
<b>Total unadjusted misstatements</b>		1,124	1,124	

There were no adjusted misstatements identified through the course of the audit.

**Board Meeting held in public: 11 June 2021**

**Agenda item number: 2021-22 (27)**

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**Title: Quality Account 2020/2021**

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**Category of paper: approval**  
**History: Quality Committee**

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**Responsible director: Director of Nursing and Allied Health Professionals**  
**Report author: Head of Clinical Governance**

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## **Executive summary**

The Quality Account is an annual report detailing the quality of services offered by an NHS healthcare provider.

The reports are published annually and are available to the public.

Quality Accounts allow NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The last 12 months has seen an unprecedented change in how services have been delivered to meet the challenges the COVID-19 pandemic has presented.

In response, the Trust has fundamentally changed the way we work to maximise our ability to safeguard the health of our communities. The Trust has delivered continuous service and quality improvements during 2020/21 to meet the evolving needs of our patients and colleagues and has moved us much closer, much quicker towards some of the aims of the NHS Long Term Plan.

This includes our digital journey, the introduction and implementation of virtual appointments, clinics and meetings that aim to improve accessibility and efficiency were expediated due to the pandemic.

The 2020/2021 Quality Account is therefore framed around the work the Trust has completed towards the national response to the COVID-19 pandemic in addition to our work at community level.

## **Recommendations:**

Board is asked to review and approve the content of the 2020/2021 Quality Account.



**Leeds Community  
Healthcare**  
NHS Trust

# Leeds Community Healthcare NHS Trust Quality Account 2020/2021

## **About Annual Quality Accounts**

Quality Accounts, which are produced by providers of NHS funded healthcare, focus on the quality of the services they provide.

They look at:

- Where an organisation is performing well and where they need to make improvement
- Progress against quality priorities set previously and new priorities for the following year
- How the public, patients, carers and staff were involved in decisions on these priorities.

If you would like this information in another language or format such as large print, please contact Leeds Community Healthcare NHS Trust

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#### **Introduction**

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## **Part 1 Introduction**

### **Introduction from the Chief Executive.**

'Welcome to the Leeds Community Healthcare NHS Trust Annual Quality Account for 2020/2021. The Account is an accurate representation of the quality of care that we continuously demonstrate throughout this organisation for the absolute benefit of the communities we serve.

Our response to the COVID-19 pandemic has been a major focus of our work in 2020/2021. This has included the challenges of significant staff redeployment throughout the Trust; increased complexity of cases as we support hospitals and care homes through intensive difficulties and the management of waiting lists in a way that has ensured a proper and effective prioritisation against the criterion of clinical need. We have continued to deliver the highest quality and the safest, most effective care throughout this challenging time.

At all times we have sought to deliver care and professional standards that

- Are of the highest quality
- Value service user engagement and experience at all stages of care delivery
- Develop and embed continuous quality improvement

The high quality of the care we provide is testimony to our staff. Their commitment, compassion, and flexibility to support our communities throughout the pandemic has been outstanding. As an organisation, Leeds Community Healthcare NHS Trust is proud of the way our colleagues, partners and communities have come together and worked 'as one' to provide outstanding care within the challenging landscape of the pandemic.

The wellbeing of our LCH Team matters greatly to us. Throughout these unprecedented times we believe that by caring for ourselves and each other in ways that have gone beyond the ordinary, we have continued to provide an organisation that supports the delivery of the best possible care to our communities.

We believe that this account lays out, in detail, the quality and the positive impact of an excellent year of delivery under the harshest and most challenging of circumstances.

Photo of Thea and Brodie



## **About LCH**

Leeds Community Healthcare NHS Trust is proud to provide great care to our communities of over 790,000. We provide a wide variety of services from pre-conception to end of life. We provide care from many different specialities and professional disciplines. This includes services to promote and maintain health, and to provide care and treatment to manage existing conditions or ill health. We primarily serve the population of Leeds, though we also provide some services across the region and will continue to review this in line with our Trust Strategy.

The most recent Care Quality Commission in 2019 rated LCH as 'Good' overall with Community Sexual Health Services rated as 'Outstanding', an improvement from the last inspection. Our aim is to build on our overall rating of good and share learning and excellence in practice across each of our services as we strive to become an outstanding organisation.

[Leeds Community Healthcare NHS Trust - Who We Are.](#)

**Photo to include**

# 11 Our Eleven

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

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

**7 magnificent behaviours (how we work):**

 <p><b>Caring for our patients</b></p> <ul style="list-style-type: none"> <li>• Seeing things from their point of view</li> <li>• Acting on individual needs in the best way we can</li> <li>• Treating people with respect, dignity, kindness</li> <li>• Ensuring we keep high quality and complete patient records</li> </ul>	 <p><b>Making the best decisions</b></p> <ul style="list-style-type: none"> <li>• Being willing to take a decision</li> <li>• Gathering sufficient information from the right sources</li> <li>• Making decisions which are logical and evidence-based</li> <li>• Taking a long-term view about what is best for the future of our patients and the Trust</li> </ul>	 <p><b>Leading by example</b></p> <ul style="list-style-type: none"> <li>• Being clear about what needs to be done</li> <li>• Helping others to develop their abilities</li> <li>• Acting as a role model by taking responsibility</li> <li>• Keeping our promises and being prepared to say what we think</li> <li>• Setting high standards for ourselves and others</li> </ul>	 <p><b>Caring for one another</b></p> <ul style="list-style-type: none"> <li>• Being thoughtful in the way we treat one another</li> <li>• Keeping our emotions under control</li> <li>• Listening to one another</li> <li>• Being sensitive to other people's situations</li> <li>• Treating them with kindness</li> <li>• Being flexible in the way we work with others</li> </ul>	 <p><b>Adapting to change and delivering improvements</b></p> <ul style="list-style-type: none"> <li>• Looking at the way things are done now and suggesting new ways of working</li> <li>• Looking at best practice elsewhere and bringing in relevant ideas from outside the Trust</li> <li>• Being able to adapt to new ways of working and to changes in the ways in which we deliver care</li> </ul>	 <p><b>Working together</b></p> <ul style="list-style-type: none"> <li>• Being supportive of colleagues</li> <li>• Building relationships both inside and outside the Trust</li> <li>• Communicating clearly and persuasively</li> <li>• Being open to others' ideas</li> <li>• Finding out what is important to others in order to get things done</li> </ul>	 <p><b>Finding solutions</b></p> <ul style="list-style-type: none"> <li>• Adopting a positive approach to problems</li> <li>• Looking for ways to solve them</li> <li>• Showing a sense of enjoyment and commitment to what we do</li> </ul>
						

## Vision and Values

Our vision, values and behaviours guide how we work and exemplify the way we deliver our services. 'Our Eleven' of our vision is that **'we provide the best possible care to every community'** and is underpinned by our values and implemented through our behaviours. (Figure 1.)

Our How We Work Video:

[How We Work at LCH](#)

## **COVID-19 Pandemic**

The last 12 months has seen an unprecedented change in how services have been delivered to meet the challenges the COVID-19 pandemic has presented. In response, the Trust has fundamentally changed the way we work to maximise our ability to safeguard the health of our communities. The Trust has delivered continuous service and quality improvements during 2020/21 to meet the evolving needs of our patients and colleagues and has moved us much closer, much quicker towards some of the aims of the NHS Long Term Plan. This includes our digital journey, the introduction and implementation of virtual appointments, clinics and meetings that aim to improve accessibility and efficiency were expediated due to the pandemic.

The Quality Account is framed around the work we have completed towards the national response to the pandemic in addition to our work at community level:

### **The Leeds COVID-19 Vaccination Programme – A Complete Multi Agency “Team Leeds Approach” to a Pandemic**

The Leeds COVID-19 Vaccination Programme began vaccinating the Adult population of Leeds (circa 733,587) on 8 December 2020. By the end of March 2021 48.1% of the GP-registered adult population had been vaccinated (circa 353,000 people). With approximately 60,000 people having also received their second dose of the vaccine. The 1st phase of the vaccine programme Cohorts 1-9, focused on prioritising older people, Residential and Care Home Residents, Health and social care staff, people identified as Extremely Clinically Vulnerable and moved on to include those aged 50 and over.

Leeds Community Healthcare’s Executive Director of Operations Sam Prince was appointed Senior Responsible Officer for the Leeds COVID 19 Vaccination Programme.

The programme is multi agency and has a totally collaborative approach to vaccinating the Leeds population at the centre of everything it does.

All the NHS Trusts and providers including Community, Hospital, Mental Health, GP’s Primary Care Networks (PCN), Community Pharmacies, the CCG as well as, Leeds City Council, Public Health and many many others too numerous to mention, have joined together to achieve this monumental partnership achievement within the city.

### **Aims and Principles of the Programme**

The Programme aims to vaccinate the eligible population of Leeds against COVID-19 in order to minimise the health and economic impact of the disease. Our principles are detailed below:

1. To do what is right for the people of Leeds ensuring everyone has the opportunity to have the vaccination.

2. Listen and act on insight and feedback from citizens, communities, and staff to provide the most effective and accessible service
3. “No one left behind” initiative to increase uptake, focussing on providing an accessible and acceptable service for all groups for whom a more tailored approach is required.
4. To develop and work from a balance of larger venues (for optimum throughput) and smaller sites, which can be flexed, scaled or moved relatively easily, based on need and requirements.
5. Ensure we have safe but proportionate delivery models
6. Take a ‘one workforce’ approach to all staffing resources where this is possible i.e. staff are ‘pooled’ and then assigned to and moved between different vaccination models as required in a flexible way whilst respecting staff choice, health and wellbeing
7. We continue our TeamLeeds ethos, and yet have ‘city’ leads for different aspects of the programme who are supported by small teams on behalf of the city
8. We use the PCN geography to plan where possible except where a cohort approach would better increase uptake e.g. homeless, clinically extremely vulnerable etc. to plan
9. We will ensure the programme continues to develop and deliver models, which are sustainable over the longer period, and moves towards BAU style of operating over time.

The COVID-19 Pandemic and vaccine programme rollout within Leeds has highlighted that by agencies working together, even the most difficult and demanding challenges can be both managed and overcome.

[Our colleague's experience of the Vaccination Centre](#)

### **Virtual Frailty Ward**

We have developed a Virtual Frailty Ward with our partners in Leeds Teaching Hospitals Trust, our General Practice partners, our third sector partners and others across our primary care network as we work within an integrated care System. The Virtual Frailty Ward supports the health management of people in the community and is preventing admission into acute services where appropriate care can be delivered at home.

## **Long-COVID Rehabilitation Pathway**

Commencing in September 2020, the Trust in conjunction with Primary Care and Leeds Teaching Hospitals NHS Trust established a community multi-disciplinary team (MDT) to respond to the post COVID-19 needs of Leeds patients in one of the first dedicated COVID-19 rehab pathways in the UK. This new pathway provided a response to the emerging awareness of the long-lasting physical (fatigue and breathlessness), cognitive and psychological problems following a confirmed/suspected COVID-19 infection. This innovative progressive integrated pathway provided assessment and ongoing management of patients facing ongoing symptoms in the community, focussing on self-management. Digital technology has supported this integrated approach through a weekly virtual MDT bringing the most appropriate specialists together. As this and other services have had to evolve to respond to the novel clinical needs of this group of patients, research continues to be undertaken to investigate the longer term impact of COVID-19 to inform the evolving service offer.

## **Oxygen at home**

In response to the COVID-19 pandemic various clinical pathways have also been developed and introduced to ensure patients received the right care, in the right place at the right time by the right person. One of these pathways was the home oxygen pathway to prevent hospital admissions and facilitate patients to receive care in their own home or enable a timely discharge from hospital for patients with respiratory symptoms. This was delivered in the main by the The Trust's Neighbourhood Teams. This pathway enabled senior healthcare professionals in the Neighbourhood Teams, the Virtual Ward for Frailty or the Community Respiratory Team to consider oxygen at home in patients with an oxygen saturation of 91% or less. This prescribing activity took into account an environmental risk assessment and patients were reviewed and if required supported to be weaned off home oxygen by the Respiratory Team. Having proven successful in delivering high quality response care in patients own homes, this was expanded where patients were also able to be supported by the administration of sub-cutaneous fluids by the Neighbourhood Teams within their own home.

## **Colleague Story**

### **Jo's Story**

Jo explained that she was a Community Matron working as part of the Seacroft Neighbourhood Team and had to self-isolate at home during the pandemic working on triage management. She returned to work at a time when there was intense pressure on care homes and patients were deteriorating significantly.

Jo was able to provide support to care homes by telephone and developed action plans to support patient's care management with daily support reviews. Care homes welcomed the support and good relationships were made and maintained. Jo felt that this would continue after the pandemic.

Multi-disciplinary team meetings had been established every day involving care home staff, staff from the neighbourhood team and pharmacists. Input from the Trust had supported the workforce in care homes and ensured that patients received continuity of care. In terms of the city-wide response weekly meetings with the care home sector had ensured that good practice and learning was widely shared.

The Chief Executive asked whether Jo felt supported by the organisation in terms of their mental health and wellbeing. Jo shared that staff had faced significant challenges around the number of deaths which had occurred in care homes but from her personal perspective she had felt well supported by her immediate team and the support and advice provided by the wider organisation.

A Non-Executive Director said it was excellent to hear first-hand about the Trust's work in supporting care homes and asked how much learning was specifically related to COVID-19 or whether there was wider support care homes required in the longer term. Jo said that she thought it was a mix of both.

Much of our work is dependent on the effective engagement with our patients, communities and colleagues.

## **Engagement**

### **Listening to patient, user, and staff voices**

We involve our patients, service users, communities, and staff in helping us shape and improve our services through ongoing feedback and engagement. This year several services including Leeds Sexual Health, Community Gynaecology, Community Neurology, Cardiac Service, Speech & Language Therapy (Adult LD) and Community Diabetes, have received support from the Patient Experience Team. They have developed more service-focused patient and carer surveys to gather feedback into recent and proposed service changes. This includes the introduction of telephone and video consultations and how this has felt for people, what is working well and what could be improved upon.

Some examples of this work included:

All our patient/carers surveys are now set up in easy-read format, including Friends and Family Test (FFT).

Speech & Language Therapy (SLT) – an online easy-read survey for patients with Learning Disabilities accessing the SLT service.

There is guidance on our intranet for creating accessible patient information that includes easy-read and large print formats available for all services.

Leeds Sexual Health - the service launched their patient survey in 2020/21 and included a QR code, text message links and a paper copy to share the survey with service users. The online method of return has proved successful with 52 out of the current 89 responses (58.43%) being

received online. The online method addresses previous patient concern of completing the survey due to the highly confidential nature of the service.

Community Diabetes – patient feedback has been used to ensure that staff are having better conversations with patients accessing virtual appointments. This has included the virtual appointment works if they access using a smartphone rather than computer as it limits some of the options including the live chat and question and answer functions. The Community Diabetes service has now developed a troubleshooting guide to support people in accessing the LEEDS structured educational programme via the Microsoft Teams application.

Our champions for good diabetes care have attended the programme and understand its importance, they provide us with invaluable insights into what we could do differently to help shape and improve the course.

We have adapted the programme into a virtual offer, although this is less interactive and engaging as we would normally like to be, the feedback has been amazing. When we first started to run the live sessions, we invited some of our patient champions along to a rehearsal virtual session so they could give us the feedback and we could make the session even better.

Mizbah, 37, attended the course at Halton Clinic and her diabetes is now in remission after she was diagnosed in February this year.

**Photo available**

She said: "Learning about the science behind diabetes, and about how the way you think about it can affect you, was really interesting and very informative. Listening to the dietitian and other people who have diabetes sharing their experiences was very valuable. It was a supportive group with a relaxed atmosphere."

"The biggest thing I took away was - 'everything in moderation'. I have my good days and I have my 'cheat days'. I make better choices now, I have tried new foods and I'm more active than I was before.

"I know it can be done because my diabetes is now in remission."

Michael, 57, attended the course in Woodhouse and said The LEEDS Programme transformed his understanding of diabetes.

**Photo available**

He said: "The course was absolutely brilliant.

"After 15 years of being diabetic, I learnt more in three sessions than in the previous 15 years. I have found advice about healthy eating invaluable as well as how insulin works and how to manage my medication."

"By putting it all together and using the strategies they have told me about, I have definitely noticed the difference."

Our video has been developed to help raise awareness so patients know they can self-refer for support. [The Leeds Programme](#)

### **Patient and service user satisfaction**

We continually seek feedback from our patients and service users of their experience. Although our overall response rate was lower than in 2019/20, we achieved high levels of satisfaction. We received 1251 feedback responses.

Survey results show that 1182 or 94.5% of our patients/service users felt our services are good or very good, with 984 or 78.7% rating the service as very good, 25 or 2.0% rated the service as poor or very poor, with 11 or 0.9% rating the service as very poor.

Feedback included '**friendly, very informative always willing to help**' and '**great service and lots of knowledge gained**' within our Children's 0-19 service. Feedback for our Cardiac Team included '**warm and friendly approach to treatment of effects of heart complications. A clear explanation of drugs required**', the Community Intravenous Administration Service received feedback to include '**everything was perfect**' and an example of feedback for our Neighbourhood Teams included '**One visit from an OT is not a good thing. Years ago you got out of hospital, you got a visit from your GP. Not anymore. Get on with it yourself**' and '**dedicated to the job, respectful, always pleasant, helpful. Always with a smile. Simply the best**'.



## **Satisfaction Within Groups**

Leeds Community Healthcare NHS Trust are committed to addressing inequity, it is important to us to ensure we are meeting the needs of all marginalised patients and service users including those with protected characteristics under the Equality Act 2010. The survey responses consider ethnicity, age and gender and highlight:

98.4%/ 60 of 61 patients and service users from a Black or Minority Ethnic background felt the services were good or very good.

95.9% 327 of 341 of patients identifying as female and 95.1% 197 of 207 of patients identifying as male felt services were good or very good.

There were no identified trends in responses within feedback by age ranges shared.

As an organisation we have employed a Health Equity Lead to develop and lead our Health Equity Strategy, to address inequities in the care we provide and pathways we are part of, in order to achieve greater fairness in access to our services, experience of services and in the difference our services make to people's health.

In consideration of the low percentage of responses identifying an ethnic minority background and gender, our Engagement Team are reviewing how feedback can be more accessible and are involving our Health Equity Lead and Engagement Champions to consider next steps.

## **Compliments**

There were 982 compliments received during 2020/21:

### **Adult Services**

'..provided a very thorough assessment. Both my mum and dad were really happy with the visit and the individual, she explained things really clearly and thoroughly so my mum and dad felt part of the assessment and felt their voices were heard, they were open and honest conversations and they felt part of the careplanning'. Wetherby Neighbourhood Team February 2021.

'Thank you for your help and working so speedily. It's amazing how all the teams came together so quickly and how it worked. I pass on my thanks to you and the palliative team'. Health Case Management Team December 2020

'The nurse had been optimistic and supportive, and the patient has now had a stoma reversal and said that the nurse's optimism helped him get back to full health' Community Urology and Colorectal Service, June 2020.

## **Children's Services**

'Your help during a conversation before Christmas was especially reassuring as we had reached a point of crisis, and for that I am especially grateful. Our concerns were taken seriously, and actions were swiftly implemented, which again we are grateful for' Community CAMHS February 2021

'The care all staff show is impeccable, she enjoys the interaction from different staff, encouraging sensory/visual play. I don't know what we would do without your service' Children's Continuing Care and Short Breaks October 2020.

'The Speech and Language Therapist was such a kind person with a gentle, confident and reassuring manner. The work and support she gave was fabulous' Children's Speech and Language September 2020.

## **Specialist Services**

'you did good for me. I feel lots better. I didn't think I would do it but I did what you said and it worked. Other people have said how much better and brighter I am' Adult Dietetics April 2020

'We would like to take this opportunity to thank the rehabilitation team who delivered expert care and encouragement within our home whilst ... was recovering from his stroke. A special thank you to...who were very supportive administering their expertise whilst displaying a friendly manner at all times' Community Neurology June 2020

'A patient has asked me to pass on his gratitude and thanks to "the nurse who saved his life" following him receiving CPR by her. Custody Suite July 2020

'I just wanted to say a big thank you to the team today for being so lovely and helpful with removing my coil. To all the people who spoke to me over the phone and the lovely nurse I saw. The team went out of their way to make sure I had everything in place contraceptive wise and it was very much appreciated' Leeds Sexual Health Service August 2020.

## **Complaints**

Leeds Community Healthcare NHS Trust are proud to be a learning organisation. When our patients and services users experience of our care delivery is not positive, we want to listen and take action to learn from the feedback and make the necessary changes to improve our patients experience of our services. As a provider of NHS funded services, we comply with the NHS regulations. If people are not happy with the outcome of their complaint, they can ask the Health Service Ombudsman for a further review. In 2020/21 the Ombudsman received three complaints by Leeds Community Healthcare NHS Trust.

One was resolved and the Trust provided a letter of apology and evidence of learning to the Ombudsman and two are ongoing.

In 2020/21 the Trust received 1451 compliments, concerns and complaints. This was a decrease on feedback from the previous 2 years.

There were 103 new complaints and 366 new concerns received in 2020/21:

Of the 103, 13 were passed on to other organisations as they did not relate to LCH, 9 were withdrawn and 2 were rejected.

	2018/19	2019/20	2020/21
Compliment	1497	1564	982
Concern	355	431	366
Complaint	137	174	103

**Complaints received within the year by Team/Service for those with 5 and above:**

Of the 16 complaints received to the Quality and Professional Practice Directorate, 13 were passed to other organisations, and 2 were rejected.

Service	
Quality and Professional Practice Directorate	16
Leeds Mental Health and Wellbeing Service	11
CAMHS Community	10
West 2 Adult Neighbourhood Service	10
West Yorkshire Custody Suites	8
Leeds Sexual Health Services	6
Inpatient and Crisis Services	5
North 2 Adult Neighbourhood Service	5

### Complaints received within the year by Subject for 5 and above:

This is a similar picture to last year as the highest areas of complaint subject. Learning this year has included support for colleagues in the development of non-clinical skills and colleagues have been supported to complete reflective learning accounts where appropriate. A review of written communication has been completed. Future communications are to be co-produced with our patients.

Subject	
Clinical judgement/treatment	31
Appointment	16
Attitude conduct cultural and dignity	15
Management of operations/treatment	8
Communication	6

We have made improvements to our internal complaint documentation this year to ensure we are able to capture and evidence our learning and actions from complaints comprehensively in 2021/22.

### Concerns received within the year by Service:

All concerns are shared with the Service. Concerns are responded to directly wherever possible and services utilise the feedback to create service improvements where possible.

A Concerns Toolkit is being developed to support teams to manage concerns in a way that promotes learning and action planning and focus further on service improvement opportunities.

Service	
Podiatry	36
CAMHS Community	35
QPD	28
Leeds Sexual Health	27
Adult Citywide Services	22
MSK/Rehabilitation	20
Health Visiting	20
North 2 Neighbourhood Team	18

### Concerns received in year by Subject:

Subject	
Appointments	92
Clinical Judgement/Treatment	43
Communication	34
Attitude	22
Management of treatment	17

### Compliments by Service above 50:

Service	
North 2 Neighbourhood Team	131
Patient Flow Services	107
West 2 Neighbourhood Team	91
Children's Community Services	85
South 1 Neighbourhood Team	60
Children's Speech and Language	59
North 1 Neighbourhood Team	56
Adult Citywide Services	55
CAMHS Community	52

### Learning from Complaints and Feedback

Leeds Community Healthcare NHS Trust is committed to learning from complaints to continually improve services.

#### Patient's Story

A child received treatment from the Trust's Community Dental Service. The child could not attend a high street dental surgery and was referred to the Trust to treat some decaying teeth that were causing pain.

Due to an administrative error the child was not placed on the correct waiting list and the family were not contacted until the service recommenced following partial closure due to COVID-19. The child had been in severe pain with toothache throughout lockdown.

The child's family felt that they had been let down by the Trust's Dental Services. A treatment plan was put in place for the child at the nearest dental clinic.

As a result a review of the management of the dental waiting list was completed. The service reviewed 22,000 dental records over three weeks and created a priority waiting list to ensure that the service was meeting the need of patients as appropriately and as quickly as possible.

The service developed guides for waiting list management and supported the team in the implementation. Some team members became champions and continually monitor the waiting lists to ensure patients are correctly triaged.

All patients on the waiting list now have 'comfort calls' to ensure they still want and require treatment and assess any changes in presentation.

In the final stage of the response to learning from the patient's experience the service introduced Digital First for all new patients. This mean everyone has an initial digital appointment.

Issues Raised	Key Changes Identified	What Difference Will This Make?
Delay in assessments for Autism Spectrum Disorder (ASD)/Attention Deficit and Hyperactivity Disorder (ADHD) due to waiting lists.	<p>There has been a national increase in referrals to services offering assessment of ASD. The Trust continue to work with commissioners and colleagues across Leeds and the ICS to consider longer term solutions.</p> <p>In addition, we have been able to complete over 1000 neurodevelopmental assessments from additional resource that was been commissioned to prioritise and support the waiting list.</p>	By working together for a solution, the Trust can ensure patient and family voices are heard.
Complaints relating to attitude conduct cultural and dignity issues.	A trend in complaints identified a need for non-clinical skills and colleagues were supported in completing reflective learning accounts.	Improved communication with patients. Staff members follow their professional registration process for reflective learning for revalidation that develops their professional practice.
Services being stepped down as a result of COVID-19 national guidance.	All services completed risk assessments to minimise the impact of the national guidance.	All services aim to provide the best service possible whilst adhering to national guidance and providing as many safety nets as possible to safeguard patients.

Communication between services and patients	A review of written communication was completed and future communications are to be co-produced with our patients.	This ensures when possible communication is completed in a way that is meaningful for patients.
A parent complained after their child was re catheterised in community instead of the hospital as required.	Individual support was offered to the colleague. Additional learning related to family involvement and a Family Involvement Group was established.	Parents/carers will be involved in developing the service. The first meeting identified the children were bored whilst staying as inpatients and a Netflix subscription was secured from the LCH Charity.

## 1.1

### Part 2 Review of Quality Performance 2020/21.

This section reviews the priorities we set for 2020/21 and describes what we have achieved during the year together. It is to be noted that the challenges brought by the COVID-19 pandemic has impacted on the achievement of some of our priorities in full.

#### Priority 1: Be Outstanding

What we said we would do:	What we have achieved to date
Understanding and alignment organisation wide of the vision for 'outstanding'	Our vision to be outstanding includes an embedded approach to sharing good and outstanding practice across the organisation. Our Quality Challenge Plus programme supports the identification of outstanding practice. That practice is shared through feedback at leaders meetings such as a Quality and Improvement Assurance Group in addition to various methods of sharing learning. Our 2021/24 Quality Strategy will include a focus on the dissemination of learning.
Embed robust Quality Challenge process that supports achieving CQC outstanding	Quality Challenge Plus was partially suspended in 2020/21 due to the pandemic. It restarted in April 2021. Existing data was used to decide which services were visited during Q2 and Q3 (13/65). The full programme was paused for Q4. Planning for the 2021/2022 programme includes prioritisation of services requiring a revisit from their last assessment.  Quality Walk training continues in 2021 to ensure ongoing delivery of the programme.
Embed applicable sections of the National Patient Safety Strategy	The Trust has identified two Patient Safety Specialists to lead the roll out of the programme. The organisation has participated in NHS England commissioned training for the Patient Safety Strategy in

<p>Outcomes development: agreed Business Unit specific targets:</p> <ul style="list-style-type: none"> <li>• Adult Services: clinical outcome measure (COM) established for all clinical pathways</li> <li>• Children's Services: all services receiving meaningful reporting on use of COMs</li> <li>• Specialist Services: 75% of services using COMs with all patients</li> </ul>	<p>2020/21.</p> <p>An implementation plan has been initiated and we are increasing patient and family involvement in our safety reviews wherever possible. The Trust is working towards the recruitment of our Patient Safety Partners.</p> <p>The national Strategy timelines have been extended to account for the pandemic however The Trust intends to continue work towards implementation by April 2022.</p> <p>There has been a focus on outcome development work supporting our Reset and Recovery agenda that includes triangulating data and information to understand the clinical impact of changes in service delivery. This approach also ensured that changes in practice do not negatively impact specific communities and supports health equity.</p> <p>All services are asked to complete a quarterly self-assessment to provide oversight as to where they are in terms of their implementation of COMs. Although we restarted self-assessment in quarter 4, this was done on the understanding that it was optional for those who had capacity to complete the documentation. As we have moved into 2021/22, we have made it an expectation that all services will be involved in self-assessment. Services are being supported to understand their current position.</p> <p><b>Adult Business Unit</b> leadership are developing COMs for all clinical pathways. This will take some time but there is an aim to incorporate COMs within the Neighbourhoods transformation programme. which has commenced in 2021/2022.</p> <p><b>Children's Business Unit</b> are exploring how outcomes are reported back to them to ensure the data received is meaningful and can be transferable to other services where relevant. The COVID-19 pandemic has led to some services progressing sooner than others where there is good evidence of clinicians recording the use of goal-based outcomes. A plan will be developed towards systematic and meaningful reporting in 2021/22.</p>
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<p>Improved effectiveness scores for Quality Committee and sub committees reflecting new meeting structures in place evidenced</p>	<p><b>Specialist Business Unit</b> will use the outcomes self-assessment as part of the routine quality picture, work continues to maximise the impact of the work as information collection is continuing.</p> <p>The terms of reference of the sub committees and groups were reviewed in 2020/21. This included Safeguarding Committee, Mental Health Act Governance Group and Quality Assurance and Improvement Group.</p> <p>The effectiveness of each was reviewed by members assessment questionnaires:</p> <p>Safeguarding Committee - the response rate was 63.6% of the membership.</p> <p>Based on responses received the average effective score = 84 (90 being the maximum possible score). This has increased from 78 last year.</p> <p>Mental Health Act Governance Group - members scored the Group highly in terms of capability and ways of working (<i>the questionnaire asks for scores on a scale of 1 = strongly disagree and 5 = strongly agree</i>). Members scored the Group highly in terms of conduct of business and effectiveness of decision making (<i>the questionnaire asks for scores on a scale of 1 = strongly disagree and 5 = strongly agree</i>).</p> <p>The effectiveness of QAIG showed a response rate of 47.9% of the membership and attendees. Based on responses received the average effective score = 44 (with 55 being the maximum possible score). This is the first effectiveness review of this group, as it was established in 2020/21.</p>
<p>Quality Impact Assessments (QIA) becomes business as usual</p>	<p>The QIA process has been fully reviewed and now includes a strong focus on both Quality and Equity (EQIA). The documentation has been reviewed and the governance process updated. The planning of the review was completed in 2020/21. The governance process and organisational training was established during Quarter 4 with the roll out commenced in April 2021. The Trust will continue to implement and embed the EQIA process across the organisation.</p> <p>We can now reliably identify the deaths that occurred within 30 days of discharge from LTHT and have</p>

Establish integrated mortality review of deaths 30 days post discharge.	<p>agreed communication channels to facilitate better integrated approaches to the mortality reviews. The Trust has done as much as is reasonable to progress integrated reviews, however input can be variable due to the impact of COVID 19.</p> <p>During the COVID-19 pandemic there has been a focus on maintaining timely case review of mortality reviews despite the increased number of deaths seen this year. The Trust has monitored the impact of COVID-19 related deaths by increasing the number of case reviews.</p> <p>The GP lead for End of Life Care now attends the Trust Adult Mortality Review meetings. A standard letter has been created inviting primary care to attend and contribute to any Level 2 mortality reviews involving their patients, and increased attendance from the Trust staff at primary care mortality meetings has been facilitated.</p> <p>The Learning Disability Lead now attends the Adult Mortality Reviews to support the Trust's approach to Learning Disability Mortality Reviews (LeDeR) and identify local learning in addition to the learning shared by the national LeDeR programme.</p>
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## Priority 2: Develop and embed continuous quality improvement which engages staff and service users:

What we said we would do	What we have achieved to date
<p>Progress the implementation of the <b>Making Stuff Better</b> (Continuous Quality Improvement)</p> <p>For Everyone; Enable and Support; Sharing Good Stuff:</p> <p>1. Engage and enable staff and</p>	<p>We have continued the implementation of the Making Stuff Better ethos. Our governance reports contain a section to capture how we have learned or made changes as a result of the work we have done across the year. Specific examples can be found throughout the Quality Account.</p> <p>The Quality Improvement Team continued their focus on the "Making Stuff Better" to showcase and support the improvement work staff in the Trust are working on every day.</p> <p>Quality Improvement Training continued in 20/21 with downloadable guides to support our Quality Improvement approach. The Trust also held QI huddles and ran an innovation line to support continuous quality improvement.</p>

<p>service users to undertake small or large scale improvements through continued focus and promotion of the Making Stuff Better philosophy.</p> <p>2. Provide tools, training and resources to frontline staff and leaders that help them identify and deliver improvements across their areas of work</p> <p>3. Enable staff and service users to access Quality Improvement (QI) tools, QI team members and shared learning and improvement stories</p> <p>Support priority service / pathway areas to adopt and embed a sustainable QI approach</p> <p>Ensure our Clinical Quality Improvement (CQI) approach is a key enabler for achieving outstanding service delivery and being an outstanding place to work</p>	<p><b>Christine’s Screens Down, Activity Up</b> initiative in our 0-19 service highlights how colleagues have been enabled to make improvements.</p> <p>The <b>Physiotherapy Team</b> developed and provided wheelchair skills for children to build their confidence and ability.</p> <p>The <b>Nutrition and Dietetics Team</b> developed a duty rota to support patients and colleagues.</p> <p>Our colleague Grace shared her experience of utilising her skills differently whilst she was shielding to improve the support available to care homes during the pandemic. The story highlights how the Trust has enabled staff to make changes and work differently in response to the COVID-19 pandemic as Grace supported care homes virtually whilst she was shielding at home.</p> <p>Lisa shared her Sister’s experience of coercive domestic abuse and how supporting our frontline colleagues to ask the right questions at the right time can make the difference to those experiencing abuse. This has now been implemented within the Looked After Children service.</p> <p>The <b>Health Case Management Team</b> developed a monthly Newsletter to communicate important information and updates efficiently to the whole service.</p> <p>We have developed larger scale initiatives, some in response to COVID-19, and are detailed below. They include the:</p> <p><b>The Leeds COVID-19 Vaccination Programme</b>  <b>Virtual Frailty Ward,</b>  <b>Long-COVID Pathway,</b>  <b>Oxygen at Home Initiative</b></p>
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<p>Continue the alignment of Quality Challenge, Clinical Audit, Research and Innovation and Service Developments, under the overall umbrella of Making Stuff Better, thereby enabling a trust-wide culture of improvement.</p>	<p>Alignment continues for these areas. There will be an increased focus in 2021/22 through our Quality Challenge Plus programme in addition to the development of our Quality Strategy that will include a focus on how learning from each of these areas is captured and shared to maximise the impact on improvement.</p> <p>During 2020/21 Quality Challenge Plus was paused at intervals to support clinical teams in their response to the COVID-19 pandemic. However, work has continued to align these areas under the Making Stuff Better umbrella as findings from clinical audit, quality improvement and service developments are triangulated and included in the service assessments completed for Quality Challenge Plus.</p> <p>Our Operational Development and Improvement Team (ODI) are supporting the Quality Challenge Plus programme where any improvement actions are identified during the services Quality Challenge.</p> <p>Our monthly Quality Forum is embedded as a partnership approach between the ODI and Clinical Governance Team. The forum is open access for colleagues to discuss any governance, quality and quality related topic. This includes an opportunity for shared learning and support to improve quality.</p>
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## Christine's Quality Improvement – Screens Down, Activity Up

The initiative was aimed at reducing obesity and increasing activity for children to improve their health outcomes and reduce health inequity. An infographic was developed to be shared across the service and was included in 0-19 health assessment to support conversation and promote healthier lifestyle choices:



Feedback from parents and carers on the initiative included: "People use phones far too much. This is useful information", "My family has limited screen time and we try to spend more time outside rather than in and watching telly", "I like it. It really gives the message out and I think I will be trying this out. Hopefully it will encourage more families to do this", "It was a good reminder. I am always trying to encourage my older son to come off his computer. This is a very good programme and you should use it in schools as well. Family time is so important. Everyone needs to connect"

### Grace's Story

Grace is a Named Nurse for Adult Safeguarding and had undergone a liver transplant previously that meant she had to shield until the end of June 2020. Grace worked at home for 14 weeks in total. Grace had been supported by her team through regular virtual contact and been able to work throughout the period by working virtually with care homes by supporting incident management and safeguarding issues and queries.

The Chief Executive asked whether Grace felt supported by the organisation in terms of mental health and wellbeing. Grace advised she had felt well supported.

A Non-Executive Director said it was excellent to hear first-hand how the Trust was supporting care homes. Grace explained that her work had involved contacting care homes by telephone and in the main they had been very receptive to offers of support.

### Lisa's Story

Lisa shared her Sister's story to raise awareness about coercive control as a form of domestic abuse. Fiona's husband's depression had escalated into a pattern of controlling and paranoid behaviour and included rationing Fiona's money, hiding her passport, with continued accusations of infidelity. This resulted in her not seeing members of her family, death threats and an assault on Lisa's husband when Fiona's husband tried to cut his throat, and ultimately, Fiona's murder.

Lisa outlined the input of health professionals throughout this period, including a lack of recognition of the risk from his behaviour, a lack of follow up for missed psychiatry appointments, and a lack of shared information and communication that Lisa and her family felt could have resulted in a different outcome.

Lisa suggested how professionals might ask "sticky questions" if they suspected domestic abuse, for example, to ask if the service user felt they were in an equal relationship, to look for clues and to challenge any derogatory behaviour.

Lisa was asked what the organisation might do, particularly with its staff, to increase awareness of coercive behaviour in relationships. Lisa advised that the Looked After Children team had changed their patient contact forms to include a question about whether a service user ever felt threatened or scared.

### **Wheelchair Skills – Poster available**

Our Children's Physio's recognised a need to increase independence for children across the city who have been issued with a powered or self-propelling wheelchair in school and home environment. Due to waiting lists there was a lack of opportunity to develop the skills to be fully independent in powered or self propelling wheelchairs.

In response they assisted with running the Whizz Kids wheelchair course over the summer holidays, gaining knowledge and ideas to use in assistant led therapy blocks and developed a step by step guide to deliver wheelchair skills sessions across the city.

The sessions increased in confidence and ability of the children. A parent said "he is more independent and helps by pushing himself around when we go shopping. This means I can hold the trolley or shopping basket and not have to push him and the trolley around" Child "I push myself round the shop instead of mum now"

### **Nutrition and Dietetics - 'Duty Clinician'**

The team created a 'duty clinician' rota; every senior clinician volunteers to be on the rota when they are office-based, to make sure that there is always someone there when needed. We bought a dedicated phone that is only used for this purpose, so it's not engaged on routine phone calls, and the duty clinician always keeps it close by.

Positive feedback illustrates the positive difference it has made to patients, our team and colleagues in other teams. One clinician said: "as a new starter Duty Clinician gave me greater confidence, by knowing I have a specific person that can provide support via a quick phone call" and a colleague in another service said: "this is efficient and has prevented an unnecessary re-referral".

### Priority 3: Strengthen organisational approach to service user engagement and experience at all stages of care delivery:

What we said we would do	What we achieved to date
We will develop an infrastructure that enables the people's voice to have a much bigger influence and measure the impact of this.	Progress has been maintained on implementing our Patient Engagement Strategy and our Operation Plan despite the difficulties presented throughout the COVID-19 pandemic. The overarching aim to <b>'deliver the best possible care in all our communities'</b> has remained a focus but with added responsiveness to the needs of our services, the experiences of patients, carers and the public. We have focused on supporting key organisation wide workstreams learn from the way we delivered services during the peak of the pandemic when we reset our services, Health inequalities and Digital inclusion, that again focuses on how we utilise our experience during the height of the pandemic in the delivery of services going forward but ensure we provide equitable and accessible care for all.
We will sign the Leeds Commitment to Carers initiative: and provide support to staff members who are working carers, and carer awareness training to staff.	We signed the commitment. As a result of our ongoing work around Carers in partnership with Carers Leeds and Leeds City Council, we have been awarded a Certificate of recognition of the Trust's Commitment to Carers as part of the Leeds Carers Partnership Commitment to Carers and were a finalist for the Health Service Journal award for the System Led Support for Carers award. The certificate recognises the Trust's commitment to: <ul style="list-style-type: none"> <li>• Work in partnership with others to support carers</li> <li>• Be a carer-friendly employer</li> <li>• Train and supporting the workforce to be carer-aware</li> </ul>
We will Implement and embed new Friends and Family Test guidance and question in line with national guidance.	The Trust implemented the Friends and Family Test national guidance and completed an organisational rollout of training, information giving and support that has resulted in ongoing feedback as detailed in Part One. We have introduced online, card and additional methods of QR code usage to increase feedback.
We have representation of the people's	Our CAMHS Service has co-produced new shared careplans with the Youth Board that are pending implementation. The service is initiating a Parent Group as an outcome to support the implementation and evaluation of the careplans with the Youth Board.



voice within our quality and assurance frameworks; at the Patient Safety and Engagement Group Meeting (PSEGG), Quality Committee and Trust Board Meetings.

We will define the aims and objectives of an LCH people's network and work closely with existing networks in the city

There are examples within the account of how the Trust is engaging with our community and patients. An example is the Team Leeds initiative approach to the COVID-19 pandemic:

Since the start of the COVID-19 pandemic, the city of Leeds has been working together to support local people. Over the last year the NHS, Leeds City Council and voluntary sector have worked with local people to address the challenges of COVID-19, we call this approach #TeamLeeds.

Over the last year we have given local people opportunities to share how their lives have been impacted by the virus. We have been using this information about people's needs, preferences and experiences to shape our response to the pandemic. We'd like to share with you some of the ways we've been listening to people over the last 12 months.

The Healthwatch Leeds weekly check-ins have given people in Leeds an opportunity to share their views on a number of COVID-19-related topics: <https://healthwatchleeds.co.uk/our-work/weeklycheck-ins/>

The Leeds Voices winter preparation work has looked at the impact of COVID-19 on a number of diverse communities in Leeds: <https://www.leedscg.nhs.uk/get-involved/yourviews/preparing-for-winter/>

Forum Central's 'Moving Together Leeds' film: <https://www.youtube.com/watch?v=M-iEwiqOShE>

The Leeds Communities of Interest Forum meets regularly to hear the voice of people in Leeds: <https://forumcentral.org.uk/communities-of-interest/>

The Leeds People's Voices Group (PVG) has carried out work to understand the barriers for people who are digitally excluded: <https://healthwatchleeds.co.uk/COVID-19/2020/digitising->

	<p>leeds/</p> <p>#TeamLeeds is working together to hear and respond to your feedback about the vaccine programme: <a href="https://www.leedscg.nhs.uk/get-involved/yourviews/vaccination-experiences-2021/">https://www.leedscg.nhs.uk/get-involved/yourviews/vaccination-experiences-2021/</a></p> <p>We have worked with our colleagues across West Yorkshire to understand the impact of COVID-19 across our region <a href="http://www.wyhpartnership.co.uk/application/files/8715/9619/1148/Coronavirus_engagement_report_August_2020.PDF">www.wyhpartnership.co.uk/application/files/8715/9619/1148/Coronavirus_engagement_report_August_2020.PDF</a></p>
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### Sam's Story

Sam shared her experience of the care and support received for her Mum during the lockdown.

Sam's Mum was 91 and had been a very active and sociable lady until her diagnosis with terminal cancer. She made a decision to only receive palliative care with her preferred place of death being the hospice. The pandemic meant that Sam was her only contact, the isolation and lack of emotional support from her wider family and friends had a significant impact on her health and wellbeing during this time.

When Sam's Mum's condition deteriorated, lockdown restrictions meant GP home visits were not possible. The Trust's Neighbourhood Team visited and a 'Do Not Resuscitate Order' was agreed with the GP. A care package was started by the Neighbourhood Team, however, staff did not have the time to deliver the full care package of a cooked meal, and she was offered toast. Sam's Mum cancelled the visits as the support was not being provided as assessed.

As her Mum continued to deteriorate support for end of life care at home was arranged as she was too frail to be moved to the hospice. The Neighbourhood Night Service provided a night sitting service which was outstanding and allowed her to die at home with dignity supported by compassionate care.

Sam said the impact of caring for a loved one at the end of life was often underestimated and can be exhausting. Final reflections on her experience was that her Mum's last weeks and months could have been better with improved communication and availability of

assessment and support. Once she became end of life, care had been delivered with dignity and compassion and overall the services provided by the Trust had been excellent particularly the Neighbourhood Night Service.

### **Initiatives to support carers**

Within palliative care, as patients approach end of life and their symptom management requires anticipatory medications, some patients and carers may wish to be trained to give injections to manage pain and other symptoms. The Trust's guidance sets out inclusion and exclusion criteria and following agreement that these are met and consideration of any risks, the carer will be provided with training on the procedure for administering specified subcutaneous medication commonly used at end of life via a subcutaneous cannula.

Given the current circumstances of COVID-19 a more flexible approach allows clinical staff to offer patient self-administration or carer administration where appropriate and following a discussion with the patient and family. The change in guidance has been agreed and supported by the Head of Medicines Management & Controlled Drug Accountable Officer. This amended position will be reviewed after the impact of the COVID-19 pandemic on EoL Care passes.

## **Part 3 Other Quality Improvements**

### **Improving Health Equity**

We are here to provide the best possible care in every community. There are currently unfair and avoidable differences in the health of different groups and communities, which come from differences in poverty, education, employment, living conditions, the environment and the impact of racism and discrimination. Our aspiration is for health equity, where there are no such differences. This is a very long-term goal, but through our actions now and in the future, we contribute to this in a range of ways:

- As a large employer and buyer and in our environmental impact (known as being an 'Anchor Institution')
- By contributing to an increase in healthy behaviours (population health)
- As a provider of community health services, through ensuring the care we provide, and the pathways we are part of, are equitable – that there is fairness in access to our services, experience of services and in the difference our services make to people's health

To progress equity in our care and pathways, our approach is to go beyond the delivery of our Public Equality Duty, delivering on the requirements in the NHS Phase 3 Urgent Actions on Health Inequalities, and to support the vision of Leeds to be “a healthy and caring city for all ages, where people who are the poorest improve their health the fastest”.

To do this, we began to look at everything we do with an 'equity and inclusion lens'. This started with our senior leadership and a series of Board and Committee workshops exploring what it is we want to achieve around health equity and how we would work, culminating in a set of commitments:

- ✓ We consider inequity a serious and avoidable harm to our communities. Where we identify it, we will act.
- ✓ We will not be complacent. We will go beyond our legal duties to fully address the needs of all our diverse communities, in new ideas and current practice.
- ✓ We will listen and act where there are differences in diverse communities' access, experience and outcomes in our services. We apologise where we have had this information and not yet acted.
- ✓ We will focus on the health needs of all our communities, tackling inequalities in the health of communities not already accessing our services as well as those who already are.
- ✓ We will work with our diverse staff communities to address inequities in health as well as inequities in their experience of the workplace, supporting staff health and financial wellbeing.
- ✓ Collaboration with communities, third sector and other partners will be core to the way we work.
- ✓ We take our role as a large organisation seriously and will continue to find ways that we can contribute to wider improvements in health equity through employment, what we buy and how we use resources.
- ✓ We will be clear and open about our progress. This starts with understanding how we're doing now and developing new ways to measure our progress and the impact of our actions.

Complementing the strategic work undertaken this year, our services and corporate teams have worked to identify and act on inequities. Some of our teams are designed to address health equity for specific communities or groups, such as our Learning Disability Lead and Homeless and Health Inclusion Team (HHIT).

The HHIT service is commissioned from the margins. The target populations the team engages with are; people experiencing homelessness, women who are sex working, Gypsies and Travellers. We are aware we are not offering a service for Roma people, we are currently trialling accepting referrals for Roma people to assess health needs to feedback to our commissioners. Vulnerable migrants and ex-offenders are included in our population groups we work with, but these are usually commissioned from specialist primary care providers.

Other services, commissioned to provide care to the wider population, have looked at the differences in access, experience and outcomes for different communities and groups within their services and developed new approaches to make improvements in the health of those communities.

The Long-COVID service analysed their referral data and identified low numbers of referrals for elderly people, despite evidence that elderly people who have pre-existing health conditions may take longer to recover from a COVID-19 infection, just as they would from other illnesses. They explored the reasons for low referral rates and found there was a lack of understanding about the symptoms of Long-COVID in elderly people, who may not present with the typical signs and symptoms, but where a gradual decline or worsening frailty or dementia without another identified underlying cause could also be signs of Long-COVID. To address this, the service have designed and distributed a poster to all care homes and to services working with older people, to raise awareness of persistent COVID-19 symptoms in the elderly so that they can receive appropriate care.

Our work in the last year is supporting the development of our Health Equity Strategy, due to launch in June 2021. Our priorities for the next year include a focus on **data and analysis** to understand where there are inequities and from there, what we can do to address them. These will help us understand current performance and develop meaningful measures of progress of equity in service delivery. To promote equitable care and pathways we will be sharing our change stories, looking at **cultural change** (continuing our equity and inclusion lens on everything we do) and learning for staff about what this means and how we achieve it. In the first year, we will also have an initial focus on 3 contextually important areas, where we already have significant data and analysis to enable us to take action: **mental health; frailty; and long-COVID**.

#### **Race Equality Network @LCH I Can Be Me**

The role of the network is supporting people from Black, Asian and minority backgrounds working for the Trust, 2020/2021 has seen the network develop with increased membership. What were the B.A.M.E Freedom To Speak Up Champion roles were developed in response to the Workforce Race and Equality Standard. Discussions found that staff experience higher numbers of discrimination incidents and that staff under report incidences of racial discrimination from colleague or service users.

Please see our campaign launch:

1. I can be me video launch clip with Thea – file too large to include.

The @LCH I can be me campaign focusses on staff pledging:

- I am open to conversation
- I have a commitment to equality and inclusion
- I will play my part in bringing us all together
- Colleagues who make the pledge can then wear their badge with pride.

Work this year has included a move away from the use of BAME as an identifier. The '**No More BAME**' initiative was started after consulting network members in November 2020. The members felt that a name change to our support network was needed.

It was felt that identifying everybody from an ethnic minority background together into one group of “other” didn't acknowledge or seek to understand our individualities. Consultation found the use of the term BAME felt 'lazy' and 'tired' and risked becoming a conversation blocker.

Following consultation, the Network were proud to announce we will now be known as **LCH Race Equality Network**. This not only clearly states our purpose but also our aims.

### Reverse Mentoring

Our black and minority ethnic Reverse Mentoring Scheme was officially launched in January 2019 and continued throughout 20/21.

The scheme supports the development of trust and begin open conversations about the issues affecting staff from black and ethnic minority backgrounds and aims to improve understanding and appreciation of black and ethnic minority staff in Leeds Community Healthcare by senior managers.

### **What is reverse mentoring?**

Reverse mentoring is where a black or ethnic minority member of staff (Mentor), is paired with a more senior white employee of the same organisation (Mentee).

It is called reverse mentoring because it enables black and ethnic minority staff, who tend to be in a more junior position, to mentor senior staff - including directors and board members - about what it is like to work within the organisation as a BAME person. Reverse mentoring requires the trust of each party and a willingness to learn from each other.

At LCH we see the value of being an organisation that promotes the diversity and inclusion of its staff. However, despite the vital role that BAME staff play, discrimination in many forms is still a reality. In many subtle ways this leads to unequal, unfair, poorer work experiences and treatment.

This is an exciting development and one that we hope will be another way in which we can tackle conscious and unconscious bias in the Trust.

[Please see our colleague's reflective discussion of Reverse Mentoring](#)

### **Leeds Community Healthcare NHS Charity**

The Leeds Community Healthcare NHS Charity was identified as an area of work to be developed in 2020 and sits within the Patient Experience Team. A Charitable Funds Administrator joined the Trust in November 2020 on a one-year contract, working 15 hours per week, to support the work of the charity.

An Operational Group for the charity was formed which meets monthly to discuss and oversee work on the priorities of the charity, and other matters such as fundraising ideas and raising the Charity's profile. The group is made up of both clinical and corporate staff and includes representation from the Youth Board. The group is chaired by the Executive Director of Nursing and AHPs and feeds directly into the Charitable Funds Committee.

The Trust charity became a member of NHS Charities Together in summer 2020 and has been successful in securing several funding grants as part of COVID-19 appeal funding. Some of this funding has been spent on the following.

### **Psychological and Wellbeing Support for Staff**

In response to the impact of the Coronavirus pandemic; this has included funding a part time Clinical Psychologist role.

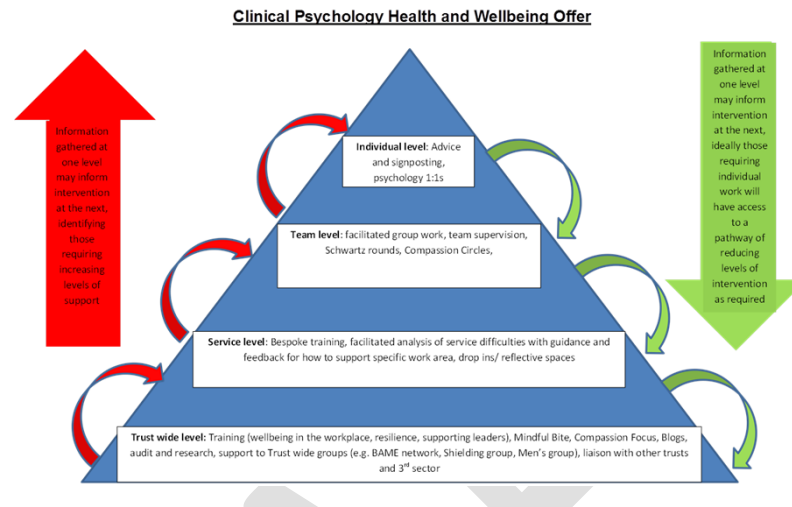


The Organisational Development and Improvement (ODI) team received £50,000 of charitable funds to employ our new Staff Wellbeing Clinical Psychologist to support us during the pandemic. Dr. Palvinder Rao (Pav), Principal Clinical Psychologist, started in her role in September 2020, alongside her supervisor, Dr. Joanna O'Brien (Jo), Consultant Clinical Psychologist. Positive working relationships and collaboration between the ODI team and Community Neurological Rehabilitation Services (CNRS) allowed this role to happen, and is a great asset to LCH.

The need for staff support was recognised from the outset of lockdown. In line with National initiatives various measures were put in place to support staff as much as possible in their work, with awareness that there would be a great impact from the COVID-19 pandemic on our community services. This was supported by redeployed time from the CNRS neuropsychology team to begin with but as services reset this resource was no longer available, yet the need still very evident.

Since commencing in her post Pav (and Jo) have been able to continue to support the ODI team from a Clinical Psychology perspective. Drawing upon research and guidance published by the British Psychological Society we have provided a range of support including; offers of training (Wellbeing in the workplace; Burnout and Resilience; Trauma; Supporting Leaders); drop in sessions (e.g. The Mindful Bite); group/team support and 1:1 staff support. Additionally, we have supported the Shielding group, the BAME Staff Network and helped facilitate conversations around challenges, perceptions and identity. Each area of work has served to inform the others with the development of further ideas and the intention of creating a compassionate and supportive Trust.





There has been great feedback on the work completed and have encouraged those who have benefitted to take this forward into the workplace themselves to support a collective culture of support and compassion for all:

*"I just wanted to say that I am very grateful that ODI has arranged Mindfulness sessions this October / November. Palvinder Rao is very calming and supportive. On a personal note, I have been struggling recently, so I was very relieved to see that there was some support that I can access. I also feel as though LCH is looking after me, through this service provision, which is a comforting feeling to have. Thank you to you, and to ODI, in arranging these sessions. I really appreciate it."*

Our work has captured particular poignant themes within the workforce. These have included compassion fatigue, burn out, trauma, moral injury and adjustment. We continue our endeavour to create helpful language and understandings around these understandable responses to the pandemic and support people to stay in work where this is feasible or transition back into work in the smoothest way possible. Our vision is to support the delivery of quality patient care by looking after our staff.

### **Provision of Tablets**

An application was approved to provide tablets with internet access to unpaid carers who access/support others to access Trust services. We hope that this funding will help to promote digital inclusion for carers, support digital healthcare access and help to reduce social isolation in unpaid carers group. This funding is being delivered alongside ongoing partnership work with Carers Leeds and 100% Digital Leeds.

### **Hannah House**

The charity also continues to administer a fund for Hannah House which covers the costs of running a minibus for outings and maintaining a sensory aquarium for children with additional needs.

### **Other examples**

Warm clothing for homeless service users, a 12 month television subscription service for the inpatient CAMHS facility, and a week-long event of virtual arts and wellness workshops to promote staff wellbeing.

### **Fundraising Plans**

Plans are being developed and include a team of Trust staff who will walk the Yorkshire Three Peaks in Summer 2021. We hope that this and other initiatives will raise funds for our LCH charity so we can continue to provide additional services and enhanced care for the patients, carers and staff of the Trust. We are very proud of the work that has been undertaken this year by the charity and look forward to what's to come as we continue to grow and develop both within the Trust and in the communities we serve.

### **Patient Engagement Champions**

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 MS 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.

Agenda items at the Engagement Champion meetings have included guest speakers from 100% Digital Leeds and the Trust Information Governance team, Digital storytelling, service updates and sharing best practice/learning, the Accessible Information Standards and health inequalities. 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 a Trust 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/carers 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 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-19 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.

### Always Events

Our **Continence, Urology, Colorectal** Service developed their vision statement for their Always Event that as a patient 'I will always know what to expect before being examined'. The aim being to ensure that all patients had a really good understanding of any assessments or examinations that may be needed at their appointments to minimise any embarrassment and improve sensitivity and patients experience.

To do this the team have removed the term 'continence' from their name badges to improve confidentiality for patients attending their clinics. There is a planned review of the information sent to patients prior to their appointments to ensure it is relevant to their assessment rather than sending general literature that may not be relevant. This piece of work has been paused as the team have been redeployed during the COVID-19 pandemic following national guidance.

Our **Children's Services** identified an Always Event to always ask what children, young people and families would like to happen when children and young people with complex health needs move from children's services to adult's services. Initial telephone interviews had been initiated and a survey is being developed to support this always event. The completion has been delayed due to the implication of the COVID-19 pandemic, including some redeployment following national guidance.

### Incident Reporting

There were 9440 incidents reported within the Trust during 2020/21 of these, 6248 were reported as an incident relating to receiving care from the Trust, of those 5315 were patient safety incidents.

Most patient safety incidents result in no injury or minimal harm. There were 434 incidents reported as moderate harm and there were 103 major harm incidents reported.

All incidents are reviewed by an incident handler (usually a line manager) to determine any causation factors, share positive practice and identify any learning. All incidents resulting in moderate and major harm are reviewed in detail at our weekly serious incident decision meetings where there is a positive and open learning culture. The aim of the meeting is to understand where the Trust can learn from incidents. Positive practice is shared with the teams and any learning that is identified is shared with the organisation at an appropriate level to gain the most benefit from learning.

The meeting also identifies any incidents that require external reporting as a serious incident. An in depth review of the incident is then completed to understand how the incident occurred, what the causation and contributing factors were and how we can reduce the likelihood of recurrence by learning from the findings.

During this period, the Trust started the journey to implementation of the national Patient Safety Strategy that aims to investigate incidents in a more meaningful way to gain the most learning. The implementation has been captured in our Quality Strategy and includes a strong focus on how learning will be shared in a more effective and responsive way to maximise the impact and reduce the recurrence of similar incidents.

### **Infection Prevention and Control**

Throughout the year the Infection Prevention and Control Team have worked tirelessly in response to the COVID-19 pandemic. Alongside many of the normal activities we undertake we have continued to address the challenges faced through the changing landscape of the NHS and the enhanced vulnerabilities of some of the people we care for. LCH continues to place infection prevention at the heart of safe care and clinical practice, and we are committed to a “zero tolerance” approach to preventable healthcare associated infection.

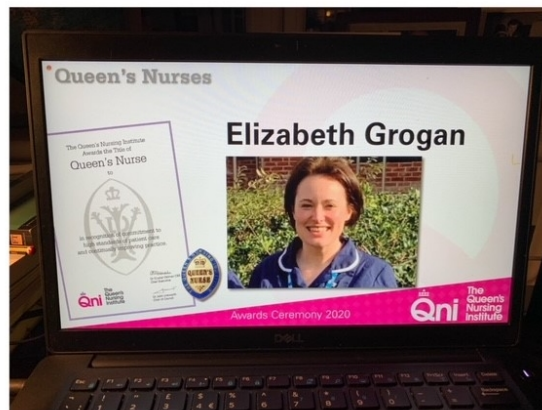
Throughout the past year the team have worked closely with care delivery staff both working within LCH and the wider health economy to promote a clear message emphasising the importance of safe infection prevention practice, in specific response to the pandemic. As a service we have supported and provided specialist advice to LCH staff as well as other providers throughout the Leeds economy such as schools nurseries, care homes, work places and many more. We have continued to build the strong foundation we have in place prior to the pandemic around collaborative working, in response to testing, providing Covid-19 vaccinations and liaising with colleagues in public health at Leeds City Council in relation to Outbreaks.



Bespoke IPC provision, support and training has been offered through partnership working to 157 care homes and hospices throughout Leeds.

In February 2021 the IPC team achieved the 75% target vaccinating frontline staff for influenza. Innovative methods were used to engage with staff as well as a booking service to provide a safe environment for uptake of the vaccine.

In July Liz Grogan and Joanne Reynard were delighted to be awarded the title 'Queen's Nurse' for services – with the patient always being at the heart of what we do. In December Liz Grogan was awarded Highly Commended Leader of the Year in LCH and the IPC team were awarded 'System Team of the Year' for their hard work in response to Covid-19 throughout the healthcare system.



- *Hand hygiene*
- *Reinforce that IPC is “everyone's responsibility” across the healthcare economy*
- *Hydration Awareness*
- *Promote the I-Spy E.coli Campaign*
- *Address seasonally important issues such as influenza and Norovirus*
- *Highlight sharps safety compliance, both organisationally and with the general public*
- *PPE and Fit testing provision*
- *Environmental audits*
- *Resetting training to support services during the pandemic*

Going forward throughout the year LCH views the prevention of Healthcare Acquired Infection as a key priority. A priority will be around partnership working and system leadership to build relationships around IPC and the delivery of preventative measures, in line with the partnership agreement with LCC. We will continue to hold this at the forefront our commitment to deliver safe, clean care to the people within the Leeds Healthcare Economy and to continue working collaboratively with all key stakeholders, and keeping the patient at the centre of healthcare delivery.

### **Medicines Optimisation**

The Medicines Optimisation team have supported various quality improvements in 2020/21. These include the re-introduction of steroid joint injections in MSK and Podiatry Services. The services have reviewed their guidance on the use of steroid joint injections as they were stood down in response to the COVID-19 pandemic due to the immunosuppressant effect of the steroid itself.

Re-introduction of steroid joint injections includes the use of all other reasonable non-injection pain management options before steroid therapy is considered, individual patient risk assessment prior to the use of a steroid to determine balance of risks versus potential benefit, and the use of lowest effective dose of steroid.

In preparation for the transfer of Little Woodhouse Hall to Leeds Partnership Foundation Trust on 1 April 2021, the pharmacy and medicines optimisation service provision was enhanced to ensure safe use of medicines during the transition period.

The Virtual Ward Frailty continue to update their clinical pathways in line with changing patient demand, recent developments include introduction of a wider range of fluids to support management of dehydration, a venous thromboembolism prophylaxis pathway for patients



with COVID-19 pneumonia, a Pharmacist who can prescribe to enable timely access to medicines and intravenous antibiotic pathways for the management of cellulitis.

### **Safeguarding**

The Safeguarding Team have continued to provide their full-service delivery during the pandemic. In addition, they have supported the Neighbourhood Teams by completing clinical visits and have worked at the vaccination centre to support the pandemic response. They have provided additional support for the multi-agency 'front door' service where social care referrals and initial safeguarding assessments are completed.

The team adapted to the pandemic within their service by offering online domestic abuse training. Through a more accessible approach the Team secured a significantly higher attendance for the training than when it was delivery face to face.

### **Workplace Race Equality Standard (WDES)**

If we are to realise the vision of delivering the best possible care to all communities, it is essential that our workforce is as diverse as the community we provide services to.

To this end, during the last year we have continued work to build knowledge, skills and behaviours within the healthcare community. In common with other public service organisations we have policies to guide us in achieving this aim; however, it is the way we implement our policies that makes a difference.

The Trust continues to make progress, delivering the WRES action plan, in particular the launching of the third cohort of the Reverse Mentoring programme between Black and Asian staff and Trust Board members/senior managers. In March 2021 the Trust launched 2 cohorts of the LCH (Race equality) Allyship Programme, a continuous process in which someone with privilege and power seeks to first learn about the experiences of Black ethnic groups (as a whole), empathise with their challenges and build relationships with them, adding their voice to that of your other than White colleagues.

At LCH we continue to raise awareness of race equality and continue to resource and support the LCH staff Race Equality network in creating an inclusive environment for patients and staff.

## Workplace Disability Equality Standard (WDES)

The WDES, launched in April 2019, is a set of measures that will enable the Trust to compare the employment experiences of disabled and non-disabled staff. The Trust is committed to promoting fairness and equality of opportunity for the diverse workforce it employs and we have made some progress within the WDES arena in the last year. It is acknowledged, however, that the work in this area is less mature than that associated with Race. Our aim is to follow a similar roadmap to that associated with the work on Race and to support us to do this, we need to have an insight into who our staff are, where they are employed within the organisation and what their experiences are, working for the Trust. We use standard equality monitoring questions that have been developed and agreed across all NHS organisations. The data helps us to understand our workforce and how we can improve working conditions and have published data for each of the metrics on our website and have used this information to develop a local action plan to improve the experience of disabled staff. We believe a well-motivated, inclusive and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved safety for the people we care for. The Trust has achieved and retained the accreditation of Disability Confident Employer and is currently in progress to achieve the next level and become Disability Confident Leaders.

## Apprenticeships

The trust has supported many clinical and non clinical apprenticeships since its introduction in May 2017 and has also shared funds with the wider health and care system to support the development of 3 adult care workers and 4 registered nurses.

Plans are in development to increase the number of clinical apprenticeships now available to our staff and we are preparing to support our Nursing Associates and Assistant Practitioners to gain their full nursing registration as well as introducing the new District Nursing apprenticeship for our nurses who want to further develop their skills and progress their careers.

We have several staff studying for business administration, data analysis, and leadership and management qualifications and this is the experience of just one of our managers who is nearing the end of her studies:

*I've been incredibly grateful to be able to take part in the Chartered Manager Degree Apprenticeship supported by Leeds Community Healthcare NHS Trust. I didn't have the opportunity to complete a degree when my peers did as a school leaver, but completing the degree alongside working has meant that I have had access to real work examples to demonstrate my competencies for the degree standard; whilst learning management and leadership theory that I have been able to put into practice as my team and career have developed over the last 3 years. I feel very privileged to have been very well supported by my line manager and wider directorate and I'm looking forward to making them and my family proud when I graduate in December this year.*



## Part 4 Celebrating Success

### Awards

At LCH we are proud of the hard work our colleagues, teams and services do on a daily basis. Their commitment to safe, effective, and responsive care was even more in evidence during an unprecedented year for all of us.

Despite the backdrop of a global pandemic our colleagues continued to shine throughout 2020/2021 with achievements both big and small recognised at a local, regional, and national level.

**Here are some examples:**

### Thank You Event 2020-21 (December 2020)

There were a record 123 entries for this year's Thank You Event which takes place every December. The event sees staff nominated by their LCH colleagues for achievements across six different categories. This year winners received a trophy and certificate from an Executive Director during a surprise 'pop up' virtual presentation.

This year, the '**Team of the Year**' category received the most entries. To recognise this, the Trust declared all 3300 staff 'Winner' of the Team of the Year award. To celebrate each colleague received a letter of thanks from the Chair and Chief Executive along with a commemorative 'Team LCH' pin badge.

In the leadership category, '**Co-Leaders of the Year**' were the Race Equality Network Chairs Kulvant Sandhu, and James Forrest who helped the Network to create a clear structure, new ways of working and forged partnerships inside and outside the Trust. They have provided clear, creative and distributive leadership and have clearly displayed the Trust values and behaviours in their work, especially 'leading by example'.

Please see an overview from our Thank You event celebrating success.

[Celebrating Success, Our Thank You Event](#)

### LCH Infection Prevention and Control Team – Outstanding Achievement Award (Leeds System)

Awarded by the Trust on behalf of all health and social care partners across the City for the work the team did to ensure safe practices across health and social care settings in Leeds during the pandemic. The award was presented virtually as part of the Trust's annual Thank You Awards 2020 with senior representatives present from Leeds City Council and NHS partners.

### **Beverley Calvert - You're Simply Marvellous Award (December 2020)**

Sponsored by The Pumping Marvellous Foundation, the award acknowledges the value Health Care Professionals bring to the treatment of Heart Failure, improving patient outcomes throughout the UK. Beverly was nominated by a local patient and was one of only five individual healthcare professionals chosen nationally!

### **ChatHealth – Winner of the ‘Nursing in Mental Health’ award – Nursing Times**

Our 0-19 team is part of the nationwide nursing community that operates ChatHealth as an important part of its service offer. Young people aged 11-19 years can text a 0-19 Specialist Public Health Nurse for confidential health support and advice on a range of health issues.

Young people receive real-time advice (between 8.30am-4.30pm, Monday - Friday) on health issues such as: **sexual health, emotional health and wellbeing, bullying, healthy eating and general health concerns.**

Thomas Currid, programme lead at the University of Essex, who announced the win, said: “The winner provided a safe, accessible and innovative initiative; it is a true reflection of the current situation and brought about a new approach. They felt it had a great reach and spread and gave coverage to other areas such as social issues as well as mental health support.”

### **LCH Library Services receive Regional Recognition**

Helen Swales, Library Services Manager, won Head of Library & Knowledge Services North Award (Yorkshire and the Humber Health Libraries & Knowledge Network) and the whole library team won a bronze Library Superstar award at the same event for their work on the trust book club, specifically their special edition on Rennie Eddo-Lodge's book, 'Why I'm No Longer Talking to White People About Race'.

Finalist in the F2SUG Organisation of the Year category, HSJ awards (outcome yet to be announced)

Finalist alongside Carers Leeds in the System Led Support for Carers award category (outcome yet to be announced).

### **Winner, HSJ Awards 2020 F2SUG Organisation of the Year**

Leeds Community Healthcare were winners in the 2021 HSJ Award for the Freedom to Speak Up Organisation of the Year. Our entry focussed on innovation, staff support, commitment to diversity, cultural spread and inclusion. The winning team were Kulvant Sandhu and John Walsh.

### **Finalist, HSJ Awards 2020 alongside Carers Leeds - System Led Support for Carers award**

In 2018, the Trust recognised that we could be better at supporting staff who have caring responsibilities and carers who are our patients or those who support our patients. LCH and Carers Leeds have worked together to deliver a programme of work to recognise carers as key partners in care and to support the needs of carers who have contact with the Trust as well as carers within our workforce.

### **Compassionate and Inclusive Leader - 2021**

Kulvant Sandhu was awarded the Role Model of the Year at the National Black Asian and Minority Ethnicity Health & Care Awards.

### **Highly Commended – NICE Shared Learning Awards**

Kulvant Sandhu and Fiona Allport received the highly commended entry in the NICE Shared Learning Awards for their submission of *Developing a 3Ds Clinical Framework in a Community Integrated Team*. The clinical framework is now featured on the NICE Shared learning database as an evidence-based guidance to support embedding the NICE guidelines on Dementia, Delirium and Depression.

### **Commitment to Carers - Certificate of recognition**

The Trust was awarded a certificate of recognition for its Commitment to Carers as part of the Leeds Carers Partnership during 2020. This was in recognition for the ongoing hard work across the whole organisation to support Carers and our Working Carers. The Leeds Commitment to Carers is a city wide commitment to supporting 72,000+ unpaid carers in Leeds introduced and managed by the Leeds Carers Partnership of which the Trust is an active partner.

### **LCH Staff triumph at AHA Awards**

Gemma Hawtin, physiotherapy assistant, was recognised as the Advancing Healthcare Awards AHA Overall Winner at a ceremony held in London in October 2020.

Gemma and Michelle Lyons, Physiotherapy Assistant at LCH also picked up the NHS employers award for outstanding achievement by an AHP or healthcare science apprentice, support worker or technician, in recognition of their Wheelchair Skills Programme.

### **Nurse of the Year – British Journal of Nursing Awards**

Louise Popple, Infection Prevention Nurse was awarded the coveted Nurse of the Year Award at this prestigious event.

### **Nurses Liz Grogan and Joanne Reynard are entitled to be Proud**

Liz and Jo, both senior Infection Prevention Nurses were awarded the prestigious Queen's Nurse title during 2020 by the Queen's Nursing Institute (QNI). The title of Queen's Nurse (QN) is available to individual nurses who have demonstrated a high level of commitment to patient care and nursing practice and the Queen's Nurse programme supports them to develop their professional skills and deliver outstanding patient care in the community.

During its first ever online ceremony Liz and Joanne received their formal induction to the Institute by Dr Crystal Oldman CBE and Chief Executive of the QNI, who acknowledged the contribution of all Queen's Nurses in this eventful year.

In December, **Liz Grogan** was awarded **Highly Commended Leader of the Year** in LCH and the **IPC team** were awarded '**System Team of the Year**' for their hard work in response to COVID-19 throughout the healthcare system.

### Diabetes

The service has received confirmation that the Structured Education Programme has once again been QIZMET approved for a further 3 year. Accreditation has been granted and the assessor commented that they were very impressed at how we have adapted during the pandemic and approved us with no recommendation for change.

### Learning

#### Safety Summit

October 2020 saw the introduction of a quarterly LCH Safety summit, a forum to share learning. These wider conversations, with representation from all Business Units and multiple disciplines are providing an opportunity to experience inspiring patient safety conversations, share best practice, share learning in a timely manner across the whole organisation for the gain of improving patient safety.

**\*\*Many Rees – to add in 3 examples from safety snapshots newsletter, October 2020, ref 2431\*\***

#### National Patient Safety Strategy

Whilst patient safety is a practice and not isolated to a specific role or position, aligned with the Patient Safety Strategy we are pleased to have identified our Patient Safety Specialists to champion this practice across the organisation. Work is progressing around more meaningful partnerships with patients, families and staff throughout our investigations. Further to the introduction of the Safety Summit, we have commenced a review of how we learn in LCH which will continue to be a focus for the forthcoming year.

**Specialist Business Unit** – Podiatry have been working closely with Neighbourhood teams in 2020/2021 during the COVID-19 pandemic as there were two episodes of redeployment of podiatrists to support system pressures.

During this time podiatrists and nurses embraced cross working and developed locality training. Prior to the COVID-19 pandemic there were known pathway delays to podiatry for foot wounds and this was reflected in some of the patient safety incidents.

Since the end of redeployment and return to service, Podiatry have maintained closer working relationships by aligning a member of staff to each Neighbourhood Team throughout Leeds and improve mutual working. Since this we have seen a reduction in incidents and delays and increase in timely referrals for vulnerable people with foot wounds and those who are high risk of foot wounds and amputation.

**Adult's Business Unit** – A joint project between the Tissue Viability Service and Podiatry Service led to the development of a poster in October 2020 to assist clinicians in differentiating between foot ulcers and pressure ulcers on the foot – and specifying the need for an immediate Podiatry referral. This poster was also incorporated into the Pressure Ulcer Prevention Booklet for Healthcare Professionals.

In November 2020, the Lower Limb Recommendations were published by the National Wound Care Strategy Programme (NWCSP). These have been reviewed and a revised Lower Limb Assessment and Management Clinical Care Framework has subsequently been developed. This has been a project led by the Tissue Viability Service, but with an integrated approach – incorporating the input and expertise of colleagues in the LCH Podiatry service and the Vascular and Podiatry Services at LHT. This framework clarifies the pathways for wounds on the lower limb, including those that occur on the foot. There are plans to implement and embed this framework in 2021/22.

**Children's Business Unit** – Following feedback from a father involved in our 0-19 PHINS service feedback was provided that practitioners were professional, supportive and friendly but very focussed on mum and at times he was largely ignored. He felt there were missed opportunities from all health staff to ask him how he was feeling and about his role as a parent.

Mum suffers from mental health issues and he now realises he was her carer. He was subject to domestic abuse with mum being the perpetrator. He was not asked if he felt at risk of domestic abuse but was aware that mum was. He felt it would be helpful if dads could be empowered to be involved and support was obvious to them from any health professional. Positively he felt once recognised by 0-19 (HV) service he was supported through the court process and speaks highly of his health visitor. Once he was aware of the service, we offer he knew he could access, but he feels health in general do not always acknowledge fathers.

The service has made changes to include fathers more. They now have a parental mental health pathway as opposed to a maternal mental health pathway. There are greater links with local dad support groups, and these are shared with dads. The service actively encourages dads to be a part of the appointments. The Trust does acknowledge there is always more to be done and will continue to promote the role of dads within the 0-19 service.

## Learning from Deaths

### Adults

The impact of the COVID-19 pandemic has been evident during 2020/2021 in the increased number of deaths on the Neighbourhood Team caseload, and the work required by the teams to provide care and ensure appropriate and timely review of these deaths. Despite the increased workload, no lapses in care related to end of life care have been recorded during the past year and no significant issues relating to the quality of care impacting upon patients or families experience of end of life care.

In response to the impact of the pandemic:

- The Neighbourhood Team offer was enhanced and now routinely includes home oxygen, sub-cutaneous fluids and enhanced clinical observations; this is delivered both by the Virtual Ward and NTs. This enabled a robust response for the increase in deteriorating patients with increasingly complex health needs and more rapid deteriorations seen with COVID-19.
- The clinical team responded to the change in anticipatory care guidance and the rapidly developed anticipatory care medication management in Q1 and Q2.
- There has been an increase in the numbers of ABU registered nurses able to verify death, during 20.21 ABU RNs verified 1,858 deaths (own home and care home)
- The ongoing impact upon clinical staff providing the end of life care in 2020/21 is now well understood and support and individual clinical supervision continues to be provided. An opportunity has been identified to undertake Schwartz Rounds in the future and will be equally beneficial.

Although the number of patients choosing to die out of hospital noted in 2019/2020 has continued in 2020/2021, the above measures have supported the number of patients able to die in their first or second preferred place of death to be consistently maintained at over 75%.

### Mortality Reviews

Our work on the mortality review process continued.

The Trust has progressed work with colleagues in secondary care to ensure that deaths within 30 days of discharge from hospital are reviewed in a coordinated manner, and from Quarter 4 have been able to identify these patients within our Level 1 reviews. Whilst the implementation of the Medical Examiner system within LTHT is not yet fully established, the Trust has established processes in order to ensure learning is shared between the Trusts for these deaths in order to better facilitate shared learning.

The Trust continues to work with colleagues in primary care to improve coordinated review of deaths in the community. Where possible Neighbourhood Teams are present when deaths are discussed at some GP meetings and a letter has now been designed inviting primary care to attend or contribute to Level 2 review meetings when their patients are being discussed.

Despite altering our Level 1 review forms during 19.20, identification of patients with a learning disability (LD) or severe and enduring mental illness (SMI) has remained significantly lower than the community prevalence. The Trust continues to work with partners across the city to improve this, and to better identify these patients whilst the utilisation of primary care read codes is established through improved transferability between data systems.

Learning from work with Leeds Teaching Hospital Trust (LTHT) has resulted in us adding an extra step into the mortality review process for deaths of patients with a LD, which are now independently reviewed by a member of the West Yorkshire LeDeR reviewer team.

**Specific learning identified in review this year included:**

Improved communication between the clinical team and families and patients approaching end of life care	Improved involvement and oversight of the senior clinician
Ensuring patients who are known to be approaching the end of life have the ReSPeCT documentation and that planning ahead conversations have been completed and documented. A new planning ahead template has been created to support the conversations.	Care would have been supported by closer involvement and face to face visits by the patients GP
A theme of how to better meet the spiritual needs of patients at the end of life is being discussed with commissioners.	

## Children's

There are established robust processes within Children's services around unexpected deaths via the sudden unexpected death in children (SUDIC) process and Child death overview panel (CDOP).

The Trust continues to be an integral partner in the Leeds Child Death Review Panels and processes. The Trust is an integral partner of these panels. For each possible scenario there is a designated primary organisation to arrange the Child Death Review Meeting (CDRM) and notify CDOP. The Trust would organise the review meetings for those child deaths that have a chronic condition, have an expected death at home and have the death certified by the GP.

Following the concerns raised at Mortality Surveillance Group and in the Internal Audit report of 2019/20, Children's Business Unit Learning from Deaths meetings have taken place regularly and been quorate throughout 2020/21.

The themes and learning have included systems and communication between agencies and partners. Reviews have highlighted the need for process review of communicating the needs of children in their final days across differing care providers and decision making for the child. This includes the sharing of important information that has led to care and support not being given promptly to children and parents in a clear and coordinated way.

Work is ongoing to standardise and improve communication with a plan to merge the database of Child Deaths in Leeds. There is continued focus on appropriate reflective learning at each stage of the process, in view of the prolonged nature of investigations and reports into the death of a child.

**Additional learning from deaths is included below:**

Public health advice has been provided around bath times and swimming pools.	Collaborative working resulted in road improvements with better markings and lighting. Work is ongoing considering a safe cycling campaign.
Family members have not always been able to be present at the end of life due to COVID 19. In those cases, staff provided care and comfort to the young people, for example by giving foot massages and ensuring the young people was as comfortable as possible.	The Health Visiting Team appropriately assessed a child who required an admission to hospital for a resulting procedure. The child passed away in hospital. The child had been cared for by Martin House for several days and the family were supported by the Trust.
Following the review of the death of a young person, potential learning was identified for LHT, Martin House and LCH following a rapid discharge from hospital to home.  The needs of the young person were not communicated effectively to LCH but care was supported by Martin House staff at home.  Immediate learning was identified of how services talk to each other.	A review of a child who was cared for by Martin House highlighted not all services were informed that meant Local Care Direct verified the child's death. Correct procedures are to be established.  Notification is variable and the process for children after their death requires standardisation. The delay in receiving this information resulted in the delay of support being offered by LCH to the family.

**In response:**

The variation in services provided by Community Trusts and the flexibility with which a Community Trust can “carefully consider which categories of outpatient and/or community patient are within scope for review taking a proportionate approach”<sup>2</sup> has to-date prevented benchmarking across Community NHS Trusts for mortality data. We continue to work with NHS Benchmarking and other community Trusts to ascertain a way to benchmark our data against comparable trusts for comparison.

Work continues with partners in the city to establish more inclusive reviews for patients whose care has cross organisational boundaries, and whilst progress has been made in this regard during 2020/21 it is planned to continue to seek cross-organisational input in a more robust and



reliable way. The move to an Integrated Care Partnership model for the city may provide alternative fora and processes by which this can be improved further.

The Trust database and centrally available mortality data for reporting is now reliable and robust, and enables increased surveillance of any geographical area of type of death moving out with control totals. During 2021/22 the aim is to continue to maximise the dataset available to enable meaningful analysis in line with the health equity agenda. This data can currently only be obtained through a manual search of the patient record, which is too time-consuming for the volume of patients in our dataset.

## **Part 5 Priorities for Quality Improvement 2021/2022**

The Quality Account looks forward to 2021/22 as well as looking back on 2020/21.

### **How we agreed the priorities**

- The priorities build on current Reset and Recovery plans and key initiatives aligned to city priorities and the NHS Long Term Plan, as well as work that has been agreed internally as priority
- There are significantly fewer priorities, five, reflecting the Board's wish to provide greater focus on the key priorities for any year, the necessity of continued response to the impact of COVID-19 and a reflection that our priorities will continue to be supported by strategies already approved by the Board.
- The Trust's plan will need to flex and iterate throughout the year in response to the impact of COVID-19 on our staff, our patients, the #TeamLeeds system and the country as a whole, national planning guidance when issued (expected quarter 1 21/22) and commissioning intentions.

### **Our 2021/22 priorities are:**

#### **1. Build our services back better**

Key focuses will include:

- Reducing COVID-19 related backlogs as part of a wider programme of work to develop and embed standardised sustainable approaches to measuring, recording, reporting and managing waiting lists led by clinical assessment of need
- Developing and embedding new ways of working that offer different means of accessing and experiencing our services dependent on need and suitability for the patient
  - digital approaches
  - establishing infrastructure and processes that enable services to produce appropriate and effective self-management materials
- Embedding use of Quality Impact Assessments to assess the impact of new ways of working / changes on health inequalities and ensure that mitigations are in place

**2. Play a full part in #TeamLeeds' ongoing response to COVID-19, standing ready for further surges, supporting the vaccination programme, supporting system resilience and patient flow**

Key focuses will include:

- Maintaining leadership and support for the vaccination programme
- Maintaining 'mutual aid' staffing arrangements that support provision of essential Trust and partner services
- Working with partners to develop / further develop and implement service developments and initiatives in the city plan that prevent admission and improve discharge from LTHT – COVID-19 rehab, Stroke, Virtual Ward (Frailty), Virtual Respiratory Ward, HHIT, Therapy Supported Discharge, CIVAS, Night Care Home Response Pilot

**3. Promote and support the health and wellbeing of our workforce**

Key focuses will include:

- Explore the health & wellbeing needs of diverse communities and groups within the Trust, in order to provide a more tailored and inclusive health & wellbeing offer
- Provide and expand a comprehensive Health and Well-Being offer to our staff, with a good balance between physical & psychological well-being, and responsive offers to specific priority needs, including effective access to clinical psychology support
- Equip leaders with the appropriate skills, knowledge and confidence to hold effective health & wellbeing conversations and risk assessments as a regular part of 1:1s, appraisals and other conversations with their team members

**4. Develop integrated provision with a stronger focus on prevention, self-management and pro-active care**

Key focuses will include:

- Playing a full part in the Integrated Care Partnership, develop collaborative governance structures and priority programmes that support our ambitions for better, more integrated care in the city
- Developing community offers that support people to keep well / stay at home or in the community maximising partnership working with primary care, the 3rd sector and other healthcare partners e.g. Care Home Support development (EHCH), , development of integrated nursing clinics with primary care, Urgent Community Response developments, Integrated rehabilitation and reablement local offer, Community Cancer Support Service
- Develop more integrated working and pathways between services within and across BUs and with partners e.g. engagement in LCP development and initiatives across all 3 BUs, integration between NTs and both ABU city-wide and SBU services, development of CBU 'offers' and transition pathways from childrens services to adult services

#### **5. Work pro-actively across the organisation and with #TeamLeeds to understand and improve health equity**

Key focuses will include:

- Develop focus and competencies in all services and corporate functions to understand, mitigate and reduce health inequalities in existing delivery and service change, including the robust use and review of EQIA processes
- Improve access to and understanding of new and emerging data to better understand, mitigate and reduce impact of service changes on health inequalities
- Improve communication and access to services through implementation of Accessible Information Standards
- Test new partnership approaches with the 3rd Sector that drive reduction of health inequalities

### **Part 6 Board Assurance**

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

#### **Statement of Assurance from the Board**

The Board receives assurance for patient safety, clinical effectiveness and patient experience through the Quality Committee which receives and reviews information from the supporting sub-group governance meetings. The Quality Committee is one of five committees established as sub-committees of the Trust's Board and operates under Board approved terms of reference. The committee provides assurance to the Board that high standards of care are provided by the Trust and in particular, that adequate and appropriate quality governance structures, processes and controls are in place throughout the

organisation which promotes quality. These include patient safety and excellence in care, identify, prioritise, and manage quality and clinical risk and assurance. This then assures the Board that risks, and issues are being managed on a controlled and timely manner. The committee also ensures effective evidence based clinical practice and produces annual quality account priorities which are monitored on a quarterly basis. The Trust promotes a culture of open and honest reporting of any situation which may threaten the quality of patient care. LCH also continues to review and update organisational and service priorities on an annual basis to ensure that the Trust can meet the needs of the people and communities we serve. The three business units (Adult, Children's, and Specialist) review and produce their individual 'plans on a page' for the coming year as well as the Trust plan. These plans look at the overall vision and direction of the organisation and the development of services.

### Review of Services

During 2020/21 the Trust provided and/or sub-contracted 67 NHS services with £169.6m of income.

The income generated by the NHS services reviewed in 2020/21 represents 100% of the total income generated from the provision of NHS services by the Trust for the year. In addition, the Trust also provided £1.2m of non-NHS services and the data in respect of 100% of these services was reviewed in year.

### Clinical Audit

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

### National clinical audits

During 2020/21 **four (4)** national clinical audits and **one (1)** national confidential enquiry covered the NHS services that the Trust provides. During that period, the Trust participated in **100%** of national clinical audits and **100%** of national confidential enquiries, of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2020/21 are as follows:

Eligible National Clinical Audits
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme
Sentinel Stroke National Audit Programme
National Diabetes Audit – Diabetic Foot Care Audit
National Audit of Cardiac Rehabilitation

<b>Eligible National Confidential Enquiries</b>
Learning Disabilities Mortality Review Programme (LeDeR)

The national clinical audits and national confidential enquiries that the Trust participated in during 2019/20 are as follows:

<b>National Clinical Audits participated in</b>
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme
Sentinel Stroke National Audit Programme
National Diabetes Audit – Diabetic Foot Care Audit
National Audit of Cardiac Rehabilitation
<b>National Confidential Enquiries participated in</b>
Learning Disabilities Mortality review Programme (LeDeR)

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

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2020/21 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Audit	Number of cases submitted	Percentage
<b>Chronic Obstructive Pulmonary Disease (clinical audit of pulmonary rehabilitation services)</b>	<p>Organisational audit – submitted.</p> <p>The report has been delayed due to COVID-19 and national audit being paused.</p>	100% of all cases identified
<b>Sentinel Stroke National Audit programme</b>	<p>March 2020 – no data has been submitted nationally due to Leeds Teaching Hospital NHS Trust (LTHT) not registering the patients for the past 21months. Therefore the Trust cannot upload our data. The Trust has continued with collecting data for the past 21months, but it has not been processed or entered on the national database. Discussions have taken place with the Sentinel Stroke National Audit Programme team to request how the Trust can participate in the audit which is not possible without LTHT.</p> <p>This issue has only recently being rectified which has allowed LCH to upload our data over the past month.</p>	100% patient identified
<b>National Diabetes Audit – Diabetic Foot Care Audit</b>	<p>Clinical Audit – Continuous data collection commenced and has continued upload data onto an external database.</p> <p>This audit had been paused in line with NHS England due to COVID-19 pandemic.</p> <p>Any cases identified throughout this timeframe can be uploaded onto the national database</p> <p>May 2019 to May 2020 we added 29 patients with ulcers</p> <p>May 2020 to May 2021 46 were entered</p>	100% of all cases identified

<b>National Audit of Cardiac Rehabilitation</b>	<p>The audit identified the number of patients who started a core delivery rehabilitation cardiac rehabilitation programme.</p> <p>The sample size prior to the audit being paused was 734 patients. This is expected to increase due to the timeframe for submitting data has been recommenced.</p>	100% of all cases identified
<b>National Confidential Enquiries</b>	<b>Number of cases submitted</b>	<b>Percentage</b>
Learning Disabilities Mortality Review Programme (LeDeR).		100% of all cases

The reports of three (3) national clinical audit(s) were reviewed by the provider in 2020-21 and the Trust intends to take the following actions to improve the quality of healthcare provided:

<b>National Audit</b>	<b>LCH action 2020/21</b>
Sentinel Stroke National Audit Programme	<p>This audit requires information to be inputted into a national database. The results are published by the national provider in graph format.</p> <p>The team will continue to deliver best practice and collect local data. Once local results are available then an improvement plan will be developed by the service.</p>
UNICEF UK Baby Friendly Initiative – Gold Revalidation Report	<p>All Gold accredited services are required to undergo a formal revalidation process one year following Gold accreditation. This is achieved via submission of an annual portfolio which includes data and audit results relating to the Baby Friendly standards, as well as actions taken and evidence of progression.</p> <p>The report confirms that the 0-19 PHINS is highly commended for the quality of the evidence submitted and the thorough way in which the necessary processes to embed and further develop care related to Baby Friendly standards has been planned and implemented.</p>

	<p>The service celebrated the achievement of the Gold award, using the opportunity to significantly raise the profile of their work within the organisation as well as an opportunity to recognise the contribution of staff.</p> <p>The service has looked at succession planning with the development of an audit plan and a team of Train the Trainers. A new Guardian has been appointed within the Health visiting service and the role has been taken by the Executive Director for Nursing and Allied Health Professionals.</p>
Review of Emergency Contraception	<p>The review of practice of emergency contraception has been undertaken by the Leeds Sexual Health Service and has been completed against the Faculty of Sexual Reproductive Health Guidance.</p> <p>The audit looked at the number of women requesting emergency contraception within a one month timeframe at the Leeds Sexual Health Service.</p> <p>The following actions have been developed based on the findings which are developing an electronic template for recording of the assessment for a intra uterine device and improve on the percentage of women being given sexual health advice.</p>

### Local Clinical Audit

The reports of **123** local clinical audits were reviewed by the provider in 2020-21 and the Trust intends to take the following actions to improve the quality of healthcare provided:

- An offer is made to each child on arrival at Wetherby YOI for Dry Blood Spot Testing (DBST). The purpose is to identify if there has been any Blood Borne Virus exposure that requires treatment. A finger prick test is used with samples sent to an offsite lab with results being returned electronically for review and action. Historically uptake in BBV screening has been low in Wetherby YOI as screening was offered using Venous Blood Sampling on a “would you like” approach. A new approach “opt out” was to be utilised in co-ordination with non-venous sampling in an effort to increase the uptake of screenings. The audit showed that 100% of young people that were admitted to WYOI had a DBST offered via the routine admission process. This is a huge improvement since the last audit as lowest offering figures were 83%. This has led to a one minute guide for staff to refer to as well as increasing the awareness of the reason for testing.
- An audit was undertaken by the CAMHS Learning Disability Service which looked at compliance with the NICE Guidelines for Prescribing. The audit was completed to review the prescribing practices for young people with a learning disability who commence



anti-psychotic medication. The audit highlighted good practice in the completion of correspondence to the GP and family, and the completion of the EPR medication form. The audit has led to improvement in the baseline physical health monitoring, and the development of a standardised form in the electronic patient records. The audit has led to enhanced appreciation and awareness of the importance of monitoring physical health when a young person with intellectual disability is prescribed psychotropic medication.

- An audit was completed to review the wound assessment and management provided to patients by Neighbourhood Teams. The audit found significant improvements in practice since the previous audit cycle, although areas for improvement continue to be evident to continue the trend of improvement and achieve the audit standards. For example, only 64% had their wound assessment reviewed in the last four weeks, and only 59% of patients had a photo taken of their wound in the last four weeks. These results have led to significant work within the WPMS to improve wound assessment and management. For example, the Wound Assessment Template is being revised which will make it easier to complete.
- For many years, the Medication Administration Record (MAR) Charts used at were usually written by General Practitioners for children that required care within Hannah House. In 2019, following the withdrawal of the NMC Standards for Medicines Management transcription of MAR Charts by registered nurses became possible and provision for this was included in the LCH Medicines Code. This presented the opportunity for the nurses at Hannah House to transcribe the MAR Charts for children during their stay. Three senior nurses were given training in transcription and competency assessed by the LCH Medicines Management Team. The audit showed that the charts were transcribed with clarity and done safely so that the risk of a medication error because of poor transcribing was small. Completion of required information and legibility was much improved on the previous process. There were however some occasional omissions of information or writing details outside the requirements of the Transcribing Standard Operating Procedure. The audit findings have been shared and learning introduced to improve standards further and subsequently improve patient safety.
- An audit was completed to review the service's adherence to the NICE Quality Standard 34 and ensure that all young people who self-harm should have an initial assessment of their risk and a collaboratively developed risk management plan to reduce their risk of self-harming again. The audit illustrated that practitioners complete the CAMHS Risk Management Plan (OurPlan) but that these are not routinely uploaded onto the EPR, CareNotes. This may be due to technology barriers and/or practitioners being unaware that this is a requirement. It also identified a discrepancy between CAMHS pathways, which must be addressed to ensure that risk assessment is standardised across all pathways. The changes that will be implemented in CAMHS as a result of the audit will allow for a better picture of baseline risk to be initially assessed. An increase in OurPlan completion will allow more collaborative planning between

CAMHS and service users to manage these risks. In addition, increased completion of the risk formulation will allow for more effective information sharing between young people, families, CAMHS and G.Ps.

- A new process for the initial review of patient safety incidents resulting in moderate harm or above was introduced in October 2019. This was initially introduced for Pressure Ulcers and has since extended to include all patient safety incidents across the Trust. A “72hr review” is expected to be undertaken to provide assurance that there were no lapses in the care provided by the Trust or identify where there are potential lapses in care and therefore a need for further investigation. The 72hr review process incorporates a multi-professional review meeting to conclude immediate learning and agree further investigation and reporting requirements. This audit examined the quality and robustness of this newly introduced process, specifically in the accuracy of the 72hr reviews which provide the evidence on which decision making is made. It is positive to observe that 100% (49/49) of the reports reviewed contained information that either fully or partially aligned with both Datix and the EPR. The audit has identified areas where improvements are required, namely that actions were partially or fully identified in only 36% (17/47) of the reports reviewed, were partially or fully SMART in only 33% (16/49) of reports reviewed, and there was evidence of actions being fully or partially followed-up/completed in 50% (13/26) of reports reviewed.
- An audit of Buddy System for Overseeing UPP Families During COVID-19 Pandemic has been completed. This audit was completed to ensure that all children on the 0-19 PHINS caseload had a named practitioner who was working within the service and had not been redeployed during the COVID-19 pandemic. The audit has demonstrated that practitioners have covered their colleagues' work and that the most vulnerable children have had their needs assessed during a period of intense pressure. The audit also showed excellent record keeping and use of summary and plan for clear communication of actions in records.
- The Community Dental Service's completed an audit to ascertain compliance with the 'Was not Brought' Policy for existing paediatric patients. It found significant areas for improvement around recording decisions for such patients and ensuring they were followed-up appropriately. An action plan was developed, with a notable recommendation to adopt the Sheffield Community Dental Service's WNB policy which is robust and has been adopted by the British Dental Association.
- An audit was completed to ensure that the 0-19 PHINS service has maintained the safety of children on the Universal Partnership Plus (UPP) caseload during the COVID-19 pandemic. The audit provided assurance that the most vulnerable children have had their

needs assessed during a time of intense pressure. The audit identified excellent record keeping and use of summary and plan for clear communication of actions in records.

- It is important to audit Mental Capacity Act practices (including consent) to ensure the care and treatment delivered is in-line with legislation and best practice. Everyone working in health and social care who makes decisions for people who lack capacity has a duty to know about and follow the MCA's codes of practice. This is also part of CQC's Key Lines of Enquiry (KLOE) for Effectiveness domain to assess compliance in this area. This is a re-audit looking at the practices and compliance of consent and the MCA within an in-patient area. The results shown 100% compliance with standards and therefore shows a clear improvement in the evidence of good practice within all patient records and staff responses, the care and treatment they are delivering is in accordance with the law on consent and MCA (2005) legislation.
- An audit of documentation for IV Diuretics in the Cardiac Service overall highlighted a good standard of record keeping for that aspect of the Cardiac Service. The audit identified an area for improvement as the recording of the goals of treatment at the onset of treatment. The actions taken forward as a result of this audit were to raise this issue with Cardiac Nurses involved in the delivery of this service to result in improved communication with other healthcare professionals.
- The Adult Learning Disability Speech and Language Team completed an audit that looked at how new referrals are triaged by the service against a number of standards. The audit identified areas of good practice including areas of improvements required. The results has focussed the team to increase the number of face to face contacts each week which should reduce the length of time that patients are waiting to be seen.
- The 0-19 Public Health Integrated Services (PHINS) completed an audit based on a topic identified with the commissioners. The audit completed looked at three parts of the referral pathway (economic wellbeing, substance misuse for parents and carers, emotional health and wellbeing) for the service. The audit has been developed using standards from the Healthy Child Programme (2009), NICE Pathway on Emotional Health and Wellbeing for Children and Young People and local Trust pathways for the service. The audit demonstrated areas of good practice for each of the individual pathways and where improvement could be made. Completion of the audit has provided insight into the knowledge and skills which influence contacts with families and young people and that the young person was central to the planning and goal setting and strong partnership working with children centres.

- The community dental team looked at how prescriptions were being prescribed to patients. This re-audit was conducted to ensure compliance with the NHS Counter Fraud Authority 2018 guidance pertaining to the prevention of prescription fraud. The audit reviewed 90 prescriptions across 3 sites and identified some areas for improvement, such as ensuring all information is recorded on the prescription form (drug, dose, frequency, etc.)

During 2020/21 all services were required to participate in the annual record keeping audit and produce an improvement plan to identify required improvements.

Additionally, the Infection Prevention and Control Team undertake a range of local audits. These include; Environmental audits, Essential Steps to Safe, Clean Care audits and audits that have been developed in light of COVID-19 pandemic. These audits aim to reduce the risk of microbial contamination in everyday practice and to ensure our environment is managed in a way that minimises the risk of infections to patients, staff and visitors.

This table does not include audits that will be continued into 2021/22:

Local Clinical Audits completed during 2020/21 - by Business Unit	
Adult Services	
<ul style="list-style-type: none"> <li>• Quality Challenge+ (all services)</li> <li>• Environment Audit</li> <li>• Infection control audits relating to the use of PPE</li> </ul>	<ul style="list-style-type: none"> <li>• Record Keeping Audit – all services</li> <li>• Hand Hygiene Audits</li> </ul>
Children's Services	
<ul style="list-style-type: none"> <li>• Record Keeping Audit (all services)</li> <li>• Quality Challenge+</li> <li>• Environmental Audit</li> <li>• Mental Capacity Act</li> </ul>	<ul style="list-style-type: none"> <li>• Completion of Safeguarding Visits during COVID-19</li> <li>• School Calibration Recording Audit</li> <li>• UNICEF BFI Breastfeeding Staff and Mothers Audit Gold Award Revalidation</li> </ul>

- Audiology Results Scanning Audit
- Clinics Calibration Records Audit
- 0-19 Audit of Referral Pathways
- UNICEF BFI Breastfeeding Staff and Mothers Audit Gold Award Assessment
- Audit of buddy system for over-seeing UPP families during COVID-19 pandemic
- Hand Hygiene Audit
- Audit into the Timeliness of Adoption Medicals
- Mattress Audit
- O.T Caseload and Goal Management

### Specialist Services

- Record Keeping Audit (all services)
- Quality Challenge+
- Environment Audit
- Informed Consent for HIS 3<sup>rd</sup> Cycle
- Hand Hygiene Audits
- Audit of Cleaning Non-Invasive Clinical Equipment
- IV Diuretic Documentation Audit
- Audit of Antibiotic Prescribing
- Hep B Vaccination (MSM & Sex Workers)
- Prescribers Entresto Audit
- Compliance of was not brought
- Re-audit Review of Practice of the Emergency Contraception
- Safeguarding Police Custody Service
- Patient Safety Audit Police Custody
- MDT Spinal Injection Audit
- Emergency Contraception Provision UK National Audit
- Knee MRI Audit
- Dry Blood Spot Testing Audit
- Audit of Safeguarding Children at WYOI
- Quality of Intra-oral Radiographs in the Theatre Setting Audit
- PGD Audit
- All planned discharged should have a documented plan in records and place of discharge.

- policy (Safeguarding children)
- Safeguarding Children Audit
- Vascular Access Device (VAD) IPC Clinical Audit (postponed from 2019-20)
- Accuracy of information from St George's Crypt
- Anterior Knee Pain (AKP) Assessment and Treatment
- Treatment of Lateral elbow pain in the MSK Service

#### Corporate Services

- Mental Capacity Act Audit
- Care Leavers' Health Summary Audit (*x2 audit cycles completed*)
- ADHD Prescribing at WYOI
- Audit of Missed and Delayed Doses at WYOI
- Audit on Compliance with Duty of Candour Requirements
- National audit of Learning Disability
- Baseline Audit on the Use of Quality Boards
- 72 hr audit
- Antimicrobial Stewardship at YOI
- Missed and Delayed Dose Audit – WYOI
- Transcribing Standards Audit (Hannah House)
- Use of Mental Capacity Act (MCA) within CAMHS Adolescence Inpatient Service

## **Clinical Research**

The number of patients and staff receiving NHS services provided or sub-contracted by the Trust in 2020/21 that were recruited during that period to participate in research approved by a research ethics committee was 659.

The number of patients and staff receiving NHS services provided or sub-contracted by the Trust in 2020/21 participating in research approved by a research ethics committee was 659. The majority of these patients and/or staff participated in studies related to COVID-19 and labelled by the National Institute for Health Research (NIHR) as “Important Public Health research”. In addition to providing access to high quality ethically approved research to LCH service users and staff, we have also provided significant resource to the delivery of the Novovax COVID-19 Vaccine Trial which brought together research staff from across Leeds NHS organisations to deliver the highest recruiting UK site for the trial. Kath Black, LCH research nurse was awarded highly commended colleague of the year in recognition of her tireless and unwavering dedication to this effort alongside her work seconded to support frontline colleagues working in the neighbourhoods during the height of the pandemic.

The LCH COVID-19 rehabilitation service has been at the forefront of service evaluation and study development around “Long-COVID”. The LCH led cross organisational Leeds team have been highly productive in terms of publication output which have included influential BMJ editorials. This has made a significant contribution to national discussion about the required research agenda around Long-COVID.

LCH in partnership with the Leeds GP Confederation has harnessed the collaborative and integrated working models that have made vaccine trial delivery so successful in the UK, and directed this into a leading city wide collaborative community based research team. This work is focussed on the improvement of access to high quality clinical research that is relevant and accessible and will benefit the health and social outcomes of the people living in Leeds.

Work within the Trust’s MSK service to scope and develop grass roots research development amongst clinical practitioners has led to the submission of applications from 2 physiotherapists for pre doctoral NIHR awards.

## **CQC Statements**

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status is full registration without conditions.

In October 2019, the CQC published the final report on its announced inspection of the Trust which took place in May-June 2019. The CQC visited a selected number of services including Sexual Health, Community Child, Adolescent Mental Health Service (CAMHS), Inpatient CAMHS, community dental and community services for children, young people and families. The CQC also completed a Trust-wide level inspection under the well-led framework.

Overall, the Trust was rated **GOOD** in all five domains (safe, effective, caring, responsive and well-led). The CQC found improvements in services since the last visit and they concluded:

**Sexual Health services** were rated outstanding overall. The service was rated good for safe and caring, and outstanding for effective, responsive, and well led. This was an improvement on the last inspection.

**Children and young people's services** were rated good for safe, effective, caring, responsive and well led. This was an improvement on the last inspection.

**Inpatient CAMHS** was rated good for caring, requires improvement for safe, effective and responsive. Well led was rated as inadequate. This was the same overall rating as the last inspection.

**Community CAMHS** was rated good for effective and caring, requires improvement for safe, responsive and well led.

**Dental services** were rated good for safe, effective, caring, responsive and well led. This remained the same as the last inspection.

The CQC found 23 breaches of legal requirements which relate to actions the Trust must do. There were 14 minor breaches of regulation which are not breaches in the legal requirement but actions the Trust should take.

The Trust has developed robust action plans to address the findings and these are monitored through the governance structure.

The Trust is proud of the achievements and improvements made since the last CQC inspection in 2019 and acknowledge the recommendations made by CQC to continue to improve our services for patients, carers and the public.

### **Secondary Uses and Hospital Episode Data**

The Trust submitted records during 2020/201 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data: that included the patients valid NHS Number was 99.65% for outpatient care that included the patient's valid General Medical Practice Code was 99.23%

The above confirms data available for 1 April 2020 to 31 March 2021

The Trust did not submit any 'admitted care' data into SUS during 2020/21 due to CRU ward closure (COVID-19).



## Data Accuracy

Data security, data ownership and transparency are of paramount importance to the Trust, supporting both clinical and organisational management needs and is fully committed to ensuring that personal data is protected, and any confidential data is used appropriately.

The Trust complies with the relevant Information Legislation(s) and national codes of practice actively supports the transparency of information. The Trust complies with the General Data Protection Regulation (GDPR) by engaging with a Data Protection Officer (DPO). The DPO duties include promoting the accountability principle within the Regulation, which empowers the organisation to be compliant with the Data Protection Act 2018. Ensuring there is a subject matter expert provision for internal and external stakeholders to achieve compliance with privacy and information security in relation to the organisation activities. Protecting information, its integrity and availability throughout the lifecycle of the information and also supporting the move to integrated care modelling.

The Senior Information Risk Owner (SIRO) ensures that there is effective information governance in place. The SIRO Chairs the Information Governance Group which reports quarterly to the Audit Committee and in turn to the Board. The Caldicott Guardian is the Deputy Chair of the Information Governance Group, who works closely with the SIRO and the DPO, particularly where there are any identified information risks relating to patient data.

The Trust ensures effective information governance through a number of mechanisms, including education, policies and procedures, IT / information security controls, IT vulnerability testing, and by demonstrating annual compliance with the Data Security Standards of the Data Security and Protection Toolkit (DSPT).

The Trust demonstrates compliance with the 10 Data Security Standards, an outcome from the National Data Guardians – Review of data security, consent and opt outs report, via a self-assessment within the Data Security & Protection Toolkit (DSPT). During the 2020-2021 reporting year an extension was granted to the 30 September 2020 for Trust to comply with all 10 Data Security Standards due to supporting the COVID-19 pandemic response, compliance has been achieved by the extended deadline date.

In recognition of the importance of data security, there is a nationally set target of 95% of staff compliance with information governance training, this has been achieved. Training compliance is closely monitored and enforced where necessary.

## Information Governance

### Disclosure of personal data related incidents

The General Data Protection Regulations (GDPR) was introduced as part of a new UK Data Protection Act 2018 (DPA). The legislation strengthens the rights of data subjects, while increasing the responsibilities of organisations to process personal data in a lawful and transparent manner.

The Trust demonstrates compliance:

- A Data Protection Officer is in post to support the monitoring of data protection compliance and personal data breaches
- The approach to the management of personal data related incidents has been revised and a different reporting and escalation criteria was produced by NHS Digital in September 2018 - Guide to the Notification of Data Security and Protection Incidents.
- Incidents calculated as externally reportable **must** be reported to the Information Commissioner's Office (ICO), through NHS Digital's Data Security and Protection Toolkit (DSPT)
- Where there has been a personal data related incident that would likely result in high risk to the rights and freedoms of the data subject affected must be communicated with.

1 incident was reported to the Information Commissioner's Office (ICO) by the Trust during 2020/21.

Summary of incident	Date of Incident	Nature of Incident	No. of Individuals Affected	Lessons Learned
. A rapid change in process occurred to support patient engagement during the COVID-19 pandemic. Resulting in a multi-disciplinary team meeting notes of a young patient being sent by email to the wrong parent. The emailed letter contained sensitive information relating to the patient's physical and mental health		Disclosed in error	1	ICO confirmed no action to be taken  A peer review of any new process has been implemented locally  The re-enforcement of the security controls to be deployed in similar circumstance has been recommunicated to minimise re-occurrence

All incidents relating to a potential breach of personal data are reported, investigated and, where appropriate, remedial actions are implemented.

Risks to data security are managed at all levels, this includes ensuring that all colleagues with access to personal identifiable data have the necessary permissions to perform their job role and have completed their compulsory data security awareness training. All data security

arrangements are reviewed for adequacy on an annual basis. All IT equipment is fully encrypted and has upgraded its organisational and technical measures in place to maintain essential safeguarding of our information assets from threats.

## **CQUIN**

A proportion of the Trust income is based on achieving quality improvement and innovation goals agreed between LCH and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

All CQUIN were stood down for 2020/21 as per national guidance. Services were allowed to continue delivering them should they choose to and our Liaison and Diversion Service did continue on a voluntary basis.

## **Core Indicators**

**KPI table to be added but data for the year end not available until half way through April. It then won't be signed off for public circulation until the Board has seen it which will be 28<sup>th</sup> May**

## **F2SU**

Freedom to Speaking Up work has become an essential part of NHS organisational life. It allows staff to be heard, organisations to understand the voices and concerns of staff and for positive change to happen.

At Leeds Community Healthcare we have focussed on building an effective and caring speaking up culture. In the national 2020 Freedom To Speak Up Index Report we rate joint fourth out of all NHS Trusts for this culture. This is a tremendous achievement for all involved in this work - those who speak up, the Speaking Up Champions, the board, the Chief Executive, the Non Executive Director who leads on Speaking Up and the managers who work with concerns. It expresses how we as an organisation try to hear and understand our staff.

Our approach to culture is called 'Speaking Up is a practice not a position'. This means that at LCH there are a number of portals to enable speaking up. These organisational doorways include managers, HR, Staffside, Ask Thea, easy access to directors and the Freedom to Speak Up Guardian / Champions. This approach seeks to embody speaking up mechanisms across the trust and create a positive speaking up culture.

There is an established and effective process of speaking up. Every staff member who approaches the Guardian and Champions is offered ongoing support.

During COVID-19 we have developed new forms of the speaking up work. Central to this has been the development of Speaking Up Champions. We have 10 BAME Speaking Up Champions who are doing quality work supporting BAME colleagues. We also have a new Speaking Up Champion who is working with our Safeguarding Team and will focus on working with staff who have or are facing domestic violence and abuse.


The Freedom To Speak Up Guardian has also facilitated the support group for staff who shield since last July. This group meets fortnightly to support staff who are clinically extremely vulnerable. This work offers peer support for staff and for the trust an expert reference group on working with the issues around shielding. The West Yorkshire and Harrogate Partnership recently profiled this work on a webinar to support work around people who shield. As a result of the webinar a hospital in the region has now started a group for staff who shield led by their Guardian. A CCG in the region is also looking at creating a similar supportive space for their staff who shield.

The Freedom To Speak Up Guardian reports to the board at LCH and to the National Guardian Office. Assurances are given to LCH about spread ( to ensure we are covering all four business units - adults, corporate, children and families and specialist ), role ( to ensure we see colleagues from all occupations in the trust ) local comparison ( to ensure we are reporting numbers of cases similar to other trusts ) and national engagement ( to ensure we are fully involved in national and regional work ).

The work supporting Leeds GP Confederation and Leeds GP practices to build speaking up work continues. This is one of the national vanguard sites for speaking up in General Practice.

We are also working with Leeds City Council colleagues to support their development of this work. We understand this is the first such work in a local authority in the country.

Other features of the work this year include

- 
- LCH were the winner in the 2021 HSJ Award for Freedom To Speak Up Organisation of the Year
  - We presented at an event by the Royal College of GP's along with GP's from across the region on Problems in Practice looking at Duty of Candour, Speaking Up and Critical Incidents
  - We spoke at two regional Freedom To Speak Up conferences about our work and culture
  - The RCN asked the FTSU service at LCH for consultancy advice on their work
  - We ran sessions with ACAS to share learning and work
  - We have mentored and supported Guardians in other trusts
  - We undertook a peer review on the Speaking Up service at Leeds Teaching Hospital to support their work
  - We are working with the Guardian at Leeds Teaching Hospital on Gap Analysis - looking at how national reviews and learning correlate with our practice.
  - Blogs on national NHS websites and a YouTube video sharing the positive work between the BAME Staff Network and the Freedom To Speak Up Guardian service

The work continues to evolve and grow. It is a sign of our strong commitment to our people and their needs.

[Our F2SU Trust Video](#)

## **What people think of our quality account**

Our commitment

## **Appendix 1 – Comments from our Partners**

Healthwatch

CCG

## **Appendix 2 - Statement of Directors' responsibilities in respect of the Quality Account**

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

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

The content of the Quality Report meets the requirements set out in the Regulations and supporting guidance.

The content of the Quality Report is not inconsistent with internal and external sources of information including:

- board minutes and papers for the period April 2020 to May 2021
- papers relating to quality reported to the Board over the period April 2020 to May 2021
- feedback from Leeds Clinical Commissioning Group on **xxxx** and Healthwatch Leeds received on **xxxx**.
- the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints (England) Regulations 2009

- **the Head of Internal Audit's annual opinion of the Trust's control environment dated June 2020**
- CQC inspection report dated 28/10/2019
- the Quality Report presents a balanced picture of the Trust's performance over the period covered.

The performance information reported in the Quality Report is reliable and accurate.

There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.

The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions is subject to appropriate scrutiny and review.

The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report

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

By order of the Board

Signed..... Date

Signed.....Date

### **Acknowledgements**

We would like to sincerely thank everyone who made a contribution to the content and publication of our 2020/21 Quality Account. This includes, but is not limited to, patients, carers and representative groups, many of our staff, the Senior Management Team and the Board of Directors.

This Quality Account provides an insight into how we are working to realise our vision, values and strategic objectives, and our Quality Strategy. Quality is at the heart of everything we do; we hope we have demonstrated within this document how quality is created, embedded, developed and improved within LCH through sharing examples of initiatives underway to help us achieve these aims.

In line with other NHS organisations, we produce an Annual Report and Accounts to outline our financial and other key performance measures. These can be found on our website at [www.leedscommunityhealthcare.nhs.uk](http://www.leedscommunityhealthcare.nhs.uk)

## How to Comment

If you would like to comment on this document contact us:

By email to [lch.pet@nhs.net](mailto:lch.pet@nhs.net)

Please ensure you include 'Quality Account 2019/20 feedback' as the subject of your email.

In writing to:

The Clinical Governance Manager  
Quality Account 2019/20 Feedback  
Clinical Governance Team  
Leeds Community Healthcare NHS Trust  
1st Floor, Stockdale House  
Headingley Office Park  
Victoria Road  
Headingley  
Leeds LS6 1PF

## Glossary

**Always Events®** – Always Events® are defined as “those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the health care delivery system.” Always Events® is a co-production quality improvement

methodology which seeks to understand what really matters to patients, people who use services, their families and carers and then co-design changes to improve experience of care. Genuine partnerships between patients, service users, care providers, and clinicians are the foundation for co-designing and implementing reliable solutions that transform care experiences with the goal being an 'Always Experience.'

**Audit** – a review or examination and verification of accounts and records (including clinical records).

**Children and Adolescent Mental Health Services (CAHMS)** – a service specifically designed to look at the needs of children with mental health problems.

**Care Quality Commission (CQC)** – Health and Social Care regulator for England.

**Clinical Audit** – a review or examination and verification of accounts and records (including clinical records).

**Clinical coding** – an electronic coded format that describes the condition and treatment given to a patient.

**Commissioners** – organisations that agree how money should be spent on health within a community. This could be for example Clinical Commissioning Groups (CCGs – Groups of GPs) or NHS England (the central government organisation).

**CQUIN (Commissioning for Quality and Innovation)** – a financial incentive encouraging Trusts to improve the quality of care provided.

**Datix** – an electronic risk management system (database) used to record incidents, complaints and risks for example.

**Friends and Family Test (FFT)** – a measure of satisfaction usually via a survey or text message, which asks if staff / patients would recommend the service they received to their friends or family.

**Information governance** – the rules and guidance that organisations follow to ensure accurate record keeping and secure information storage.

**Innovation and Research Council** – this is an independent body which brings together the seven Research Councils, Innovate UK and Research England.

**Inquest** – a judicial inquiry to ascertain the facts relating to an incident.

**Leeds Safeguarding Children's Board (LSCB)** – a statutory body (independently chaired) consisting of senior representatives of all the principal agencies and organisations working together to safeguard and promote the welfare of children and young people in the City.

**Medicines management** – processes and guidelines which ensure that medicines are managed and used appropriately and safely.

**Methodology** – a system of methods used in a particular area of study or activity.

**NHS England (NHSE)** – the central organisation that leads the NHS in England and sets the priorities and direction of the NHS.

**NHS Digital** – is the national information and technology partner to the health and social care system. Looking at how digital technology can transform the NHS and social care.

**NCEPOD** – reviews clinical practice and identifies potentially remediable factors.

**National Institute for Health and Care Excellence (NICE)** an organisation that provides national guidance and advice to improve health and social care with the aim of improving outcomes for people using the NHS and other public health and social care services.



**National NHS staff survey** a survey that gathers the views of staff working in the NHS to give an overall indication of their experience of working for the NHS.

**National Reporting and Learning System (NRLS)** a central database of patient safety incident reports.

**OFSTED** is the Office for Standards in Education, Children's Services and Skills, who inspect services providing education and skills for learners of all ages and also inspect and regulate services that care for children and young people.

**Outcome Measures** – a measure (using various tools) of the impact of the intervention from a clinician's perspective or a measure of progress related to a specific condition or issue.

**Patient Experience Team** – a service that provides a listening, enquiry and signposting service to ensure that patients, carers and public have their questions and concerns resolved as quickly as possible.

**Patient experience** – feedback from patients on 'what happened and how they felt' in the course of receiving their care or treatment.

**Patient engagement** – methods for patients to take part in service improvement and service reviews.

**Patient satisfaction** – a measurement of how satisfied a person felt about their care or treatment.

**Payment by results** – the system applied to some services whereby NHS providers are paid in accordance with the work they complete.

**Pressure ulcer** – damage caused to the skin and the tissue below when it is placed under enough pressure to stop the blood flowing.

**Public Health England** – an organisation that works to protect and improve national health and wellbeing, and reduce health inequalities.

**Risk Assessment** – a process to identify risks and analyse what could happen as a result of them.

**Root Cause Analysis (RCA)** – a method of investigating and analysing a problem that has occurred to establish the root cause.

**Safety Huddle** – a mechanism of route discussions held within teams and across multi-professionals to discuss current patients to help reduce harm and risk and improve patient safety.

**Serious Incident (SI)** – these are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.

**Strategy** – the overall plan an organisation has to achieve its goals over a period of time.

**SUDIC** – a review of progress of unexpected child death.

**Trust Board** – the team of executives and nonexecutives that are responsible for the day to day running of an organisation.

**WRES** – Workforce Race Equality Standard.

**WDES** – Workforce Disability Equality Standard.

DRAFT

**Board Meeting held in public: 11 June 2021**

**Agenda item number: 2021-22 (28i)**

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**Title: Provider Collaborative Application for Lead Provider Selection: Tier 4  
CAMH Services, Business and Clinical Case**

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**Category of paper:** for approval

**History:** Quality Committee 24 May, Business Committee 26 May

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**Responsible director:** Executive Director of Finance and Resources

**Report author:** Executive Director of Finance and Resources

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## **Executive summary (Purpose and main points)**

The Lead Provider Application for West Yorkshire Tier 4 CAMHS Provider Collaborative – Business and Clinical Case has been produced to support the Trusts', including Leeds Community Healthcare, application to move from the current New Care Model arrangement to a Provider Collaborative led by Leeds and York Partnership.

The case is supported by embedded documents that are available from the Executive Director of Finance on request.

The Quality Committee focussed on the quality and clinical model aspects of the case at its meeting on 24 May, the Business Committee focussed on the Finance Case on 26 May.

Both Committees recommended approval to the Board.

As of 3 June, NHS England has not confirmed the availability of £1.71m mitigation to activity driven cost pressures. The Collaborative partners are asking Boards to approve the case subject to confirmation of the £1.71m.

The Business Committee asked that the Board be made explicitly aware of the financial risk to LCH based on the figures in the Case. Taking 2022/23, in the worst case where there are no cost savings from reduced admissions and length of stay the financial liability of LCH would be £605k. Assuming only 50% of the stated success in reducing these costs, the liability would be £338k. As stated, the business case has a liability for LCH of £71k in 2022/23 which is more than recovered in the subsequent year.

There is no doubt that the case for the very significant improvements in care for Leeds and West Yorkshire children and young people are financially risky. There is expected to be continued investments in CAMHS in West Yorkshire in the short and medium term which should contribute to reduced pressure and cost of in-patient services. In the event that the expected reduction in in patient costs do not materialise the financial consequences will become an issue for resolution across the West Yorkshire ICS.

## **Recommendations**

The Board is recommended to approve the Business Case subject to confirmation of £1.71m funding from NHS England.



# Provider Collaborative Application for Lead Provider Selection

## Tier 4 CAMH Services Business and Clinical Case

Leeds and York Partnership NHS  
Foundation Trust

(on behalf of West Yorkshire and Harrogate Health  
and Care Partnership)

May 2021

# **Lead Provider Application for West Yorkshire Tier 4 CAMHS Provider Collaborative – Business and Clinical Case**

## **1. Introduction and context**

### **1.1 Introduction**

The NHS Long-Term Plan sets out a vision for greater local system integration and autonomy. Supporting this, specialised services will move towards more integrated commissioning with local systems. The long-term ambition is to fully join up commissioning pathways for mental health, learning disability and autism: so that coordinated decisions are made across ICSs and Provider Collaboratives and funding is used in the most effective way possible to improve outcomes for people. Over the past few years, providers of Tier 4 CAMHS services in West Yorkshire have, through the West Yorkshire and Harrogate Health and Care Partnership, developed the relationships across providers and commissioners (CCGs and specialised commissioning) with a shared vision of what we want to achieve for Tier 4 CAMHS provision in West Yorkshire. Our West Yorkshire CAMHS New Care Model (NCM) affords us the perfect foundation to address improvement to services across the five places in WY along with inpatient and local community providers.

This business case supports our application in relation to the future commissioning and delivery of a West Yorkshire Provider Collaborative for Tier 4 CAMHS.

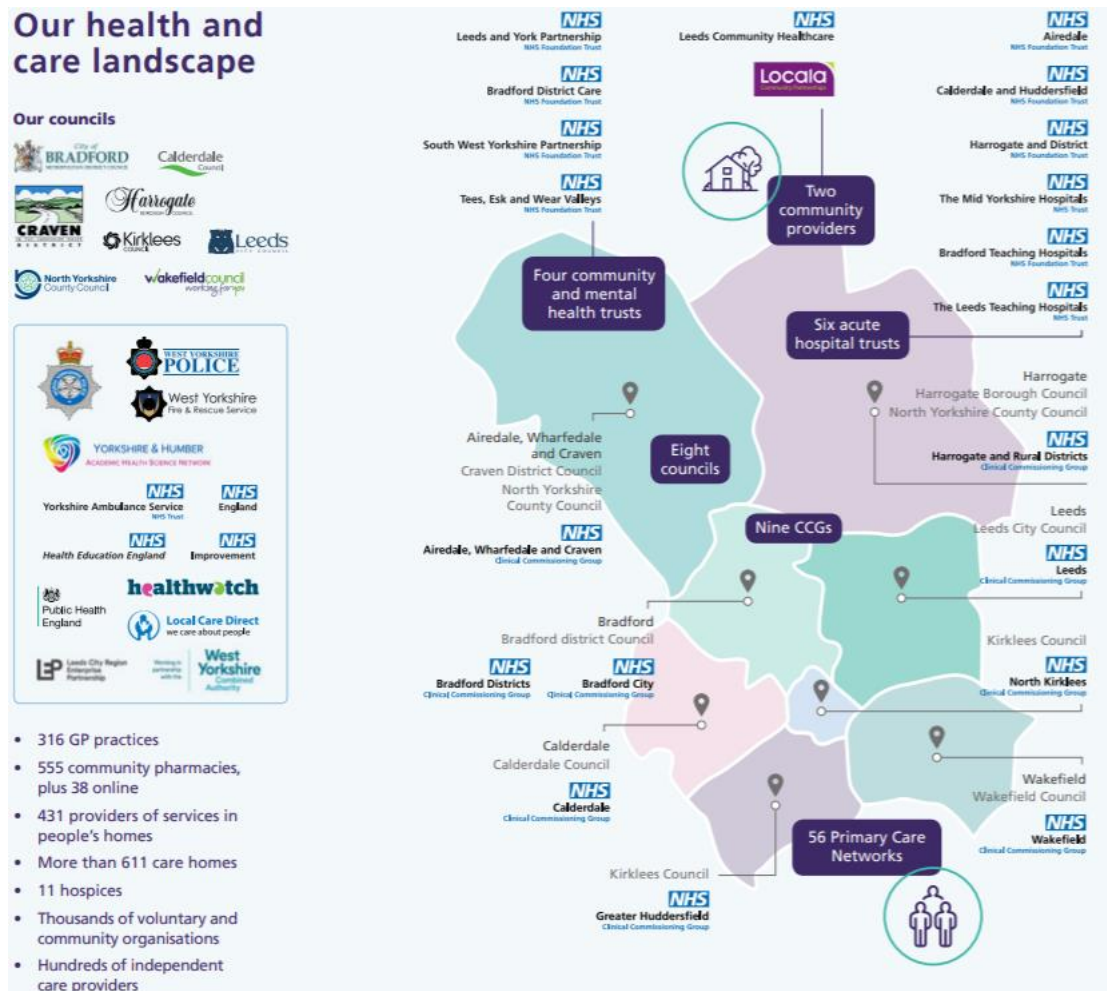
### **1.2 West Yorkshire and Harrogate ICS**

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) is the second largest ICS in the country in terms of population, with 2.7m people, and over £5bn of health and care funding. It is made up of 12 NHS Care Providers, 6 CCGs (following the merger of the 3 Bradford CCGs), 8 Local Authorities and key local voluntary sector and independent care providers as shown in the diagram below.

This business case is submitted under the umbrella of, and with full support from the WY&H HCP. As detailed later, we have established arrangements across the partnership that support effective collaboration and partnership working, alongside strong governance oversight.

The partners in the collaborative, Leeds and York Partnership NHS Foundation Trust, Leeds Community Healthcare NHS Trust, South West Yorkshire Partnership NHS Foundation Trust, and Bradford District Care NHS Foundation Trust worked together to develop the initial Provider Collaborative proposal (supported by our NHSE/I and CCG commissioners), and have maintained a strong partnership approach. This will be formalised through the signing of a partnership agreement. We have developed the relationships across providers and commissioners (CCG and specialised commissioning) with a shared vision of what we want to achieve for Tier 4 CAMHS in West Yorkshire. We have the engagement and support from local CCG commissioners, Local Authority colleagues, and regional specialised commissioning in developing this business case.

**Figure 1: West Yorkshire Health and Care landscape**



### 1.3 CCG Population and Patient Flow

The geographical footprint for this application is West Yorkshire incorporating Bradford and Airedale, Leeds, Wakefield, Kirklees, and Calderdale. The specific CCG areas included in the scope of the Provider Collaborative (PC) are:

- Leeds
- Wakefield
- North Kirklees
- Greater Huddersfield
- Calderdale
- Bradford City\*
- Bradford Districts\*
- Airedale, Wharfedale and Craven\*.

\*Now merged to form Bradford District and Craven CCG.

The selection of this footprint followed discussion in 2019 with Harrogate and Rural District (HaRD) CCG, NHSE Specialised Commissioning and Humber Coast and Vale Adult Secure Provider Collaborative as to the position of HaRD CCG, which in April 2020 became part of the NHS North Yorkshire CCG. It was agreed that patient flow from within the Harrogate and Rural District area would be to the Humber Coast and Vale collaborative, in line with other areas of the

NHS North Yorkshire CCG to remain consistent with ICS and CCG footprints.

## 1.4 Service Profile

### Lead provider

#### **Leeds and York Partnership NHS Foundation Trust**

Leeds and York Partnership NHS Foundation Trust is the main provider of specialist mental health and learning disability services in Leeds. The Trust also provides specialist services across York, the Yorkshire and Humber region, the north of England and some highly specialised national services.

The Trust's vision is to provide outstanding mental health and learning disability services as an employer of choice. This means supporting service users and carers, staff and the communities the Trust serves to live healthy and fulfilling lives where individuals can achieve personal and professional goals, and live free from stigma and discrimination.

From April 2021, LYPFT took on the management of inpatient CAMH services for West Yorkshire and will be Lead Provider for the collaborative.

### Partners in the Provider Collaborative

#### **Leeds Community Healthcare NHS Trust (LCH)**

LCH provide community healthcare services for the people of Leeds, delivering services in or close to people's homes and working with the whole family. The Trust work in partnership with other parts of the NHS including social care providers, the criminal justice system and the charity/voluntary sector, aiming to create joined up services which give people the care and support they need. LCH also provide some very specialised services across the Yorkshire and the Humber area.

LCH have led the work of the West Yorkshire CAMHS New Care Model and up until April 2021, managed the inpatient CAMHS provision in West Yorkshire. The Trust continues to offer community CAMHS provision in Leeds.

#### **South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)**

SWYPFT is a specialist NHS Foundation Trust that provides mental health, community and learning disability services to 1.2 million people across Barnsley, Calderdale, Kirklees and Wakefield. The Trust exists to help people reach their potential and live well in their communities by providing high-quality care in the right place at the right time. The Trust is the provider of community CAMH services in Wakefield, Kirklees and Calderdale.

#### **Bradford District Care NHS Foundation Trust (BDCFT)**

BDCFT is a provider of high quality mental health, community and learning disability services that look after the 'whole person', caring for their physical and mental health needs and working with individuals, their carers and partners to ensure that people get the right care, in the right place with the right support. The Trust is the provider of community CAMH services in Bradford.

## 1.5 Current provision

Inpatient CAMHS provision for West Yorkshire was previously provided by Leeds Community Healthcare (LCH). From 1<sup>st</sup> April 2021, this provision transferred to LYPFT. Little Woodhouse Hall is the current 8 bed (General Adolescent) inpatient unit which takes admissions from across West Yorkshire for young people who have a variety of mental health issues, including depression, anxiety and eating disorders. At present, Little Woodhouse Hall are operating at reduced capacity of 6 beds, due to Covid-19.

Community CAMH services in West Yorkshire are provided by LCH (Leeds), BDCT (Bradford) and SWYPFT (Calderdale, Kirklees and Wakefield).



The National CAMHS Tier 4 Review identified Yorkshire and Humber as one of the two areas nationally that was experiencing the most significant capacity issues in relation to Tier 4 CAMHS beds. It identified West Yorkshire as having fewer CAMHS beds per capita than all but one other area (South West) in England and Wales. As a result we often have to send our young people out of area and far from home to hospital.

A new Tier 4 CAMHS inpatient unit in Leeds is under construction and due to open in December 2021 to provide additional capacity in area. This capacity will include General Adolescent provision (GAU) including Eating Disorders (16 beds) and 6 Psychiatric Intensive Care (PICU) beds. Some services will continue to have to be provided out of area e.g. Low Secure CAMHS due to the absence of in area provision.

Whilst as a Provider Collaborative we will provide Phase 1 of CAMHS services, Phase 2 will continue to be commissioned by NHS England/Improvement (NHSE/I). In preparation for Phase 2 of the Provider Collaborative Programme it is important that we continue to work closely with NHSE/I to ensure that we understand the needs of all young people from West Yorkshire and develop pathways locally to support robust care pathways for all young people accessing CAMHS in-patient care. We welcome the opportunity to liaise closely with NHSE/I Commissioners and Case Managers so local teams can be involved with the planning of care for young people in CAMHS under 13, and Medium Secure and Deaf services.

## 2. Case for Change

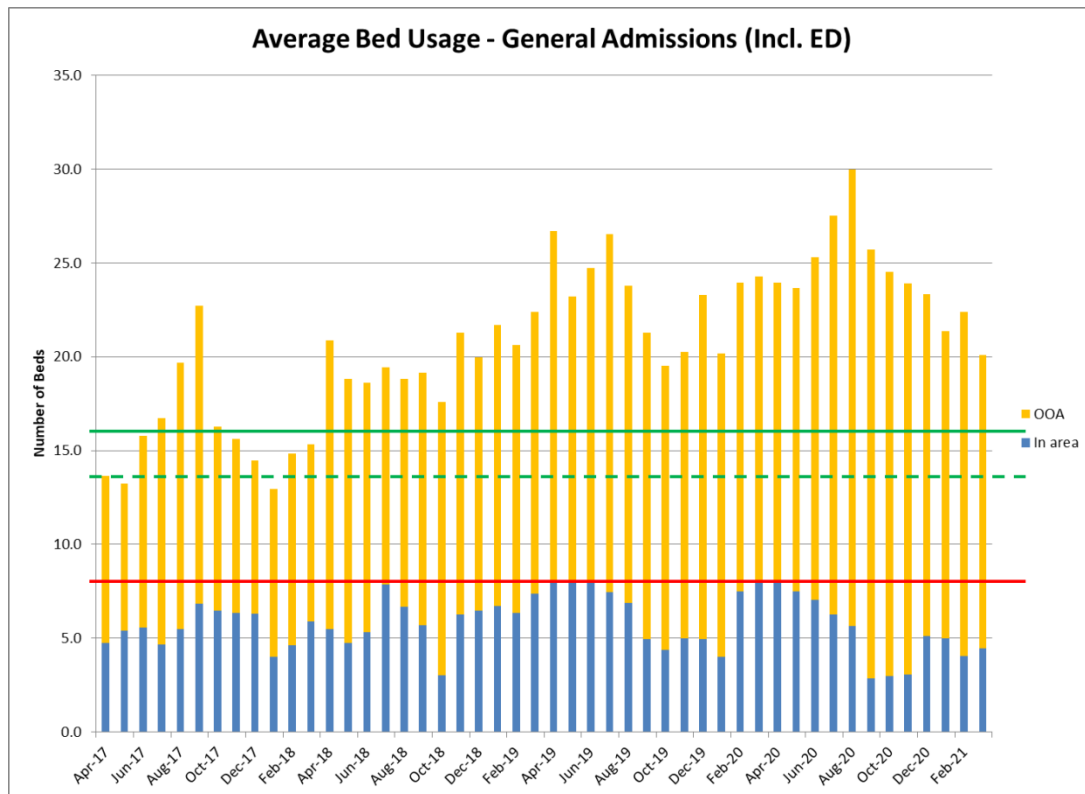
The information outlined in this section has informed our Clinical Case for Change and Clinical Models. Detailed analysis of current capacity, and gaps is given below.

### 2.1 Demand and capacity analysis

#### **CAMHS bed occupancy (in West Yorkshire and out of area)**

Analysis of activity data in relation to the West Yorkshire CAMHS New Care Model (NCM) bed occupancy from 2017/18 to March 2021 from the NHSE NCDR portal (a database built from SMH data returns from providers), including TCP cohort data, indicates that West Yorkshire currently does not have sufficient inpatient capacity to meet West Yorkshire demand. Demand is well above the Little Woodhouse Hall capacity of 8 beds, resulting in high OOA usage (Figure 2). There are peaks and troughs in demand. This does not appear to be a seasonal trend and more understanding of these fluctuations in demand will be needed. In addition, more could be done going forward to ensure in area beds are fully utilised to prevent OOA admissions.

**Figure 2: Average Bed Usage 2017-Present**



**Key**

In area – WY CAMHS beds (Little Woodhouse Hall)

OOA – out of area (all other units)

Red line – current bed capacity in area, 8 beds

Green line – future bed capacity in area, 16 beds

Green dotted line – future bed capacity in area at 85% occupancy, 13.6 beds

**CAMHS bed usage by type**

CAMHS bed usage by service type for the past 4 years is shown in Table 1.

**Table 1: Bed Usage by Type**

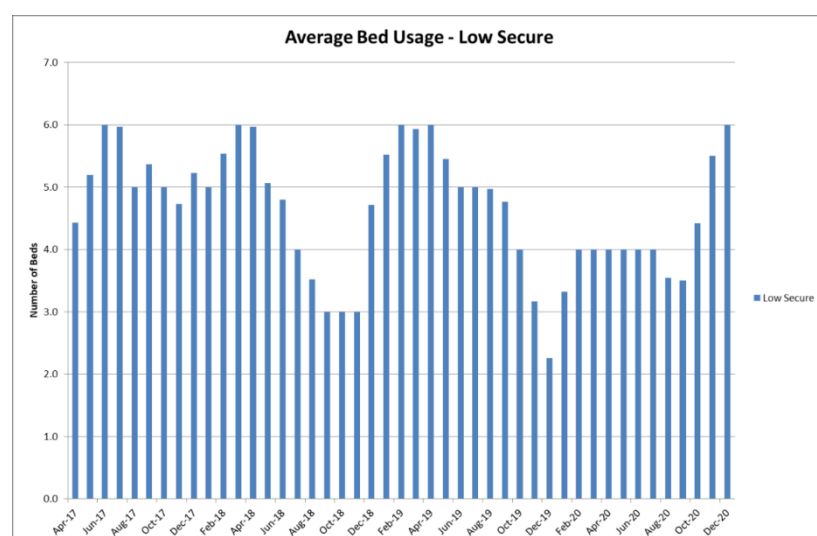
Service Type	2017/18	2018/19	2019/20	2020/21
General	15.0	16.8	17.0	17.3
Eating Disorders	1.0	3.2	6.1	7.1
<b>Sub-total</b>	<b>15.9</b>	<b>19.9</b>	<b>23.1</b>	<b>24.3</b>
PICU	6.6	2.9	4.7	4.4
Low Secure	5.3	4.5	4.3	4.9
<b>Total</b>	<b>27.9</b>	<b>27.4</b>	<b>32.2</b>	<b>33.6</b>

This indicates there has been a general upwards trend in bed usage with increase in GAU and ED usage. 2018/19 is the baseline year and there has been an increase in general admission bed usage, and a significant increase in eating disorder and PICU bed usage since then. There has been a reduction in demand for PICU capacity in recent years. Planned PICU capacity in WY for the new Tier 4 unit will be 6 beds.

The impact of COVID-19 on demand is not yet fully understood, so it will be important to monitor changes in demand over the coming months.

Bed usage for Low Secure CAMHS is shown in figure 3 below. There are peaks and troughs in demand more understanding of these fluctuations in demand will be needed. Low secure provision will continue to need to be provided out of area due to lack of this provision in West Yorkshire.

**Figure 3: Average bed usage- Low Secure**



### Length of stay

Analysis of the length of stay is shown below. This is the average total length of stay for patients discharged in that particular year (some of the stays span financial years) for all service types (general, low secure, eating disorders).

**Table 2: Average of length of stay (completed stays only)- West Yorkshire**

Service Type	2017/18	2018/19	2019/20	2020/21
General	87	76	104	89
Eating Disorders	112	116	152	170
PICU	92	78	119	86
Low Secure		403	293	488

**Table 3: Average of length of stay (completed stays only)- National**

Service Type	2017/18	2018/19	2019/20	2020/21
General	69	68	75	71
Eating Disorders	158	150	151	148
PICU	96	81	90	98
Low Secure	72	277	303	389

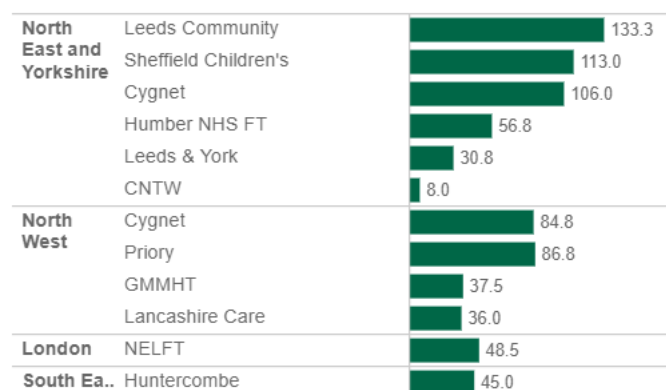
**Table 4: Average of length of stay (completed stays only) split by LD/Non LD- West Yorkshire**

	2017/18		2018/19		2019/20		2020/21	
Service Type	Non-LD	LD	Non-LD	LD	Non-LD	LD	Non-LD	LD
General	81	263	66	159	98	122	89	87
Eating Disorders	112	0	116	0	152	0	170	0
PICU	92	0	82	24	114	131	90	72
Low Secure	0	0	483	242	216	483		488

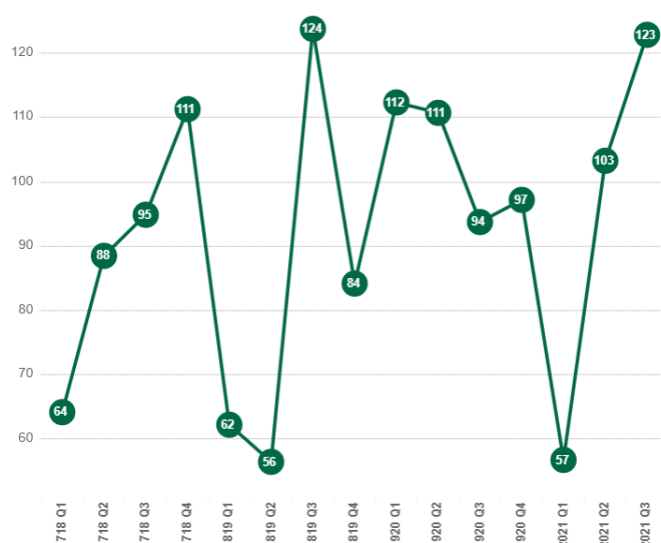
**Table 5: Average of length of stay (completed stays only) split by LD/Non LD- National**

	2017/18		2018/19		2019/20		2020/21	
Service Type	Non-LD	LD	Non-LD	LD	Non-LD	LD	Non-LD	LD
General	66	86	62	94	69	103	66	94
Eating Disorders	157	208	151	137	148	173	142	190
PICU	82	143	81	82	87	103	93	118
Low Secure	72	0	295	252	287	331	342	480

**Figure 4: Average Length of Stay (WY General Admissions Only) by Provider 2020/21**



**Figure 5: Average Length of Stay by Quarter of Discharge (WY General Admissions Only)**



Analysis of length of stay data indicates that LoS is higher for West Yorkshire patients than national average for GAU, ED, and Low Secure. Specialist placements are significantly longer than general placements. LoS for LD patients are significantly higher except for PICU admissions. There is a high degree of variability in LoS between providers for West Yorkshire patients. It therefore appears that there is scope to reduce LoS, improve patient experience and make financial savings.

### **2020/2021 activity**

Actual activity for 2020/2021 is given below (table 7)

**Table 7: Admissions and out of area data for 2020 to date**

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Number in cohort	32	31	32	40	37	34	32	32	34	32	33	31
Number out of area	26	24	25	34	33	31	29	28	29	27	29	26
- Appropriate	4	4	4	4	3	4	5	6	6	6	7	7
- Inappropriate	22	20	21	30	30	27	24	22	23	21	22	19
Admissions	17	3	10	14	9	9	8	8	14	7	3	6
Discharges	15	4	9	6	12	12	10	8	12	9	2	8
Repatriations in month	-	-	-	-	-	-	-	-	-	-	-	-
OBDs	956	1,008	1,010	1,150	1,208	1,049	1,062	986	1,033	964	907	923
Out of area OBDs in month	718	776	799	956	1,033	963	969	894	874	809	794	785
- Appropriate	120	124	120	124	110	105	137	165	186	186	182	215
- Inappropriate	598	652	679	832	923	858	832	729	688	623	612	570
Median distance from home	44.9	45.04	45.7	45.04	46.6	46.6	48.3	48.3	44.9	45.04	44.9	46.4

**Table 8: Admissions by place (in scope of the collaborative April 20 – March 21)**

Place	Admissions	Population	Admissions per pop
Bradford	16	149,674	0.011
Calderdale	8	48,467	0.017
Kirklees	28	105,300	0.027
NHS Leeds CCG	37	178,507	0.021
NHS Wakefield CCG	9	77,366	0.011
Total	98		

Numbers of admissions comparative to under 18 population are higher for Kirklees and Leeds than other areas of West Yorkshire. There are variations in length of stay by place (see table 9). However, it is worth noting this is a current snapshot and may not be representative over time.

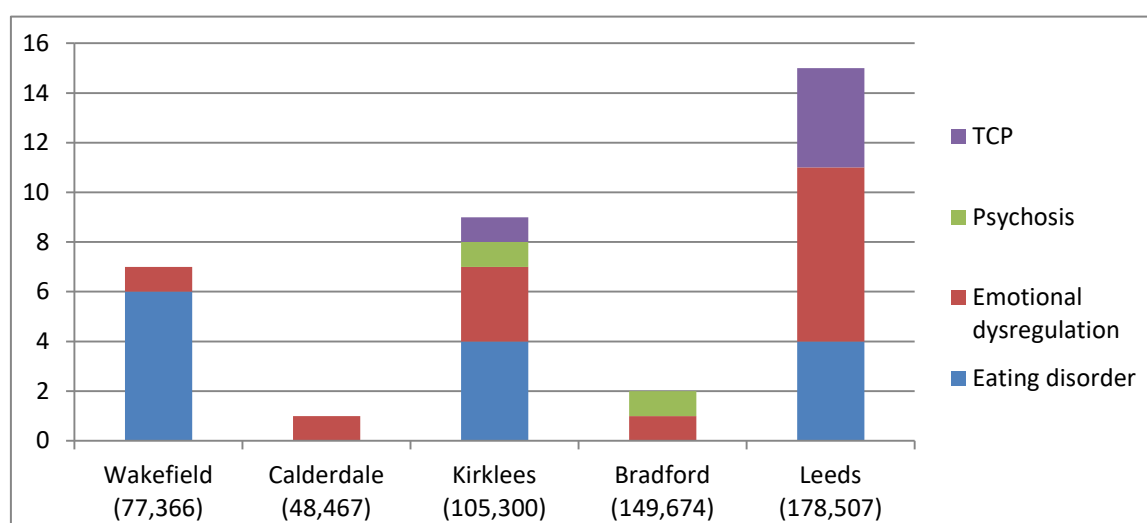
**Table 9: Length of stay by place (in scope of the collaborative April 20 – March 21)**

Place	Acute- adolescent inpatient	ED- adolescent inpatient	PICU	Low Secure	Total
NHSE Bradford District and Craven CCG	92	182	42		107
NHS Calderdale CCG	102		78		92
NHS Greater Huddersfield CCG	58	123	52	414	84
NHS Leeds CCG	94	92	73	433	99
NHS North Kirklees CCG	50	143	26		68
NHS Wakefield CCG	118	204	334		168
Total	85	148	77	424	98

Analysis of the presenting problems of current inpatients is given below by place.

**Table 10: Presenting problems of current inpatients**

Mar-21 Area and under 18 pop.	Presenting Problems of Current Inpatients			
	Eating disorder	Emotional dysregulation	Psychosis	TCP
<b>Wakefield</b> (77,366)	6	1	0	0
<b>Calderdale</b> (48,467)	0	1	0	0
<b>Kirklees</b> (105,300)	4	3	1	1
<b>Bradford</b> (149,674)	0	1	1	0
<b>Leeds</b> (178,507)	4	7	0	4



Based on data over the last two quarters of 20/21, it would be expected that the typical breakdown of presentations of young people who are admitted to hospital, from any one area would be:

- 40% having issues with emotional dysregulation (44% as of Mar-21)
- 30% with eating disorders (36% as of Mar-21)
- 20% with a psychotic disorder (5% as of Mar-21)
- 10% TCP (15% as of Mar-21)

Of the total admissions, from the snapshot above there are disproportionate number of admissions for those with issues of emotional regulation in Leeds and for those with eating disorders in Wakefield and Kirklees. However, it should be noted this is a snapshot based on current activity.

### Impact of Covid

We are mindful of the increase in activity for inpatient CAMHS. Through work of the Care Navigators, we have identified a number of areas that increase in activity may be attributable to:

- Increase in demand for ED admissions, a national trend seen as a result of the Covid-19

pandemic

- Presentations of self-harm for CYP particularly in Leeds, causing pressure to 111 and emergency services, and leading to admission
- Increase in waiting lists for ASD services, with risk that those with ASD then require admission due to issues in managing behaviour and lack of available alternatives

## 2.2 Service gaps

The underlying rationale of our case for change for West Yorkshire Tier 4 CAMHS services is driven by the ambition that our children and young people (CYP) with serious mental health problems should be looked after at home or as close to home as possible and awareness of:

- Lack of available Tier 4 capacity in West Yorkshire, compared to demand (as outlined above)
- High levels of out of area placements, as a result of the above
- Disparity in crisis/home based-treatment across our geography
- Need to better support children and young people with Eating Disorders

As identified above, we know that we have fewer CAMHS beds per capita than all but one other area (South West) in England and Wales, and as a result we often have to send our young people out of area and far from home to hospital. Therefore, development of the new Tier 4 CAMHS unit is welcomed in addressing this gap.

Crisis and home-based treatment varies across our region. There is need for clear agreement across West Yorkshire on what crisis provision should look like, and greater standardisation to reduce disparity between our places and to ensure that CYP have equitable access to this provision, to support reduction in need for inpatient admission. This has recently been discussed by the CAMHS Partnership Steering Group with regional recommendations being made. Enhanced investment in crisis and home-based treatment may therefore support reduction in admissions.

Community provision for those with Eating Disorders also varies across the region, and with some areas having developed shared care protocols with acute services, with others not having formal protocol in place. Specifically in the context of increasing need, this is therefore another key area for development, particularly in Kirklees and Wakefield who have a high proportion of admissions due to ED. Work of our Care Navigators has identified:

- Increase in ED presentations across WY both before and during Covid with concurrent reduction in national bed availability.
- Direct pressure on Children and Young People, Community Eating Disorder Services (CYP-CEDS) capacity and recruitment, needing adaptive interventions and local procedures with other partners such as paediatric wards.
- Lack of parity of ED services across WY patch leading to non-uniform clinical model, competition for staff recruitment and varying access to clinical training.
- Need for a joined-up community, inpatient CAMHS and paediatric strategy across the whole of WY.

Work is ongoing to consider improved work with Social Care to facilitate discharge.

## 2.3 Alignment with National Adult Secure Review and Transforming Care Programme

The New Care Model Pilot did not include young people with autism and or learning disability. At the time West Yorkshire applied to be a Wave 2 pilot site, the governance around the TCP cohort across WY was not cohesive or mature enough for us to confidently be assured that the opportunities afforded by including this group would outweigh the significant clinical and financial risks.



Our intention is that the TCP group will be fully part of the Provider Collaborative going forward and we have already been working closely with the local Transforming Care Partnership. Whilst this group of young people have not been within the Provider Collaborative we have clinically started to work with them through our Care Navigators since 2019/20. As we have increased our care we have been able to offer the same “confirm and challenge” as we currently do for those young people without a diagnosis of autism or learning disability.

West Yorkshire are within trajectory for TCP patients (see appendix 5) and are about to start phase 4 plans for delivery 2021-2024. The new trajectory for West Yorkshire is that we achieve 90% discharges by 2024 (for West Yorkshire this is 90% of 8 people). Work is underway with TCP colleagues to understand plans in more detail.

### 3.The new clinical model

#### 3.1 Engagement and co-production

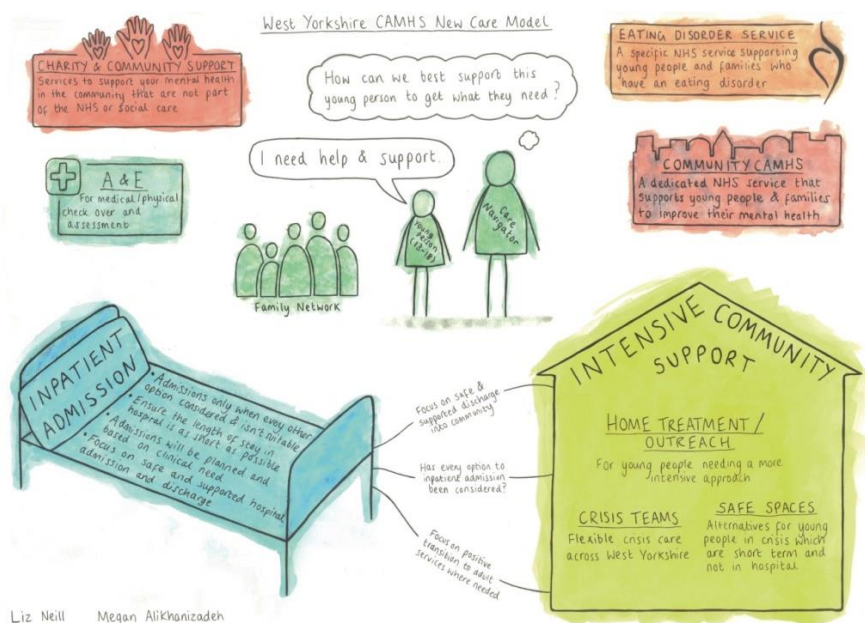
Engagement and co-production has been central to the development of the CAMHS New Care Model (NCM), and will continue to be embedded within the Provider Collaborative.

Prior to the development of our NCM, we commissioned CommonRoom Consulting to undertake two pieces of work. The first was to undertake a desktop review of what young people wanted from our model, to be delivered ahead of us ‘going live’ as a pilot (Neill, 2018). This allowed us to develop our model in line with what young people said.

Secondly, during the early part of 2018, CommonRoom Consulting spoke to 12 young people under 19 years; 9 of these had recently stayed or were currently staying in a CAMHS inpatient unit and 4 parents whose children had at least one inpatient admission in the previous year. The participants’ experience covered CAMHS inpatient and community services in Leeds, Sheffield, Doncaster, Huddersfield, Bradford, Airedale, Wakefield, York, Bury and Manchester. The aim was to sense check the proposed model and gain insight into the benefits and possible pitfalls of such an approach from their perspective, including the introduction of Care Navigators, designated ‘safe spaces’ for crisis care and improvement to CAMHS Inpatient premises for the region. The discussions were intended to reflect on personal experiences of the existing systems and pathways in place whilst exploring the proposed model in order to steer new developments.

To facilitate this an illustration was created to explain how the model would work in practice:

**Figure 6: West Yorkshire CAMHS model**





The resulting work (Alikhanizadeh & Neill, 2018) was used to inform the clinical model. By using the words of young people we have been able to clearly describe our model such as “[this is] a great idea....to double check that people are moving forwards not backwards [on their care pathway].” Young people told us they wanted us to think more about ‘safe spaces’ as an alternative to assessment in the Emergency Department, which they saw as “a good idea [because going to] A&E is not relaxing and it can be traumatic”. Carers too were positive, noting the negatives of hospital admission “She could’ve come out earlier. She’s now in a worse place mentally” and that “we could manage in the community if support was not just nine to five.”

We engaged with families and young people find out what young people wanted from the NCM clinical model to add to the data collected by individual inpatient units and CAMHS teams on how they are performing from a user perspective. We have asked about the impact of services on young people and how they and their families are supported by crisis, home/community treatment and inpatient services.

We have also worked alongside key clinical stakeholders to create and develop the current clinical model. Engaging with both senior leaders and front line staff we ensure that all our developments support clinical staff locally so that they can offer better services for young people as close to home as possible. We do this through formal structures such as the CAMHS Partnership Steering Group (described in our governance) but also through our everyday conversations on the ground.

Co-production and service user involvement will continue to be central to the development of the Provider Collaborative.

Children and young people have been central to naming of the new West Yorkshire CAMHS inpatient unit, Red Kite View. Discussions were held with young people at Little Woodhouse Hall and Mill Lodge and at meetings of the Leeds Community Health Care (LCH) Youth Board to engage young people in choosing the name of the new unit. It proposed CYP will continue to be involved through:

- Development of Care Pathways
- Development of Operational Policies
- Selection of décor/furniture for the new unit
- Naming/theming of wards/rooms on the unit
- Selecting/creating art work
- Being a member of recruitment panels
- Developing the opening event (s)

### 3.2 Vision for the service

In West Yorkshire (WY), commissioners and providers alike passionately believe that our children and young people (CYP) with serious mental health problems should be looked after at home or as close to home as possible. The commitment in the Long Term Plan to move more care into the community and support local systems to take greater control of how budgets are managed chimes with our aspirations.

### 3.3. Principles

The principles by which the PC will operate will be reflected in our partnership agreement. Partners will:

- make decisions that are focused on the interests and outcomes of service users and people in the region rather than organisational interests
- support each other in achieving the collaborative objectives;
- be accountable
- be open, honest and transparent by communicating openly about concerns, issues or

- opportunities
- adhere to statutory requirements and good practice.

### 3.4 Objectives

The overall objective of the CAMHS Provider Collaborative, which we have worked to implement through our NCM, is to work with local services to fully join up mental health commissioned pathways. Through increasing the offer of support in the community we aim to ensure that:

- CYP are cared for in the least restrictive environment with CYP being supported in their home and local community wherever possible with **fewer CYP admitted to inpatient beds**
- **Inappropriate admissions and the length of stay are reduced for CYP admitted to the WY Tier 4 (T4) unit** - when CYP do need to be admitted, this will be in WY, based on clinical need, for as short a period possible, with effective transition between community and hospital
- We build **capacity in community CAMHS** services – crisis teams will support this, and supply advice and training to the core community teams
- Young people do **not need to travel further than 35 miles** with the development of a new inpatient unit being as centrally placed within WY as possible, and serving all WY young people

### 3.5 Improved inpatient provision

Our proposed clinical model for the Provider Collaborative builds on the work we have established through the NCM.

In WY, the biggest impact on services will be the development of a new inpatient unit for children and young people, Red Kite View. This unit, being built at the St Mary's Hospital site in Leeds, is part of the NHS England Specialised Commissioning Tier 4 national service review and will see expansion of the local bed base from 8 GA beds to 16 GA beds and 6 PICU beds. We will continue to ensure that young people who don't need an admission are managed safely in the community.

Red Kite View will ensure inpatient provision for children and young people (CYP) presenting with eating disorders, emotional dysregulation, and psychosis in need of admission in area. We expect young people to have co-morbidities which will include autism and learning disability and will develop clinical pathways with these presentations in mind.

We recognise that we will continue to require access to secure CAMHS beds from outside West Yorkshire.

### 3.6 Inpatient Clinical Model

Our clinical model will be:

- **Person-centred**- we will ensure that young people are involved not only in their own care planning and treatment pathway but are able to inform and influence the design, development and delivery of the service
- **Mindful of the importance of involving families and carers**- care planning will involve families and carers as far as is appropriate.
- **Systemically-informed**- the Tier 4 unit will develop a holistic approach, recognising that the impact of social and emotional factors in a young person's experience and environment is integral to their mental wellbeing.
- **Integrated**- the Tier 4 inpatient offer is one aspect of the CAMHS whole pathway, therefore we recognise the importance of considering the role and purpose of the inpatient

offer in the context of the overarching offer for children, young people and families and development of in-reach and outreach.

- **Assessment-led and formulation driven-** understanding the root causes of a young person's distress and working with community colleagues (with the young person and family) is the optimal way to construct effective treatment plans that lead to effective discharge.
- **Informed by learning-** we will facilitate and promote understanding of how and why young people are referred and admitted to inpatient services to identify patterns and themes leading to discussions at a strategic level, informing future best practice.
- **Innovative-** we will promote opportunities for innovative practice in a safe environment

The Provider Collaborative will work to ensure pre-admission involvement e.g. attendance at community CPA by a member of the Tier 4 team to facilitate exploration of all options. Access assessment will determine whether inpatient admission is required. Where an inpatient stay is recommended this will have a clear focus on:

- What it is hoped will be achieved from admission
- Clarity of goals
- Expected length of stay and discharge planning from the outset

The referral and access assessment process is outlined in Appendix 6

Following access assessment, where admission is recommended, an admission for 7-10 days will be agreed to rule out/rule in diagnosis or help with formulation in order to gather evidence towards the appropriate pathway. The result could be a continued admission agreed at the first emergency CPA (7-10 days). Our ambition is over time to achieve 42 days maximum for admissions except eating disorders (90 days maximum).

Each young person will be assessed by the multi-disciplinary team, and formulation in turn will indicate the appropriate treatment interventions, so treatment of young people will not be solely determined by diagnosis and will be tailored to the young person's individual needs and, as far as possible, wishes.

During admission, the Tier 4 unit will work with community CAMHS teams to agree the support the Child/Young Person will require on discharge and will make all efforts to ensure in-reach to prepare for this transition.

Our overarching treatment approach will be informed by a number of theoretical models. These include:

- AMBIT
- Trauma-informed approaches
- Positive behaviour support

**AMBIT** has been developed by the Anna Freud foundation and is employed by community and inpatient services. It therefore has the advantage of offering a common currency of therapeutic language and understanding across services.

AMBIT is a mentalisation-based approach which places emphasis on the therapeutic relationship between worker and child/young person. Mentalisation is the capacity to make sense of one's own and other people's behaviour in terms of intentional mental states (for example feelings, beliefs, desires, reasons, needs). The ability to think about and make sense of one's own thoughts and feelings is a critical part of managing one's own feelings. In addition, thinking about others' thoughts and feelings is central to improving interpersonal relationships.

AMBIT will underpin our approach to GAU admissions.

**Trauma-informed approaches** are based on the knowledge that trauma is widespread and

causal in the development of significant mental distress.

The key principles include:

- Understanding there is a link between mental health and trauma (broadest definition of trauma)
- Knowing how to enquire about traumas sensitively
- Reducing the use of restrictive interventions
- Prioritising trustworthiness and transparency
- Developing collaborative relationships
- Promoting a strengths-based approach that reframes symptoms as coping adaptations

### **Positive behaviour support (PBS)**

A PBS approach will underpin our management of PICU provision. PBS is a person-centred model that aims to prevent challenging behaviours occurring, and safely manage them when they do. It is a multi-component framework for developing an understanding of challenging behaviour based on social and physical environment, including stakeholder perspective and involvement and using this understanding to develop and evaluate a personalised system of support as follows:

**Stage 1:** Collection and analysis of data relating to the behaviour concerned, this includes; an examination of what happens before, during and after the behaviour, how intense it is, how often it happens and how long it lasts.

**Stage 2:** When you feel that you have a detailed understanding of a the behaviour and why it is happening, design and put in place a number of strategies to reduce the person's unwanted behaviours and enhance their lifestyle opportunities and wellbeing. The strategies are grouped as:

**Primary prevention:** Everything that is put in place that reduces the likelihood of the behaviour happening; for example managing situations that you know will trigger a behaviour, changing environments, and providing opportunities for new experience and acquiring new skills.

**Secondary prevention:** These are plans for what to do if the primary strategies do not work and behaviour starts to escalate. These might include using calming approaches, changing the environment, diverting the person's attention to an activity they enjoy.

**Reactive strategies:** These are planned, robust strategies that are put in place to be used as a response to an incident of challenging behaviour. They aim to take control of a situation and minimise the risk to the person and others.

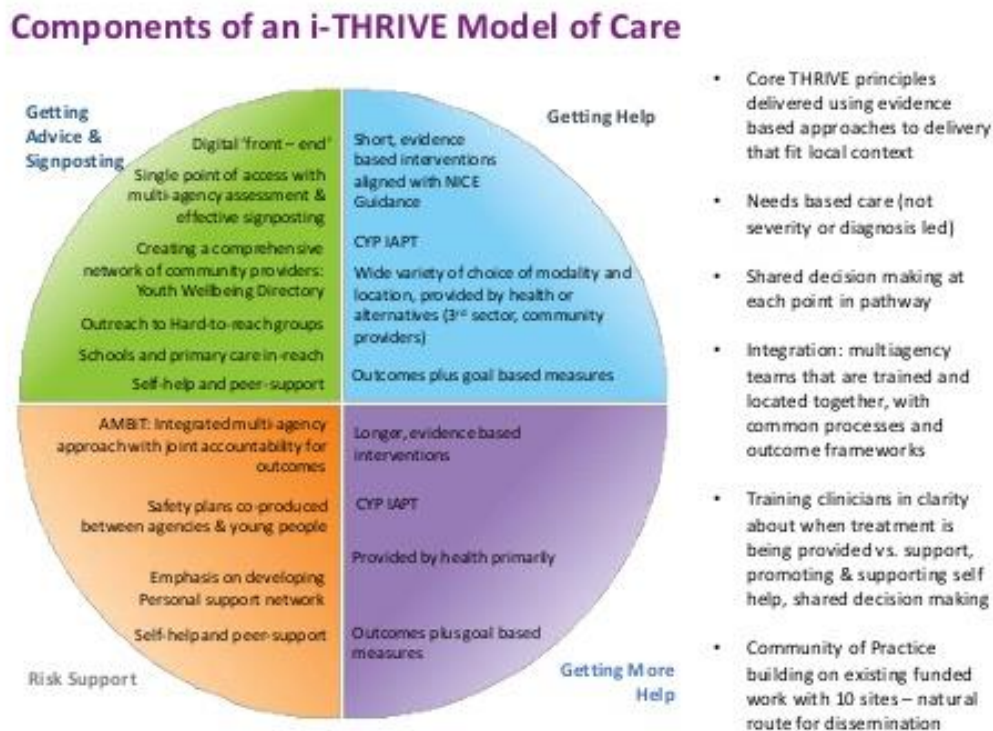
**Stage 3:** Regularly review and revise the support provided to make sure that it reflects their current needs, interests, health and wellbeing and risks.

The inpatient offer is one aspect of the CAMHS whole pathway, therefore it is necessary to consider the role and purpose of the inpatient offer in the context of the overarching offer for children, young people and families.

National guidance on inpatient CAMHS states that admission must operate within a pathway of care, involving the local community teams. This is essential to prevent a protracted length of stay or care episode; the development of dependency on the inpatient unit, and loss of contact by the young people with their family, and local community and professionals that may be supporting them.

Future in Mind (2015) proposed a move away from the traditional tiered approach to delivering CAMH services (NHS Advisory service, 1995), allowing children to access services according to need. Nationally, many CAMH services have moved towards adopting the "i-THRIVE" model developed by the Anna Freud Centre and the Tavistock and Portman Trust NHS Foundation Trust (see below). The i-THRIVE model suggests services should be organised according to need and emphasises the importance of working closely with partner agencies. The CAMHS in-patient service will be fully integrated with, and supported by, the local CAMHS teams and partner agencies and aspire to provide a whole service, community and multi-agency approach informed by the i-THRIVE model.

**Figure 7: Components of i-THRIVE**



### 3.7 Improved capacity in community CAMHS

We will continue to ensure that across WY, the Provider Collaborative is working to ensure that each local place has:

- A crisis offer which offers an appropriate level of support at all times of the day, 365 days a year
- A community intensive service
- Access to a safer space
- Community eating disorders provision

There is strong research evidence supporting development of community alternatives to inpatient care (community intensive services) for certain groups of young people with mental health problems (James & Worrall-Davies, 2015). Treatment effects of several intensive community models of care are of similar scale to those obtained through inpatient treatment and may be sustained longer after follow up. Some models including assertive outreach also show cost savings, and are certainly less financially costly to families. Such community intensive/outreach approaches work best when they are well-integrated with the community CAMHS and have access to an inpatient unit. Patient and family satisfaction is also higher. Studies support the use of alternatives to inpatient admission for particular groups of young people and suggest a need for a combination of complementary models of specialist intensive provision (Lamb, 2009).

Common characteristics of all community intensive services are generally considered to include (O'Herlihy, 2010; James & Worrall-Davies, 2015):

- Immediate response: access a crisis response from a CAMHS professional within a few hours of initial request.
- 'Out-of-hours' cover: able to respond within 24 hours 7 days a week
- Assertive approach to engagement: persistent approach with repeated attempts to make contact, including immediate follow-up of DNA.
- Flexible approach: safe meeting locations agreed with young person and or carer, at a time that suits them (incl. Phone, face-to-face contact at home or school etc.).

- Planned intensive intervention: frequent clinical input (e.g. 3-5 contacts a week), and high staff to service user ratio until the need for intensive input is resolved.
- Support a stepped care approach
- Collaborative relationships: able to access other CAMHS professionals and agencies as required in order to meet the needs of the young person and their parent or carer.

Research and national guidance (Gowers, Clark, Roberts et al,2010; NICE, 2016) now clearly state that for certain young people management out of hospital delivers better outcomes. Admission should not be purely for psychological treatment of an eating disorder, for instance. Young people who present with emotional dysregulation and risky behaviours to self and others often increase in risk within the inpatient setting necessitating transfer to environments of greater security.

Community intensive services avoid some of the well-recognised adverse impacts of an inpatient admission: loss of peer and community links and support, learning of behaviours from others in the unit, financial costs to parents of travelling to and from the unit for visiting.

By establishing a level of community intensive service across West Yorkshire more capacity and capability will be put in place in the community in order to provide an alternative to inpatient admission. In doing this we will ensure consistency in the threshold for admission and discharge from beds across the region.

Across WY ICS an out of hours helpline is being piloted for CYP.

Work is underway to develop improved pathways for Eating Disorders with aspiration to improve parity of ED services in terms of clinical model, staffing and training, and implement paediatric procedures across West Yorkshire.

This includes:

- Establishing clear medical admission protocols for the treatment of Anorexia Nervosa and other related ED presentations across the region, utilising assistance from teams who have these established
- Development of posts within Community Eating Disorders teams which establish close working relationships with paediatrics to develop protocols and joint CPD activities which help staff across teams to deliver joined up, evidenced based care (Junior Marsipan 2012). These posts were supported by NHSE/I Winter Pressures Funding in Bradford and Wakefield.
- Establishing evidence-based working models across services
- Improving transitions for young people with ED. This includes establishing a forum where CYP Community Eating Disorder Services and CONNECT (the adult ED service) discuss the pathways available and other related issues for young people transferring to adult services.

Our longer- term ambition is to develop an Intensive Treatment Programme (ITP) for CYP with Eating Disorders for West Yorkshire.

ITP has emerged as a strong evidence based- alternative to inpatient admission. The national Maudsley Centre for Child and Adolescent Eating Disorders, MCCAED report admission rates of 2.5% for the patients accessing ITP.

The intensive day program would be offered to young people with a restrictive ED who are at high risk of inpatient admission. Admission criteria would follow Junior MARSIPAN guidance for those in green, amber or red zones being considered. If medically unstable, admission to paediatrics

would occur initially with outreach support before attending the day service. Day attendance could also be offered as a “step-out” of inpatient paediatric or CAMHS inpatient care to facilitate early discharge. The aim of the program would be to help the young person and their family to reduce the risk of NG use, improve physical health and reengagement with treatment. Young people who remained in green, amber or red zone of MARSIPAN despite input from the day service would still be considered for inpatient admission – this would be monitored by CAMHS outpatient, inpatient and paediatric clinicians on a daily basis to review which pathway would be the most appropriate.

Waiting times for ASD assessment are an ongoing issue across the West Yorkshire region. Frequently there is an escalation of such CYP necessitating admission inappropriately, after which the tier 4 services diagnoses ASD and leads to an inpatient CETR. This, in our opinion, leads to an improper use of an inpatient bed.

Our ambition is to create a team to fill the gap between the robust access assessment team/community CETR process and the new keyworking pilot. This team would pick up the referrals of those young people who are awaiting an ASD assessment who are then referred to a tier 4 access assessment. This team will aim to work with the CYP, family and CAMHS team alongside education and social care to assess and clarify diagnosis of ASD and advise the access assessment based on that including a CETR call.

In parallel, the new key working pilot which is due to be implemented in West Yorkshire will work to prevent this patient from escalating into Tier 4 or if they need admission, to reduce duration where alongside CAMHS and other agencies the key worker pilot will pick the CETR recommendations to avoid relapse.

### Place- based priorities

We recognise the need for the ambitions of the Provider Collaborative to be supported by the plans for each of our places, and that there is further work to do to enable implementation of our ambitions. We have engaged with commissioners and providers to understand local plans which will support us to move towards our ambitions. These are outlined below for each place.

**Table 11: Place-based priorities**

Bradford	Leeds	Wakefield	Calderdale and Kirklees
Enhancement of core and crisis offer	Prevention and promotion of resilience and self-care	LD/Neuro pathway	Neuro Developmental Pathway
Physical health checks for ED and ADHD	Improving access to support/reducing wait times	EOT expansion including CCP role	LD/ASD Intensive Support Team
Enhancement of ED offer	Crisis services development – working with Teen Connect, SafeZone, CAMHS Crisis and COS, YAS developing pathways, overnight crisis support service development (ICS)	Recovery home for CIC	MHST
Integrated working with Social Care		MHST	Staff Training and Development
Key worker pilot	Transitions	Staff training and development	7 Day Crisis Service and Crisis Line
MHSTs	Inclusion – ND pathway development across the system		
Pilot new crisis protocol in acute hospital	Health Inequalities		
One Trusted Pathway	Pathway development and integration of physical and MH provision – MUS, Eating Disorders and co-morbid LTC and MH problems		



### 3.8 How our model will address inequalities

Working with experts by experience including patients and carers to understand barriers to access e.g. deaf young people, good experience and outcomes and use these voices to support system improvements, our approach will ensure addressing inequalities remains at centre of all service development and delivery, and creating a culture of diversity awareness and competency.

We will undertake further analysis of our demographic and clinical data to inform a clear plan of how health inequalities will be addressed through the Provider Collaborative which will include detail on:

- How the Provider Collaborative will work with staff, service users and community groups to identify and understand the inequalities that exist for the people who use their services/can't access their services
- Plans to develop pathways for particular cohorts who may require an adapted offer or clinical intervention and detail of how these fit in to a broader strategic approach to addressing health inequalities, for example, trauma, longer length of stay, barriers to recovery, support needs for preparing discharge, and supporting recovery in the community

We will also enhance our data quality monitoring in order to better understand our population and their needs.

The Provider Collaborative will work to address a number of health inequalities identified across the CAMHS in-patient cohort. The partnership will address these inequalities specifically by improving access and outcomes for individuals through improved models of prevention and care.

As a partnership we will work together to share expertise and deliver services that meet the individual needs of children and young people, inclusive of gender, sexuality, religion and culture.

### 3.9 LD and autism

Our intention is that the TCP group will be fully part of the Provider Collaborative going forward and we have already been working closely with the local Transforming Care Partnerships. Whilst this group of young people have not been within the New Care Model remit we have started to work with them clinically through our Care Navigators since 2019/20. As we have increased our care we have been able to offer the same “confirm and challenge” as we currently do for those young people without a diagnosis of autism or learning disability.

The key clinical risks are that staff in the CAMHS crisis and intensive community services will not have the requisite skills and experience in working with young people with autism or learning disability to safely and appropriately manage them in the community, and that this might not decrease admission rate or length of stay, and/or an increase in serious incidents.

To support this work, the West Yorkshire ICS applied to be a pilot site for Children and Young People's keyworkers. This will enable children and young people with a learning disability, autism or both with the most complex needs will have a designated keyworker. Initially, keyworker support will be provided to children and young people who are inpatients or at risk of being admitted to hospital.

The finance associated with this cohort will need to be clarified at a national and regional level.

## 4. Demand modelling assumptions

### 4.1 Impact of 21/22 place-based investment plans

We have worked with each of our places to understand local investment plans for 21/22 in order to consider



impact on inpatient admissions and length of stay in our modelling of future activity and demand. BDCT are still in process of negotiating additional investment for 21/22.

For Leeds additional investment is planned in the following areas for 21/22:

- Single point of access
- CAMHS Trailblazer
- Trauma/Crisis
- Crisis line
- Eating Disorders

In Wakefield investment is planned to support:

- CAMHS Learning Disability and Neurodevelopmental Pathway to provide consultation and advice for professionals and carers for CYP with complex needs, with the aim of preventing crisis.
- CAMHS Extended Outreach Team Expansion to enhance support for CYP out of area who are receiving therapeutic placements/complex care
- Eating disorders to continue funding of workers to enhance the community eating disorders service, supporting admission avoidance to paediatric and Tier 4 beds)
- Enhanced provision of community and crisis responses

In Kirklees, investment is planned in the Neurodevelopmental Pathway (but not formally agreed at this stage) which is also the focus for Calderdale.

MHST expansion is expected to continue in each of our places with teams expected to be implemented in Wakefield from January 2022 and additional teams planned for Calderdale and Kirklees from January 2022.

Whilst the 2021/22 place-based investment plans are positive, they are not expected to significantly impact on inpatient admissions or length of stay in 2021/22.

#### 4.2 Impact of WY pathway investment in 2022/23

For 2022/23 we have modelled a part year effect of place-based investment in crisis services and the subsequent reduction to 42 days average length of stay and 50% reduction in admissions (a reduction of 3.2 beds) and have modelled a full year effect of this (6.3 beds) in 2023/24.

We have also modelled further improvements through working across West Yorkshire to maximise opportunities for community investment to implement plans for an intensive treatment service for Eating Disorders and ASD assessment services. Development of these plans in 2021/22 is modelled to impact part year effect in 2022/23 and full year effect in 2023/24. The ED intensive treatment provision would be expected to reduce demand for beds by 3 in 2022/23 and 6 in 2023/24, and enhanced ASD assessment services 1 bed in 2022/23 and 2 beds in 2023/24.

#### 4.3 Impact of Covid

We have worked with our Trust information analysts to consider future demand as a result of Covid using a Covid Forecasting Model. This is based on the following assumptions:

- 13% of children age 11 to 18 have a probable Mental Health Condition (MHCYP Report, 2020)
- Based on our local data, approximately 15% of children with a probable Mental Health condition are referred to a Tier 3 service. Of these approximately 5% appear to be then referred to Tier 4 (2% with emotional dysregulation, 3% with Eating Disorder, TCP or behavioural presenting problems).
- Based on existing studies, determined increase in cases of people with pre-existing Mental Health conditions (Fancourt et al 2020) is around 56%.

Assuming increase in symptom severity as a result of Covid in children who might meet the criteria for Tier 3 services, an increase in inpatient admissions of 15 is forecast for 21/22 and a part year effect of 7.5 in 22/23

due to Covid-19.

## 4.4 General demand growth

General demand growth has been modelled at 3 beds per year. Our modelling assumption is informed by an analysis of recent trends and is supported by clinical opinion.

## 4.5 Demand modelling summary

Table 12 below shows what we expect in terms of demand growth and the impact of community investment on bed usage over the next 3 years. General demand growth has been estimated at 3 beds per year and Covid demand growth has been modelled using national data/assumptions (see section 4.3 above). We have modelled worst case, expected case and best case scenarios.

However, due to the national shortage of beds, it is expected that the increased demand in 21/22 could not be accommodated within existing capacity and would result in an increase to the waiting list. Table 12 shows the impact on demand which we have modelled assuming that no additional demand could be accommodated in 21/22. As a consequence of increased capacity when Red Kite View opens this additional demand could be met in subsequent years.

**Table 12:**

Cumulative change in demand from 20/21 outturn	21/22			22/23			23/24		
	Worst case	Expected case	Best case	Worst case	Expected case	Best case	Worst case	Expected case	Best case
General demand growth	3.0	3.0	2.0	6.0	6.0	4.0	9.0	9.0	6.0
Covid demand growth	4.0	4.0	0.0	2.0	2.0	0.0	0.0	0.0	0.0
Impact of community investment	0.0	0.0	0.0	0.0	(6.1)	(8.0)	(4.0)	(12.3)	(13.0)
<b>Net Cumulative Impact</b>	<b>7.0</b>	<b>7.0</b>	<b>2.0</b>	<b>8.0</b>	<b>1.9</b>	<b>(4.0)</b>	<b>5.0</b>	<b>(3.3)</b>	<b>(7.0)</b>

**Table 13:**

Cumulative change in demand from 20/21 outturn	21/22			22/23			23/24		
	Worst case	Expected case	Best case	Worst case	Expected case	Best case	Worst case	Expected case	Best case
General demand growth	0.0	0.0	0.0	6.0	6.0	4.0	9.0	9.0	6.0
Covid demand growth	0.0	0.0	0.0	2.0	2.0	0.0	0.0	0.0	0.0
Impact of community investment	0.0	0.0	0.0	0.0	(7.2)	(7.2)	(7.2)	(14.3)	(14.3)
<b>Net Cumulative Impact</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>8.0</b>	<b>0.8</b>	<b>(3.2)</b>	<b>1.8</b>	<b>(5.3)</b>	<b>(8.3)</b>

## 5. Finance Case

### 5.1 Financial Context

Our financial modelling assumes the provider collaborative goes live on 1 July 2021 and detailed income and expenditure analysis is provided for the initial provider collaborative contract period (33 month period 1 July 2021 to 31 March 2024). Given the current uncertainty surrounding agenda for change pay awards, efficiency challenges and NHS inflationary uplifts for 2021/22, all costs are at stated at 20/21 pay and price levels.

The financial model reflects the key factors impacting the West Yorkshire CAMHS pathway, including

- Increasing activity/demand for CAMHS Tier 4 services since the 2018/19 baseline year and anticipated further growth in demand.
- A reduction in general and PICU out of area placements linked to additional in area capacity at the new

CAMHS inpatient unit at Red Kite View which is due to be operational in December 2021.

- In developing the provider collaborative, the coming together of partners and the sharing of information provided a greater understanding of place and system wide planning priorities. This system wide understanding informs our service development prioritisation and modelling assumptions relating to the impact on length of stay and admissions to CAMHS Tier 4 services.
- In addition to the Provider Collaborative baseline funding notification, significant levels of national funding growth (£6.69m CCG and £13.16m Central/Transformation funding identified in Table 14a below) will be made available to the West Yorkshire CAMHS pathway over the next three financial years.

**Table 14a**

WY ICS Share of National Investment Profile			New Investment (in year)			Total 21/22-23/24 £m
			2021/22 £m	2022/23 £m	2023/24 £m	
Children and Young People's mental health	Children and Young People's Community and Crisis	Central / Transformation	2.78	1.61	2.95	7.34
		CCG baselines	1.30	2.52	2.78	6.60
		<b>Total</b>	<b>4.08</b>	<b>4.13</b>	<b>5.73</b>	<b>13.94</b>
	Children and Young People's Eating Disorders	Central / Transformation	0.00	0.00	0.00	0.00
		CCG baselines	0.04	0.00	0.04	0.09
		<b>Total</b>	<b>0.04</b>	<b>0.00</b>	<b>0.04</b>	<b>0.09</b>
	Mental Health Support Teams (MHSTs) and 4 week waiting time pilots	Central / Transformation	0.91	2.13	2.78	5.82
		CCG baselines	0.00	0.00	0.00	0.00
		<b>Total</b>	<b>0.91</b>	<b>2.13</b>	<b>2.78</b>	<b>5.82</b>
	<b>Children and Young People's (CYP) Mental Health Total</b>	Central / Transformation	3.69	3.74	5.73	13.16
		CCG baselines	1.35	2.52	2.82	6.69
		<b>Total</b>	<b>5.04</b>	<b>6.25</b>	<b>8.56</b>	<b>19.85</b>

National and local system expectations are that all these different funding sources will be considered in the context of the whole pathway and our new service models maximise the longer term strategy to reduce the reliance on beds by strengthening alternatives to inpatient care in partnership with community services, for example the development of an eating disorder day treatment and home based treatment services.

## 5.2 Baseline Allocation & Other Income

In October 2020 NHSE informed Lead Providers of their PC allocations. The notified full year allocation for West Yorkshire CAMHS Provider Collaborative is £10.23m (£7.72m part year in 20/21) as detailed in table 14b below.

**Table 14b:**

Provider Collaborative Funding Allocation (notified October 2020)	Provider Collaborative Contract Period		
	9 months July to March 2022	2022/23	2023/24
	£	£	£
<b>Activity Based Allocation</b>	<b>5,667,901</b>	<b>7,557,201</b>	<b>7,557,201</b>
<b>Other Funding Components:</b>			
Exceptional Packages of Care	1,001,732	1,335,642	1,335,642
New Care models Savings	937,432	1,249,909	1,249,909
Assessments	27,960	37,280	37,280
Contingency	38,175	50,900	50,900
Non Recurrent Inflation	43,276	0	0
<b>Total Provider Collaboration Allocation</b>	<b>7,716,475</b>	<b>10,230,932</b>	<b>10,230,932</b>
<b>Cross Flows Income</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Double Running Allocation</b>	<b>2,584,000</b>	<b>0</b>	<b>0</b>
<b>Total Provider Collaborative Funding</b>	<b>10,300,475</b>	<b>10,230,932</b>	<b>10,230,932</b>

NHSE applied a consistent methodology to construct all PC allocations, starting with the cost of 2018/19 actual activity to set a baseline and then inflationary uplifts applied to 2020/21 pay and price levels. The activity based element represents 75% of the recurrent total PC allocation. Our due diligence work was able to reconcile and agree the 2018/19 baseline activity levels used to construct the PC baseline. There was 10,003 occupied bed days for West Yorkshire registered inpatients in 2018/19 as detailed in table 15 below:

**Table 15:**

Service Type	OBDs 2018/19	Beds 2018/19
General	6,116	16.8
Eating Disorders	1,158	3.2
<b>Sub-total</b>	<b>7,274</b>	<b>19.9</b>
PICU	1,074	2.9
Low Secure	1,655	4.5
<b>Total</b>	<b>10,003</b>	<b>27.4</b>

The notified PC allocation detailed in table 14b includes a further four elements based on 2018/19 actual cost, primarily comprising funding to reflect the costs of exceptional packages of care (EPC) and pre-commitments to fund crisis/community services previously funded from new care model savings. In line with PC national guidance a small contingency of 0.5% is also included in the overall baseline. In addition a sum of £37k is identified to fund ongoing access assessment work. Our due diligence work was able to provide a high degree of confidence in these additional elements of the PC baseline.

A further allocation of resources linked to the transfer of NHSE existing case management roles is yet to be confirmed.

Our financial modelling also reflects a confirmed £2.58m non-recurrent income allocation in 2021/22 only, to fund double running costs of Little Woodhouse Hall and the new unit at St Mary's Hospital (Red Kite View) which is due to open in December 2021. Our due diligence work did not identify any opportunity to generate further income relating to inflows from other PCs.

### 5.3 Provider Collaborative Risk Profile & Forecast Expenditure

Our due diligence work identified a number of expenditure risks, the most significant relating to a rise in demand since 2018/19 (baseline year) and the operating cost model for Red Kite View.

#### 5.3.1 Rising demand for inpatient beds since 2018/19 (baseline year)

We have identified a sustained and clear trend of increasing inpatient usage for West Yorkshire registered CAMHS users. Table 16 below provides a summary of activity by type from 2017/18 to 2020/21.

**Table 16:**

Service Type	2017/18	Baseline Year 2018/19	2019/20	2020/21	% increase 18/19 to 20/21
General	15.0	16.8	17.0	17.3	3.0%
Eating Disorders	1.0	3.2	6.1	7.1	122.5%
<b>Sub-total</b>	<b>15.9</b>	<b>19.9</b>	<b>23.1</b>	<b>24.3</b>	<b>22.1%</b>
PICU	6.6	2.9	4.7	4.4	49.3%
Low Secure	5.3	4.5	4.3	4.9	7.2%
<b>Total beds</b>	<b>27.9</b>	<b>27.4</b>	<b>32.2</b>	<b>33.6</b>	<b>22.5%</b>
<b>OBDs</b>	<b>10,166</b>	<b>10,003</b>	<b>11,746</b>	<b>12,256</b>	<b>22.5%</b>

Outturn activity for 2020/21 is 22.5% higher than the baseline year of 2018/19. In the absence of any further growth or mitigation this increase would translate into a £1.71m cost pressure compared to the PC allocation. The significant increase in activity for eating disorders informs our investment priorities for 2022/23 and the significant increase in PICU activity informed the capacity planning (6 beds) for Red Kite View.

In addition to the demand increase from the baseline year (2018/19) to 2020/21 outturn identified above, we have also modelled anticipated growth in demand for the period 2021/22 to 2023/24 consistent with the demand modelling assumptions contained in section 4.

Table 17 below provides a summary of the net anticipated demand growth for inpatient beds over the next 3 years and a range forecast to illustrate the financial consequences associated with worst, expected and best case scenarios. We have based our financial modelling on the expected case which identifies a further net cost pressure of £203k in 2022/23 and a net saving of £1.34m in 2023/24.

However, our worst case model identifies a £2.03m cost pressure in 2022/23 if the reduction in LoS and admissions associated with West Yorkshire pathway/Leeds Crisis investments is not realised.

**Table 17:**

Cumulative change in demand from 20/21 outturn	21/22			22/23			23/24		
	Worst case	Expected case	Best case	Worst case	Expected case	Best case	Worst case	Expected case	Best case
General demand growth	0.0	0.0	0.0	6.0	6.0	4.0	9.0	9.0	6.0
Covid demand growth	0.0	0.0	0.0	2.0	2.0	0.0	0.0	0.0	0.0
<b>Sub total demand growth</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>8.0</b>	<b>8.0</b>	<b>4.0</b>	<b>9.0</b>	<b>9.0</b>	<b>6.0</b>
Impact of community investment	0.0	0.0	0.0	0.0	(7.2)	(7.2)	(7.2)	(14.3)	(14.3)
<b>Net Cumulative Impact</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>8.0</b>	<b>0.8</b>	<b>(3.2)</b>	<b>1.8</b>	<b>(5.3)</b>	<b>(8.3)</b>
<b>Net Cumulative Cost £000's</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,028</b>	<b>203</b>	<b>(811)</b>	<b>456</b>	<b>(1,343)</b>	<b>(2,104)</b>
<b>Analysis of Net Cumulative Cost £000's</b>									
General demand growth	0	0	0	1,521	1,521	1,014	2,281	2,281	1,521
Covid demand growth	0	0	0	507	507	0	0	0	0
Impact of community investment	0	0	0	0	(1,825)	(1,825)	(1,825)	(3,625)	(3,625)
<b>Net Cumulative Cost £000's</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,028</b>	<b>203</b>	<b>(811)</b>	<b>456</b>	<b>(1,343)</b>	<b>(2,104)</b>

### 5.3.2 Additional cost to provide new West Yorkshire inpatient service

An initial comparison of bed day prices included in the baseline funding allocation to the cost of activity at Red Kite View identified a £1.6m cost differential.

A significant amount of work was undertaken previously by LCH and partners to agree staffing levels for Red Kite View. Subsequently our due diligence work identified a limited number of modifications to the original staffing levels and a requirement to rebase both pay and non-pay cost assumptions. However, it should be expected that non pay costs would increase as a consequences of providing a new build that is compliant with modern design regulations and provides a COVID secure environment. The total revenue cost of Red Kite View at 2020/21 prices is £6.67m.

## 5.4 Expenditure Summary

Table 18 below provide a summary of the overall West Yorkshire Provider Collaborative income and expenditure position for the three years 2020/21 to 2023/24.



**Table 18:**

Provider Collaborative Expenditure	Provider Collaborative Contract Period		
	9 months July to March 2022 £	2022/23 £	2023/24 £
Existing CAMHS Tier 4 Service (LWH)	993,125	0	0
New Build CAMHS Tier 4 Service (RKV)	2,221,867	6,665,600	6,665,600
Double Running Costs	2,584,000	0	0
Out of Area Placements - Secure	1,227,294	1,636,392	1,636,392
Out of Area Placements - General & ED	3,480,595	2,717,996	2,717,996
Out of Area Placements - PICU	609,403	0	0
Exceptional Packages of Care	1,001,732	1,335,642	1,335,642
New Care models Savings Reinvestment	401,671	459,566	459,566
Family Ambassadors	0	81,000	81,000
Contingency	38,175	50,900	50,900
Commissioning Team Contribution	22,466	29,955	29,955
<b>Total Provider Collaboration Expenditure</b>	<b>12,580,327</b>	<b>12,977,051</b>	<b>12,977,051</b>
<b>Total Provider Collaborative Funding</b>	<b>10,300,475</b>	<b>10,230,932</b>	<b>10,230,932</b>
<b>Deficit (pre growth &amp; community investment)</b>	<b>(2,279,852)</b>	<b>(2,746,119)</b>	<b>(2,746,119)</b>
<b>Add: Demand Growth Cost Pressure:</b>			
General trend	0	(1,520,802)	(2,281,203)
COVID related	0	(506,934)	0
<b>Deficit (incl. demand growth cost pressures)</b>	<b>(2,279,852)</b>	<b>(4,773,855)</b>	<b>(5,027,322)</b>
<b>Less: Identified Mitigation:</b>			
NHSE commitment to fund 20/21 outturn activity	1,280,176	1,706,901	1,706,901
Inpatient Medium Term Funding (3 years)	1,000,000	1,000,000	1,000,000
Reduced LOS/Admissions (Community Investment)	0	1,824,962	3,624,577
<b>Total Mitigation</b>	<b>2,280,176</b>	<b>4,531,863</b>	<b>6,331,478</b>
<b>Provider Collaborative Surplus / (Deficit)</b>	<b>323</b>	<b>(241,992)</b>	<b>1,304,156</b>

The key modelling assumptions to note are:

- Assumes WY CAMHS PC goes live on 1<sup>st</sup> July 2021.
- Little Woodhouse Hall costs modelled for 5 months (July 2021 to November 2021)
- Red Kite View costs modelled for 4 months in 2021/22, and then full year costs modelled from 2022/23.
- Non-recurrent double running costs modelled in 2021/22 only.
- No secure in area provision therefore secure out of area placements will continue to be required and costs are modelled at 2020/21 outturn levels.
- General and eating disorders placements will continue to be required in addition to the capacity provided at Red Kite View. We have modelled Red Kite View capacity based on 85% occupancy levels equating to 16 beds @ 85% occupancy = 13.6 bed capacity.
- Red Kite View PICU capacity based on 6 beds @ 85% occupancy = 5.1 bed capacity. Our modelling evidences that this level of capacity is sufficient to accommodate West Yorkshire PICU demand in area at Red Kite View.
- We have modelled EPC based on 2018/19 levels.
- Our modelling includes provision to continue pre-commitments relating to community and crisis services previously funded from New Care Model savings.
- NHSE is committed to provide family ambassador pilot funding non-recurrently in 2021/22. Subject to positive evaluation we have modelled the additional cost of these roles from 2022/23.

Table 18 identifies a £2.28m CAMHS PC 2021/22 deficit position prior to modelling growth in demand, impact of community investment and NHSE mitigation funding, rising to a £2.74m full year deficit from 2022/23.

The modelling undertaken to quantify anticipated growth in demand and COVID impact adds a further cost pressure of £2.03m, resulting in a 2022/23 deficit of £4.77m pre mitigation and additional funding.

We have identified three forms of financial risk mitigation with part year implications in 2021/22 and 2022/23. The key points relating to each of the three forms of mitigation are detailed below:

- NHSE national Mental Health Team indicated a commitment to provide additional funding to mitigate cost pressures resulting from increases in activity since the baseline year. NHSE Regional colleagues have submitted a recurrent funding bid for £1.87m based on our month forecast outturn to the national Mental Health Team as part of a PC financial scoping exercise. Based on the actual outturn 2020/21 position the cost pressure reduced to £1.71m.
- On 23<sup>rd</sup> April 2021 the National Director of Specialist Commissioning and National Mental Health Director confirmed annual funding of £1m to support increased general and PICU capacity in West Yorkshire. The funding is non-recurrent for three years (2021/22 to 2023/24).
- Financial mitigation through working across West Yorkshire to maximise opportunities for place-based community and crisis services investment, implementation of plans for an intensive treatment service for Eating Disorders and ASD assessment services. Development of these plans in 2021/22 is modelled to recurrently impact part year effect in 2022/23 and full year effect in 2023/24. The full year recurrent financial impact is £3.64m in 2023/24 (£1.82m in 2022/23).

The ED intensive treatment provision would be expected to reduce demand for beds by 3 in 2022/23 and 6 in 2023/24, and enhanced ASD assessment services 1 bed in 2022/23 and 2 beds in 2023/24.

Place-based crisis enhancement is expected to reduce demand for beds by 3.2 in 2022/23 and 6.3 in 2023/24.

We have modelled full year mitigation of £6.33m in 2023/24 (£5.33m recurrent mitigation) compared to the £5.03m recurrent deficit pre mitigation, generating a £0.3m recurrent surplus from 2023/24.

The recurrent surplus position provides some mitigation against future efficiency challenges. Financial sustainability of the West Yorkshire CAMHS PC is heavily reliant on delivering against the mitigation schemes identified above and managing demand growth within the planned parameters.

## 5.5 Financial risk share and reinvestment arrangements

The following providers within the PC: LYPFT, SWYPFT, BDCFT and LCH, have agreed to share financial risk for the areas covered by the risk share agreement as detailed in schedule 4 of the Partnership Agreement. The PC risk share agreement will apply in the following circumstances:

- Cost pressure risks resulting from higher than planned levels of service users placed out of area. Spend in excess of plan will be covered by the risk share agreement.
- Cost pressure risks resulting from higher than planned levels of exceptional packages of care/enhanced observations.

LYPFT will take a 10% share of risk (as unit provider to incentivise effective patient flow) and the remaining 90% will be shared between community providers proportionate to local CCG 0-17 population. Table 19 below provides a summary of the risk share proportions to each partner.

The lead provider will initially hold a 0.5% contingency (£50,900) to mitigate financial risk for service areas covered by the risk share agreement. Any unmitigated risk or unutilised contingency gain will be shared between providers based on the agreed proportions.

**Table 19:**

CCG Name	Population All Ages	Population 0-17	%	Provider %		
				SWYPFT	BDCT	LCH
NHS Calderdale CCG	211,455	46,118	8.85	8.85		
NHS Greater Huddersfield CCG	246,604	52,812	10.13	10.13		
NHS North Kirklees CCG	193,183	27,282	5.23	5.23		
NHS Wakefield CCG	348,312	73,845	14.17	14.17		
NHS Leeds CCG	793,139	169,422	32.51			32.51
NHS Bradford District and Craven CCG	590,901	151,731	29.11		29.11	
<b>TOTAL</b>	<b>2,383,594</b>	<b>521,210</b>	<b>100.00</b>	<b>38.38</b>	<b>29.11</b>	<b>32.51</b>

Provider Collaborative Risk Share Proportions:	Risk share %
LYPFT	10.00%
SWYFPT	34.54%
BDCT	26.20%
LCH	29.26%
<b>Total</b>	<b>100.00%</b>

Any resources freed up will be held by the PC and redeployed according to the reinvestment priorities for the enhancement of care pathways and the improvement of patient care, supported by a comprehensive governance process framework detailed in schedule 4 of the Partnership Agreement.

## 6. Governance arrangements

### 6.1 Governance structure of the provider collaborative

Leeds and York Partnership NHS Foundation Trust will be the lead provider for the Provider Collaborative and for managing the delegated budget.

The overarching governance for all Lead Provider Collaboratives is consistent across the West Yorkshire wave 1 PCs (Adult Eating Disorders, CAMHS and Adult Secure) although individual services inevitably also have unique groups and engagement that drives their specific work.

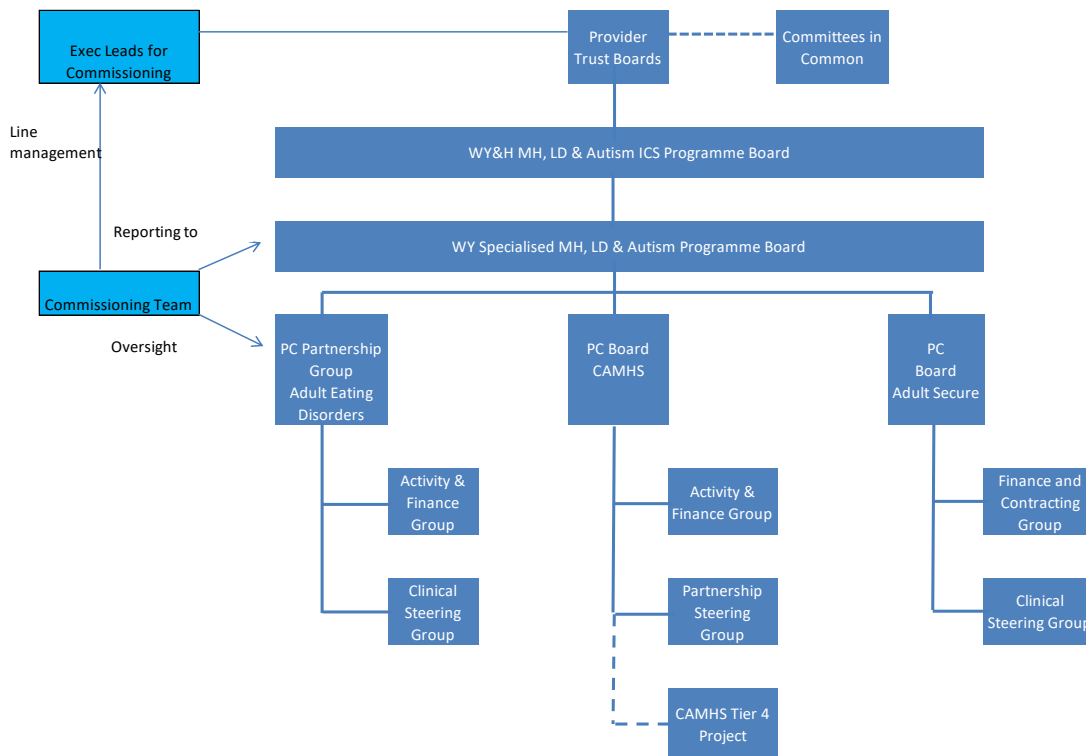
This governance comprises the West Yorkshire Specialised Mental Health, Learning Disability and Autism Programme Board (the Programme Board) which holds collective accountability and responsibility on clinical quality and business requirements, chaired by the SRO of the West Yorkshire and Harrogate Health and Care Partnership Mental Health, Learning Disability and Autism Programme. It sets direction and oversees delivery to provide assurance to individual Trust boards and the provider Committee in Common, and also interfaces with the system-wide Mental Health, Learning Disability and Autism ICS Programme Board; informing and aligning with the wider transformation agenda.

All partners have extensive experience of working within formal partnership structures and joint governance. As such the Programme Board is underpinned by explicit terms of reference and a formal collaborative agreement which sets out the principles for joint working and a more detailed explanation of roles and responsibilities. Membership includes senior representation from each Trust, clinical and operational leads for the services, CCG commissioners, and NHS England (both the regional Specialised Commissioning Lead and a representative from the national Provider Collaborative team).

The CAMHS Provider Collaborative reports on a monthly basis into the Programme Board. At this board any decisions regarding investment within the delegated financial envelope are discussed and approved. The whole PC programme (including AED, Tier 4 CAMHS and Adult Secure) also reports into the wider Mental Health, Learning Disability & Autism ICS Programme Board and to the provider Committees in Common. Both forums are used to escalate issues and concerns, or to discuss alignment with local care pathways and other transformation. The Committees in Common, underpinned by a monthly face-to-face meeting between provider CEOs is the formal place for any dispute to be resolved.



The governance structure is shown below:



A CAMHS Provider Collaborative Board including representation of all participating provider organisations and NHS England, provides a forum for open dialogue and informed decision making. The Provider Collaborative Board will underpin effective joint working in implementation of the PC, and also a broader commitment to partnership as a means of building transformational capability; it covers all providers and works effectively with NHS England and connects effectively with locally commissioned systems of care, with CCG representation at Board. It will set strategic direction, oversee performance and risk management, and recommend decisions regarding financial allocations to Programme Board.

Our governance arrangements aim to integrate clinical quality governance, operational performance, service user and carer voice and financial risk management.

Recognising that this is an ICS-wide service that is delivered in collaboration with a number of provider partners across a large geography, we have developed and established a CAMHS PC Partnership Steering Group, with representation from local CAMHS services within the provider Trusts, NHSE/I, Local Authority and CCG commissioners. The Group supports the agreement of common pathways and, sets clinical and operational standards, and will monitor and support achievement of KPIs and outcomes. This group reports to the CAMHS Provider Collaborative Board.

An Activity and Finance Group will undertake the business intelligence and financial analysis to support the decision making by the Board. It will also handle contractual matters and any risk/gain share issues with the participating providers.

Resolution of matters that cannot be dealt with at an operational level or may need escalating to will be addressed at the CAMHS Provider Collaborative Board.

Dedicated leadership is in place including a Clinical Lead (Dr Nagulan Thevarajan), and Executive Director oversight (Joanna Forster Adams).

Recognising the need to clearly delineate the executive responsibilities of delivery from the commissioning and quality governance role moving forward, within LYPFT the Chief Operating Officer (Joanna Forster Adams) will oversee delivery of the model and the Director of Finance (Dawn Hanwell) will have oversight of

the commissioning and contract management, ensuring it is delineated from the operational function. The Trust Chair will also act as the non-executive director lead for commissioning.

LYPFT are committed to working with NHSE to develop necessary contract structures going forward. The Trust have a strong track record of working in partnership with other mental health stakeholders, as lead provider, and are Lead Provider for the West Yorkshire Adult Eating Disorders Provider Collaborative.

## 6.2 Contracting and commissioning infrastructure and delineation of provider and commissioner responsibilities

In recognition of the fact that PCs must be able to demonstrate that they can clearly articulate how commissioning will be delineated from provision, and that there must be a clear plan for commissioning activities which includes the team responsible for commissioning activities, reporting structures and how disputes between provision and commissioning will be managed, representatives from the West Yorkshire NHS providers formed a working group to come up with a way forward for this. The establishment of an independent Commissioning Team to operate across all West Yorkshire PCs was approved by the Programme Board and a Head of Commissioning appointed for the West Yorkshire Provider Collaboratives.

In response to the recent changes identified in the NHS White Paper and the evolution of the West Yorkshire Provider Collaboratives, the commissioning functions are currently being reviewed. Whilst it is clear that Lead Provider commissioning activities and service provision are delineated, further work is being carried out to understand what specific functions will sit at a Lead Provider level and those best delivered once at a West Yorkshire/ICS level.

Each Lead Provider will maintain an Executive Lead for commissioning, who will be ultimately responsible for all commissioning activities and providing independent oversight. The Head of commissioning will report into these roles (a Commissioning Committee will be the vehicle for this) to support this and work with the existing LP corporate functions, NHSE/I case managers and MHLDA programme team within the ICS. In this way the commissioning function will:

- Oversight of service quality and improvement and delivery of pre-determined outcomes
- Link in with NHSE/I and across the ICS to maintain a strategic awareness of service provision and developments, and population health plans
- Provide an independent review of investment proposals presented to the WY PC boards, cross-referencing them with the above
- Hold clinical and managerial decision making to account
- Link in with grass roots organisations and service user groups and commissioning bespoke pieces of work as necessary
- Ongoing evaluation of the PCs

It is still the intention to ensure there is a dedicated co-production/patient director role, analytics and additional quality support provided as part of the WY PC commissioning activities. However, the detail of whether this will ultimately be a shared function across ICS/ICP, or a matrix within each LP is currently being worked through and we will continue to link in with NHSE/I on these developments.

## 6.3 Management of disputes between provision and commissioning

There are a number of levels of conflict of interest and dispute, the key ones are outlined below.

- Service User Level

If a service user expresses a desire to exercise their choice and access an out of area service, there is potential for conflict of interest to arise as the provider is incentivised to reduce out of area placements. The Case Manager will advocate for what is best for the service user.

There is a process in place which has been tested through the Adult Eating Disorders model that is robust and has received positive feedback from the service users who have experienced the process. Any service user

wishing to seek inpatient treatment from an alternative provider (for whatever reason) is able to present their case to an independent panel for consideration. The membership of the panel includes an independent clinician, an independent commissioner, and an independent manager (drawn from partners from across the ICS). In addition, service users are encouraged to seek support from advocacy services and to bring a family member and/or carer along with their advocate to the appeal panel meeting should they wish.

- Lead Provider Level

Disputes around investment and quality decisions may arise within the Lead Provider. The separation of a director lead for commissioning and a director lead for provision facilitates robust internal conversations. We expect these to be supported by the Board, including non-executives, and senior management. These robust discussions will happen prior to issues being escalated.

- Provider Collaborative Level

An escalation route is provided through the governance structure (see the diagram above). The director of commissioning's position will have been influenced and supported by internal governance structures of the Lead Provider.

Disputes between commissioning and provision will be managed through the Programme Board. If a dispute cannot be resolved by the Programme Board it will be escalated to the WY&H MH, LD and Autism ICS Programme Board.

## **7. Role of the Lead Provider and the Provider Collaborative**

Collaboration across providers within West Yorkshire pre-dates new care models and provider collaboratives, driven by the aim to improve patient experience. The opportunity of the PC is to generate the scale of service that allows us to provide specialist support to improve outcomes.

Extensive work has been undertaken on assessing and understanding local needs, as evidenced elsewhere in this business case. The additional benefits to service users of operating the service model via a PC are:

- Consistency of the service offer across a wide geographical area, plugging gaps in service and levelling up service provision across the patch
- Regional collaboration ensuring safe and consistent care
- Being able to forge closer links with other services more easily
- Keeping people close to home and avoiding unnecessary inpatient stays through a good understanding of the flow between specialist services, inpatient services and local mainstream services
- Improved patient experience through providers working together to improve transitions between services
- Development of coherent and efficient pathways across the ICS
- Sharing of good practice at scale.

As Lead Provider, LYPFT has undertaken the following work:

- Tested our understanding of the lead provider and provider collaborative responsibilities within the PC to ensure a consistent view, involving executives and non-executives
- Developed a proposal for a commissioning function which will ensure clear delineation of commissioning and provision responsibilities, and quality assurance of services (currently being reviewed as described above)
- Considered risk and mitigations in relation to the service and finances developed risk share options for any unmitigated risk
- Reviewed the financial baseline
- Reviewed governance systems already in place and drafted our partnership agreement.

Although significant progress has been made over the last few months, we are still at the early stages of

maturity in the transition to established and optimised service delivery and oversight. We will work closely with NHSE/I over the coming months to ensure as smooth a transition as possible.

## 8. Relationships

In addition to the formal governance structures, we have developed local relationships with a range of stakeholders to ensure that the Provider Collaborative is supporting young people and their families and that we are working with providers to drive quality and support innovation and improvements in clinical care. We will build on these strong relationships and focus on developing the links locally and WY-wide with Local Authority staff and the TCP work streams in particular.

### Young people and their families and carers

As described above, to supplement the feedback we receive from local community teams and inpatient units about what young people think of their care, we commissioned CommonRoom Consulting to undertake two pieces of work.

We received a final evaluation report from CommonRoom (Alikhanizadeh & Neill, 2020) on how the NCM was working for families in practice. We were particularly keen to talk to fathers (as often it is mothers who come forward for interview) and siblings. The main purpose of commissioning this research was to see if there were unintended consequences of the new pathway for families. Key findings included:

- Parents experienced having to step in to help co-ordinate their child's care when what they wanted was more communication, better joined-up services, and more support themselves
- Siblings wanted options to get support for themselves, and generally experienced not being involved, having to step back and feeling left behind
- Parents wanted the very best care for their child, but where they experienced inadequate support in the community and not having the capacity, information or relevant expertise themselves, an admission into hospital felt like the only option.
- A hospital admission could often result in a feeling a relief for families, giving well needed respite and reassurance that their child is safe
- Parents felt that the inpatient provision and systems need to be integrated much better into the wider system of care to ensure smoother transition, better experience before and after admission and to help reduce readmission
- Families voiced frustrations in navigating rigid pathways to access care and a feeling of limited or no options. Many felt they were on a predetermined path towards hospital admission despite feeling that appropriate community care would be better
- People were overwhelmingly in support of the principles within the New Care Model, but mostly the different elements of this didn't resonate with their experience. Overall parents were unaware of the Care Navigator role or how the Care Navigator could support their individual case.

It shows that there is still significant work to do in order to meet our aims.

### Local Authority

We have been supported by Local Authority colleagues including:

- Work in individual areas, either through contact made through the children's health commissioners or through meetings such as Lessons Learnt meetings
- Through the NCM project, a Care Navigator with a role specifically to engage with social care staff when an individual young person is in an inpatient bed and requiring a social care package, or when the family is in need of support.

### Voluntary sector

Engagement with the voluntary sector is largely place-based. Care Navigators have supported understanding of service provision across the whole of their patch.

We know that for some young people and their families the voluntary sector will offer services in a way that is more acceptable than some statutory sector organisations. They may be perceived as threatening for some with the stigma associated with attending CAMHS being significant enough to put some people off attending. If we want to be sure that we have done everything that we can for the young person and their family before an admission is considered; we need to ensure that we have fully described, and given them time to engage with, the local voluntary sector. Examples, where we have been able to effectively map the offer include close working with SaferSpace which is run by Creative Support in Bradford and The Market Place in Leeds. Both services have been able to offer support to young people from WY as part of their overall pathway of care.

Engagement with the voluntary sector will continue in each place but we are looking at how we engage with the voluntary sector through our formal groups and meet the challenge of representation, as the offer is very different across each of the local areas.

### **Crisis and intensive home/community treatment teams**

Much of the investment in year 1 of the NCM pilot was to strengthen the response from crisis and intensive home/community treatment teams. Care Navigators led regular meetings with key clinicians and managers from each team across WY.

### **NHSE/I**

We have established positive relationships with NHSE/I Case Managers (who are expected to TUPE to the West Yorkshire Provider Collaboratives in October 2021) and our collaborative working operates at two levels: alongside Care Navigators, they support individual young people and to discuss clinical pathways; and there is also a good working relationship with both the regional and national teams at NHSE/I and the collaborative. There is representation from NHSE/I staff in all levels of the governance structure for the CAMHS PC. This puts us in a really strong position to understand the challenges faced by each team and work together to resolve them.

Our relationship with NHSE/I at both a regional and national level will need to evolve as we move to steady state. We will work with the team at NHSE/I to ensure that our governance and infrastructure is robust and up to the task of leading on the commissioning and provision of quality services within the financial envelope.

We are fully committed to involvement in Mental Health Service Reviews for CAMHS Tier 4 services. As a collaborative we are engaged in the:

- National CAMHS Provider Collaborative Implementation Group
- National CAMHS PC Bed Planning meetings
- National CYP Taskforce Group

## 9. Operational & commissioning plan

### Short to medium term operational plan

Issue	Commissioning/ contracting	Provider	Timescales
Day to day clinical and managerial management of partnership	Within the Provider Collaborative team and supported by the governance structures shown above. Decision making has final accountability to the Programme Board and through this to each provider Board	Each provider has a robust clinical and management team who are part of Provider Collaborative and community teams are part of the inpatient network for all Tier 4 providers.	Already in place
Commissioning separation from provision	This will be held by the Commissioning Team and managed within separate Directorates of the LYPFT management systems	The provision of services will remain as they are.	Already in place
Links to partners for decision making and disputes	The governance structure defined above will continue with the Programme Board (where all NHS providers across WY are represented) and include a Partnership Agreement to sign off any investment plans.		Governance already in place. Partnership agreement to be signed prior to go-live
Pathway and budget management	Working with finance colleagues the budget will be housed separately to LYPFT other finances and the risk sharing agreement established at the start.	Future investment would be approved after Provider Collaborative confirmation and accounting for costs associated with the expected bed day rate of the new build.	Finalised after Provider Collaborative approval
Operational structures	Will be under the LYPFT Director of Finance	Will be under the Chief Operating Officer and supported by the Provider Collaborative Clinical Lead	Already in place

## 10. Quality Infrastructure

### 10.1 Quality assurance governance structure

The CAMHS clinical governance framework ensures that the service is accountable for continuously improving the quality of services delivered and safeguarding high standards of care by fostering an environment which promotes clinical excellence in partnership with all stakeholders and regulators across the ICS. This ensures that risks are mitigated, adverse events are rapidly detected and investigated openly, ensuring that lessons are learned.

The commissioning function will fulfil the role currently undertaken by NHSE/I case managers and supplier managers. It will monitor quality indicators, conduct site visits, review incident reports and ensure any learning is shared, ensure quality improvements are made and review complaints and compliments. The team will liaise with other PCs elsewhere in the country to share learning externally.

### 10.2 Clinical leadership

Clinical leadership will continue to be provided through the Clinical Lead to the Provider Collaborative.



The CAMH service is jointly led by a Clinical Lead and a Clinical Services Manager, supported by a multi-disciplinary leadership team. In terms of operational and clinical governance oversight, the service sits within the structures of LYPFT Care Services. The service reports into the Care Group management and clinical governance meetings. These groups report into the Trustwide Operational Delivery and Governance meetings. This ensures that there is governance and operational oversight from service to Trust Board and back.

### 10.3 Quality Outcomes/Performance Framework

The success of the work of the Provider Collaborative will continue to be measured against the following performance targets:

- Reduction in admissions
- Reduction in the use of Out of Area Tier 4 beds
- Reduction in median distance travelled from home to hospital
- Reduction in occupied bed days
- Reduction in median length of stay
- Positive self-reporting of patient and family experience

#### *Monitoring of performance*

The Commissioning Team will continue to work with the Provider Collaborative and NHSE/I Case Managers to ensure that the activity and finance figures are continually monitored and reported through the Finance and Contracting Group as well as the Provider Collaborative Board and the West Yorkshire Specialised Mental Health, Learning Disabilities and Autism Programme Board. Our aim is to develop a quality and performance dashboard which can be used easily to monitor quality and impact of the Provider Collaborative.

### 10.4 Serious incident reporting

We acknowledge that incident monitoring is a key element of the role currently fulfilled by NHSE/I case managers. We will work closely with NHSE/I colleagues over the coming months to understand requirements and put in place systems and processes to enable responsibilities in relation to this to transfer safely to the PC Commissioning Team. We are working to ensure access to STEIS to support this process.

Serious incidents (SIs) associated with the service will be reviewed by the commissioning team. All learning from incidents will be shared across the collaborative to foster a culture of openness and joint learning to promote better approaches to care.

For incidents relating to inpatient settings we will continue to work closely with all our inpatient partners to ensure that these are notified and managed well and continue to look for themes at a WY level. Incidents will be reported through LYPFT governance structures and issues raised through the directorate leads for the inpatient unit and the Provider Collaborative.

### 10.5 Quality Improvement

The PC will be embedded within LYPFT's existing clinical governance and performance arrangements.

The Provider Collaborative Clinical Lead will report on all aspects of Clinical Governance through the Trust's Specialist Services Governance Group as part of its standard approach to quality assurance.

The Provider Collaborative Clinical Lead and the Commissioning Team will report to the Lead Director for the Provider Collaborative, the Trust's Deputy Chief Executive and Finance Director.

The development of the Provider Collaborative will continue to be clinically led. There are, and will continue to be, clinical risks including the possibility of young people coming to harm through not being admitted. This will be managed through existing structures and supported by the development of the Care Navigator role and relationships with clinical teams across the region. In addition to this, clinical and management risk will continue to be managed through the three key groups that support the effective delivery of the Provider

Collaborative in partnership with key stakeholders:










## 11 Conclusion

Moving forward, we have identified a number of 'next step' priorities for the provider collaborative, reflecting our collective ambition across the partnership. These include:

- Further Board engagement, and agreement of the Provider Collaborative business case.
- Board agreement of risk share based on the risk share options already developed by the collaborative. Further engagement with each place to ensure understanding of place-base plans and investments, with the aspiration of developing a collective plan of what we want to achieve for West Yorkshire
- Development of the Commissioning infrastructure.
- Implementing improvements as a result of CAMHS winter pressures, and place-based investments



## 12 Appendices

	Title	Attachment
1	West Yorkshire Provider Collaborative Engagement Strategy	 West Yorkshire engagement principle
2.	Risk share options paper	 CAMHS Risk share options.docx
3.	ED Pathway Proposal	 Draft ED Pathway- Part 1.docx  Draft ED Pathway- Part 2.docx  Draft ED Pathway- Part 3.docx  Draft ED Pathway- Part 4.docx
4.	BAME Review Panel Deep Dive report in respect of mental health	 Deep_Dive_-_BAME_communities_and_mer
5.	TCP performance against trajectories	 FINAL WY LTP CYP for WY&H.xlsx
6.	Referral and access assessment process	 CAMHS Inpatient Referral Process.pdf

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**Board Meeting held in public: 11 June 2021**

**Agenda item number: 2021-22 (29)**

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**Title: 2020/21 Year end Performance Brief**

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**Category of paper:** for assurance  
**History:**

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

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## **Executive summary (Purpose and main points)**

This report seeks to provide a summary of performance against the agreed 2020/21 KPIs.

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.

Of course Trust Performance on the KPIs during the year was severely affected by the impact of the pandemic on services and the Trust's normal business. In that context, this document does not seek to present an in depth analysis of performance but to offer some comments to assist the Board in its assessment of the year as part of a suite of documents including the Annual report and Accounts, Assessment of Performance against Priorities and the Quality Account.

## **Recommendations**

The Board is recommended to note the year end record of performance against KPIs.

# Performance Brief – Year End 2020/21

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## Purpose of the report

This report seeks to provide a summary of performance against the 2020/21 KPIs.

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 which were agreed before the commencement of the financial year and the start of the Covid-19 pandemic.

Trust Performance on the KPIs during the year was severely affected by the impact of the pandemic on services and the Trust's normal business. In that context, this document does not seek to present an in depth analysis of performance against KPIs but to offer some comments to assist the Board in its assessment of the year as part of a suite of documents including the Annual report and Accounts, Assessment of Performance against Priorities and the Quality Account.

## Recommendations

The Board is recommended to note the year end record of performance against KPIs.

# Safe – Year End 2020/21

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	Year End	Financial Year	Q1	Q2	Q3	Q4	Time Series
Overall Safe Staffing Fill Rate - Inpatients	SL	>=97%	-	2020/21	100.7%	94.0%	84.9%	79.7%	
				2019/20	94.7%	97.1%	97.0%	87.2%	
Patient Safety Incidents Reported in Month Reported as Harmful	SL	1.06 to 1.73	1.99	2020/21	2.12	1.97	1.83	2.07	
				2019/20	1.18	1.40	1.40	1.62	
Serious Incident Rate	SL	0 to 0.1	0.05	2020/21	0.05	0.06	0.05	0.04	
				2019/20	0.04	0.04	0.06	0.09	
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	9	11	2020/21	3	5	1	2	
				2019/20	2	0	5	7	
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	4	2020/21	1	1	0	2	
				2019/20	0	0	0	3	
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	14	14	2020/21	4	4	3	3	
				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%	75%	

There were 9440 incidents reported within the Trust during 2020/2021, of these 6248 were reported as an incident relating to receiving care from the Trust, of those 5315 were patient safety incidents.

The majority of patient safety incidents resulted in no injury or minimal harm. There were 434 incidents reported as moderate harm and there were 103 major harm incidents reported.

All incidents resulting in moderate and major harm are reviewed in detail at weekly review meetings that were embedded across the organisation in 20/21. The aim of the meeting is to understand good practice, identify learning and escalate any incidents to serious incident where required. The Trust reported 86 serious incidents in 20/21, of those 11 were de logged during the period.

The Quality Leads joined the Clinical Governance Team in 2020/21. The development of monthly business unit reports and monthly work stream meetings increased the ability to triangulate governance information and this will continue to develop in 2021/22.

Monthly deep dives were instigated from March 2021. A thematic analysis of pressure ulcer serious incidents in Neighbourhood Teams between May 2020 and January 2021 was completed and reported during the year.

There are steering groups in place for our highest harm areas of pressure ulcers and falls where learning and themes are shared to inform the Group and any improvement plans.

## **Themes and actions this year**

### **Pressure Ulcers**

The Trust obtained national approval for local changes to the PURPOSE-T clinical risk assessment which allowed us to add 'spine' to the checklist following a recurrence of pressure ulcers on spines which were missed off the monthly skin inspections.

An update to the LCH Pressure Ulcer Prevention and Management Policy was approved disseminated following significant consultation and amendments to reflect the changes in practice and process.

Safety huddles have been embedded across all the NTs. There is still some work in relation to standardising these in practice which will be considered within the Neighbourhoods model transformation project to reduce unwarranted variation.

Processes have been put in place in NTs for a more robust system of ordering pressure prevention equipment, follow up of the delivery of this equipment and making and follow up of referrals to other specialist services. Work will be undertaken in 2021/22 to understand the impact of this on patient care.

Pressure Ulcer Prevention training has been incorporated in to the LCH Preceptorship programme core week for all Business Unit staff and all disciplines. Once established this will also be captured in the central recording system. Ad-hoc training and supervision in relation to Pressure Ulcer prevention and management took place within the Neighbourhood Teams through the re-deployment of the Tissue Viability Nurses during the pandemic.

## Falls

Falls have included inconsistent completion of postural blood pressure to inform falls risk that resulted in a learning from incident memo being shared in January 2021 and an update to the SystmOne clinical observation template to more easily record the laying/standing blood pressures.

The standardisation of falls assessments and reviews was also a key theme. The Community Falls Service has completed falls and physio specific training sessions for the Neighbourhood Team physiotherapy staff between September 2020 and April 2021. A new Falls Risk Management template is currently being trialled by the Community Falls Service for completion by a registered clinician following a fall on caseload in addition.

During this period the Trust has started the journey to implementation of the national Patient Safety Strategy that aims to investigate incidents in a more meaningful way to gain the most learning. The implementation will be captured in our Quality Strategy and includes a strong focus on how learning will be shared in a more effective and responsive way to maximise the impact and reduce the recurrence of similar incidents.

# Caring – Year End 2020/21

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	Year End	Financial Year	Q1	Q2	Q3	Q4	Time Series
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Inpatient and Community (FFT)	SL	>=95%		2020/21			95.7%	97.1%	
				2019/20	96.7%	96.6%	94.5%	93.2%	
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Inpatient Care (FFT)	SL	>=95%		2020/21			-	100.0%	
				2019/20	85.7%	90.7%	95.7%	100.0%	
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)	SL	>=95%		2020/21			95.7%	97.1%	
				2019/20	96.7%	96.6%	94.5%	93.2%	
Total Number of Formal Complaints Received	SL	No Target	97	2020/21	19	35	29	14	
				2019/20	62	59	48	34	
Total Number of Formal Complaints Received Related to COVID-19	SL	No Target	13	2020/21	1	5	5	2	
				2019/20	-	-	-	0	
Number of Formal Complaints Upheld	SL	No Target	36	2020/21	14	9	5	8	
				2019/20	19	37	25	12	
Number of Formal Complaints Responded to within timeframe	SL	No Target	80	2020/21	20	17	22	21	
				2019/20	33	50	51	27	
Number of Compliments Received	SL	No Target	902	2020/21	148	244	261	249	
				2019/20	-	-	-	-	



## Engagement

### Stakeholder Engagement

This year a number of services including Leeds Sexual Health, Community Gynaecology, Community Neurology, Cardiac Service, Speech & Language Therapy (Adult LD) and Community Diabetes, have received support from the Patient Experience Team to develop more service-focused patient and carer surveys. The surveys were used to gather insight into recent and proposed service changes including the introduction of telephone and video consultations. The aim being to understand how this has felt for people, what is working well and what could be improved upon.

This method of consulting with patients will be further utilised in 2021/22 as the Equity and Quality Impact Assessments are embedding across the organisation to support the assessment of health equity and patient experience for proposed changes in service delivery.

### Leeds Sexual Health

The service launched their patient survey in late August 2020 and included a QR (Quick Read) code, text message links and a paper copy to share the survey with service users. The online method of return has proved the greatest currently for LSH, with 52 out of the current 89 responses (58.43%) being received online. The service has struggled to engage with patients historically, due to the highly confidential nature of the service. The comments received have been largely positive, however the negative feedback, largely related to the telephone triage system, has been used as part of a Case for Change as the service are now looking to improve the telephone system.

### Organisational Work Streams

There has been a focus on supporting key organisation wide work streams learn from the way we delivered services during the peak of the pandemic when we reset our services. This includes Health Equity and Digital Inclusion that again focuses on how we utilise our experience during the height of the pandemic in the delivery of services going forward but ensure we provide equitable and accessible care for all.

### Carers

As a result of ongoing work around Carers in partnership with Carers Leeds and Leeds City Council, the Trust was awarded a Certificate of Recognition of LCH's Commitment to Carers as part of the Leeds Carers Partnership Commitment to Carers. The certificate recognises LCH's commitment to:

- Work in partnership with others to support carers
- Be a carer-friendly employer
- Train and supporting the workforce to be carer-aware- Over 200 staff have now attended Carer awareness training delivered by Carers Leeds

## Experience

LCH implemented the Friends and Family national guidance and completed an organisational rollout of training, information giving and support that has resulted in ongoing feedback as detailed in Part One. The Trust introduced online, card and additional methods of QR code usage to gain feedback.

We continually seek feedback from our patients and service users of their experience. Although our overall response rate was lower than in 2019/2020, we achieved high levels of satisfaction in the 1,241 responses received. 94.4% felt our services are good or very good, with 979 (78.9%) rating the service as very good, 2.0% rated the service as poor or very poor, and 11 (0.9%) rating the service as very poor.

## Compliments, Complaints, Concerns

There were 979 compliments, 106 new complaints and 319 new concerns received in 2020/2021.

	2018/2019	2019/2020	2020/2021
Compliment	1497	1564	979
Concern	355	431	364
Complaint	137	174	106

Complaints received within the year by Team/Service for those receiving 5 or above:

Service	
Leeds Mental Health and Wellbeing Service	11
CAMHS Community	10
West 2 Adult Neighbourhood Service	10
West Yorkshire Custody Suites	8
North 2 Adult Neighbourhood Service	7
Leeds Sexual Health Services	6
Little Woodhouse Hall (3) and CAMHS Crisis Services (2)	5

Learning identified from complaints in 20/21:

Issues Raised	Key Changes Identified	What Difference Will This Make?
Delay in assessments for ASD/ADHD due to waiting lists.	LCH is working with commissioners to consider ways to address.	By working together for a solution LCH can ensure patient and family voices are heard and
Complaints relating to attitude conduct cultural and dignity issues.	A trend in complaints identified a need for non-clinical skills and colleagues were supported in completing reflective learning accounts.	Improved communication with patients. Staff members follow their professional registration process for reflective learning for revalidation that develops their professional practice.
Services being stepped down as a result of COVID 19 national guidance.	All services completed risk assessments to minimise the impact of the national guidance.	All services aim to provide the best service possible whilst adhering to national guidance and providing as many safety nets as possible to safeguard patients.
Communication between services and patients	A review of written communication was completed and future communications are to be co-produced with our patients.	This ensures when possible communication is completed in a way that is meaningful for patients.
A parent complained after their child was re catheterised in community instead of the hospital as required.	Individual support was offered to the colleague. Additional learning related to family involvement and a Family Involvement Group was established.	Parents/carers will be involved in developing the service. The first meeting identified the children were bored whilst staying as inpatients and a Netflix subscription was secured from LCH Charity.

# 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	Year End	Financial Year	Q1	Q2	Q3	Q4	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%	
Number of NICE guidelines with full compliance versus number of guidelines published in 2018/19 applicable to LCH	RB	100%		2020/21	85%	87%	87%	87%	
Number of NICE guidelines with full compliance versus number of guidelines published in 2019/20 applicable to LCH	RB	No Target		2020/21	54%	56%	56%	57%	
Clinical Outcome Measures - Percentage of services at stage 3; measures agreed and services have access to them	RB	75%		2020/21				28%	
Clinical Outcome Measures - Percentage of services at stage 6; using measures with some patients some of the time	RB	60%		2020/21				14%	

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	Year End	Financial Year	Q1	Q2	Q3	Q4	Time Series
NCAPOP audits: number started year to date versus number applicable to LCH	RB	100%		2020/21	0%	0%	33%	33%	
Priority 2 audits: number completed year to date versus number expected to be completed in 2020/21	RB	100%		2020/21	7%	19%	21%	31%	
Total number of audits completed in quarter	RB	No Target		2020/21	4%	9%	36%	33%	

## CAMHS

Despite significant disruption from the pandemic the CAMHS Tier 4 service has met its targets for all indicators in 2020/21 in the effective domain.

## NICE

During Quarter One of 2020, the programme of work undertaken by NICE was reprioritised to support the delivery of care for patients affected by COVID-19. Routine monitoring of compliance with previously published NICE guidance was stood down in late March 2020 as part of the NHS response to managing the COVID-19 pandemic.

Within LCH some aspects of NICE Guidance management continued. Rapid assessment of guidance for managing specific aspects of delivery of care for patients affected by COVID-19 continued throughout 2020/21. Over the course of Q2 and Q3, the review of relevance to LCH of published NICE guidance continued, and guidance circulated as appropriate for implementation or information.

In April 2021 NICE launched their new five year strategy, setting out an ambitious vision for the future. The four key pillars that underpin the transformation efforts of NICE are:

- Rapid, robust and responsive technology evaluation
- Dynamic, living guideline recommendations
- Effective guidance uptake to maximize impact
- Leadership in data, research and science

Within the Trust, NICE compliance oversight has been strengthened through the newly established Clinical Effectiveness Group, with Business Unit Quality Leads taking a proactive role in supporting services to review their position against previously published guidance, and implement new implement guidance as published.

## Clinical Outcomes

A repeat self-assessment was sent out to services in Q4 20.21, but due to current services pressures the return rate was low at 35%. Within this the Trust achieved 80% at Stage 3 and 40% at Stage 6, but the low response rate is a significant caveat and it is planned to obtain a more reliable self-assessment analysis during Q1 of 21.22 to better understand our current position.

Over the pandemic period, whilst many services maintained their use of clinical outcome measures, the routine quarterly engagement with services to evaluate progress and support next steps was suspended, recognising the many urgent demands on the demands of colleagues across the organisation. During this time, the Clinical Outcomes Team focussed on supporting Trust-wide priorities, including health inequalities, digital care, and self-management, and also delivered training to support colleagues' needs during the pandemic period. This highly successful training is scheduled to be re-rolled later in the year.

## Clinical Audit

In 20.21 a considerable number of national clinical audits were paused due to the Covid19 pandemic. Despite the national focus being on introducing Covid19 national audits, LCH managed to continue to participate in the National Clinical Audit and Patient Outcome Programmes (NCAPOP). These audits are commissioned and managed by NHS England. There were four NCAPOP audits relevant to LCH. LCH participated in the four (100%) as the National Audit of Cardiac Rehabilitation has recommenced collecting data in March 2021.

There were a number of other priority 1 and priority 2 audits that have commenced during 2020-21 timeframe. Overall these audits have been lower than expected due to Covid-19. Out of 93 audits identified to be undertaken during the year, 36 (39%) were completed, 23 (24%) were removed or discontinued, 12 (13%) were not started due to Covid19, 7 require update, 16 (17%) audits are ongoing and will be monitored until completed during 2021-22.

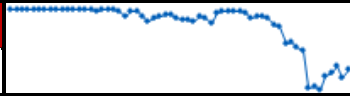
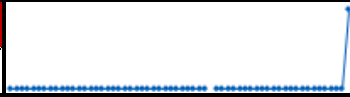

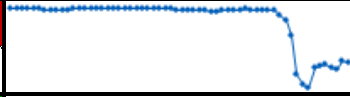
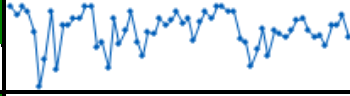
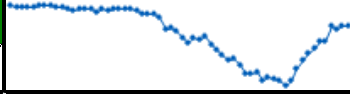
Based on the previous information, the number of audits completed during 20.21 has been lower than previous years due to the impact of Covid-19, teams being redeployed and services not within their base such as CNRU. It is worth noting that overall a number of audits have progressed despite the challenges. There has been 50 (35%) audits completed with a further 28 (20%) which are ongoing. The number of completed audits will have increase and this will be rectified once updates have been received in full.

## Medical Appraisals

Nationally appraisals and revalidation was paused for the majority of 2020 in recognition of Covid19 pressures on staff, restarting in October 20. The medical appraisal team were amongst the staff redeployed to support alternative work during periods of key pressure from the pandemic. The Trust continued to offer medical appraisals through the pandemic but supported a more flexible approach and virtual appraisal meetings, and in line with national guidance appraisals were re-focused on doctors' wellbeing in recognition of the impact and pressures of the Covid19 pandemic. 34 of the 39 appraisals due to complete in the 20-21 appraisal year were completed and signed off within the cycle, 5 deferrals were approved beyond the 31st March and have been booked for completion in due course.

# Responsive – Year End 2020/21

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	Year End	Financial Year	Q1	Q2	Q3	Q4	Time Series
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	81.4%	2020/21	88.7%	76.5%	80.6%	82.1%	
				2019/20	99.3%	98.7%	97.6%	94.4%	
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	2	2020/21	0	0	0	2	
				2019/20	0	0	0	0	
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	29.7%	2020/21	24.1%	19.4%	33.4%	34.1%	
				2019/20	100.0%	94.1%	100.0%	88.0%	
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	73.6%	2020/21	69.2%	71.9%	71.7%	74.7%	
				2019/20	97.9%	98.4%	97.7%	95.5%	
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%	
				2019/20	99.9%	99.3%	98.7%	99.0%	
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	63.3%	2020/21	37.9%	58.1%	73.2%	81.1%	
				2019/20	57.4%	48.0%	40.4%	37.2%	

As Board members are aware the performance on the 'responsive' KPIs was severely impacted by the pandemic and details about the particular services contributing to the KPIs above were provided during the year. It is pleasing to note the good and improving IAPT KPIs. The Trust's attention in the second half of the year was on reset and recovery of services and this focus is continuing in 2021/22.

# Well-Led – Year End 2020/21

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	Year End	Financial Year	Q1	Q2	Q3	Q4	Time Series
Staff Turnover	LS/JA	<=14.5%		2020/21	11.4%	10.0%	9.1%	10.2%	
				2019/20	13.1%	13.0%	13.1%	12.6%	
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%		2020/21	21.6%	24.9%	15.1%	13.0%	
				2019/20	20.1%	17.3%	17.8%	19.9%	
Stability Index	LS/JA	>=85%		2020/21	88.6%	89.9%	90.2%	88.2%	
				2019/20	87.6%	85.7%	87.6%	88.8%	
Short term sickness absence rate (%)	LS/JA	<=2.2%		2020/21	1.0%	1.4%	1.5%	1.3%	
				2019/20	1.5%	1.5%	2.1%	2.2%	
Long term sickness absence rate (%)	LS/JA	<=3.6%		2020/21	3.3%	3.5%	4.0%	3.4%	
				2019/20	3.9%	3.4%	3.8%	4.0%	
Total sickness absence rate (Monthly) (%)	LS/JA	<=5.8%		2020/21	4.3%	4.9%	5.5%	4.7%	
				2019/20	5.4%	4.9%	5.9%	6.2%	
AfC Staff Appraisal Rate	LS/JA	>=95%		2020/21	81.8%	83.6%	79.6%	75.4%	
				2019/20	84.6%	85.6%	85.2%	88.3%	
6 universal Statutory and Mandatory training requirements	LS/JA	>=95%		2020/21	91.3%	93.2%	92.5%	86.1%	
				2019/20	93.8%	90.9%	92.0%	90.6%	
Medical staff appraisal rate (%)	RB	100%	-	2020/21				87.1%	
				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	Year End	Financial Year	Q1	Q2	Q3	Q4	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	
				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%	11.1%	
				2019/20	9.8%	10.0%	10.0%	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%	4.0%	
				2019/20	3.3%	3.7%	3.6%	3.5%	
Total agency cap (£k)	BM	4306	2546	2020/21	2546	550	557	689	
				2019/20	1158	1220	1025	947	
Percentage Spend on Temporary Staff	BM	No Target	6.2%	2020/21	5.0%	3.9%	4.0%	4.4%	
				2019/20	6.2%	6.2%	5.9%	5.5%	

During the past twelve months the Trust responded to the growing and unprecedented needs of our workforce during the Covid-19 pandemic. This encouraged different thinking about the “way we do things”, which has led to positive improvements across a range of areas, within the well-led domain.

### **Statutory and Mandatory Training**

Significant progress has been made across the Statutory and Mandatory Training programme with compliance at the year end of 86%. This could be attributable to:

- Conversion of face-to-face delivery to online formats for all subjects except Moving and Handling Level 2. This has brought added benefits such as increased convenience for end users, delegate numbers (not limited by room size), no travel time/costs, and a reduction in delegate ‘no-shows’.

- Alignment of all 13 stat/man topics as defined by the Core Skills Training Framework (CSTF) enables closer working relationships with Subject Matter Experts and simpler monitoring of training on ESR to highlight where additional support may be required
- Areas of future focus include:
- A new approach to quality assurance and evaluation has been approved and a delivery plan is being developed to embed this approach from June–December 21.
- During Q3-Q4 easier access and awareness of statutory and mandatory training includes creating an online hub to include a new matrix, subject guides, FAQs, and videos on how to access the learning in ESR.

### **Appraisals**

It has been a challenging year to maintain appraisal discussions in line with clinical priorities and service delivery pressures. During the year, some services reached appropriate Opel levels, and authority was given to “pause” appraisals. Whilst the year end position was just over 75%, Corporate, Operations and Children’s Business Unit are now (April) in a healthy position, marginally below the re-set 90% KPI.

During the pandemic; -

- Supported teams with local interventions and a Trust wide blog focusing on ‘How to make the most of Appraisals during Covid’ included tips and guidance to boost engagement.
- Following an internal audit of the Trust’s appraisal system with “reasonable assurance” an Online Appraisal toolkit was developed, and is now hosted on Oak with supporting guidance, FAQs and “how to” video.
- Areas of future focus include:
- Supporting services to recover their appraisal compliance position
- Designing and launching an Appraisal evaluation and quality assurance survey (Q1) to evaluate where we can enhance the quality of the appraisal conversation and refine supporting documentation and guidance
- 

### **Retention**

The year-end position on turnover rate was just over 10%, which is 2% lower than the previous year.

This is believed to be attributable to:

- The instability of the labour market and economy due to Covid-19
- Sense of belonging to the NHS to contribute during the pandemic
- Demonstrable action within the Trust around supporting staff HWB

Areas of future focus include:

- Comprehensive Resourcing plan to support recruitment, development and deployment to meet service need
- Work to maintain workforce stability needs to continue with a focus on areas with high turnover
- Development of career pathways
- Refinement of exit interviews and processes
- Increase uptake of Apprenticeship

### **Looking after our staff**

During the last year, the Trust responded to the growing and unprecedented needs of our workforce through several proactive and reactive interventions around the Health and Wellbeing (HWB) agenda. This built on the strong foundations of supporting staffs HWB and has resulted in sustained improvements in a reduction month on month in sickness absence rates in comparison to the previous year (except for the start and peak of the pandemic). The year-end absence rate is 4.7% which is significantly below the 5.8% out-turn target set. This could be attributable to more targeted and bespoke approach to respond to the emergent health and wellbeing support needed during this challenging time, which includes:

- acknowledging the disproportionate impact Covid was having on certain groups of staff; BAME, and staff shielding
- Open conversations with staff who were shielding, carers, working parents, staff working from home and in bases
- Supportive conversations around risk assessments and support for “at risk” and clinically vulnerable groups of staff
- The Safe Working Environments (SWE) Project was set up as one of a suite of pandemic-related projects led by the LCH Business Logistics Team

Areas of future focus include:

- As, hopefully, we are coming out of the pandemic the HWB support required is akin to traumatic events, by way of psychological support which will include;
- Introduction of Schwartz rounds which is a proven method to reduce stress and isolation of staff
- Continue Open conversations around supporting mental health through promotion of existing HWB support available such as EAP and access to MHFA
- Re-define governance and accountability for HWB as part of the revision to the Workforce Strategy

### **WRES indicator 1**

As part of the work we started with the WRES cultural change team, it became clear that our overall BAME workforce (11%) is not only under-represented in comparison to our local population (18%), but that within this, there was disparity at the most senior level. Over the last 12 months we have been monitoring the % of BAME staff employed in Bands 8, 9 and VSM in comparison to the BAME staff in our overall workforce. This has only shown marginal increases during this time.

From April 2021 onwards, new aspirational goals have been set, to increase our overall proportion of BAME staff in the workforce to 14% by 2023 and 18% by 2028, which is representative of our local population.

# Finance – Year End 2020/21

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

Finance	Responsible Director	Target	Year End	Financial Year	Q1	Q2	Q3	Q4	
Net surplus (-)/Deficit (+) (£m) - YTD	BM	0.0	-1.5	2020/21	0.0	0.0	-2.3	-1.5	
Capital expenditure in comparison to plan (£k)	BM	2550	2183	2020/21	417	518	63	1185	
CIP delivery (£k)	BM	910	800	2020/21	399	401	399	401	
COVID specific costs identified and submitted (£k)	BM	No Target	1963	2020/21	570	357	359	677	Of which £88k is related to the vaccination centres

The financial regime the Trust has operated in throughout 2020/21 has been unlike any previous. In the first half of the year (H1 20/21) normal contracting and income was suspended and the Trust's income was matched to the costs incurred. From October onwards (H2 20/21) the Trust had a fixed amount of income to provide services and was required to breakeven. The Trust actually delivered a surplus of £1.542m; due in part to slippage on reset and recovery programmes, national funding to support additional costs (eg 'Flowers' and annual leave) and the continuation of savings on travel and meeting room hire due to services having to work in different ways because of Covid-19 restrictions.

The Trust's turnover for 2020/21 as a whole was £187.9m from which a surplus of £1.557m (0.83%) was achieved, being £1.542k plus £15k donated depreciation. The cash earned from the surplus is retained by the Trust for future potential capital investment.

## Performance against National and Local Targets

Target	Target	Performance	Achieved
Planned surplus on income & expenditure	£0k	£1,542k	✓
Remain within External Finance Limit	(£6,196k) *	(£6,196k)	✓
Remain within Capital Resource Limit	£2,365k	£2,183k	✓
Capital Cost Absorption Rate	3.50%	3.50%	✓
Agency control total	£4,350k	£2,546k	✓
Use of Resources	2	1	✓
Better Payment Practice Code:			
Non NHS invoices (number & value)	95% & 95%	97% & 98%	✓✓
NHS invoices (number & value)	95% & 95%	99% & 100%	✓✓
CIP recurrent savings in year	£910k	£910k	✓

*\* after year end adjustment as EFL target was issued to trusts after 2020/21 half year plans had been completed*

The Trust maintained a very strong cash position through the year and had £39.6m in the bank at the end of March. An EFL adjustment was required at the end of the year as there was no formal planning undertaken which fixes the EFL for the year and acts as a target.

The Better Payments Practice Code target of 95% was achieved for all four measures.

The Trust had a Capital Resource Limit (CRL) of £2.365m for 2020/21; this includes an additional £337k Public Dividend Capital issued in year. The PDC was issued by the DHSC for £61k Critical Infrastructure backlog maintenance, £121k e-job planning/rostering, £155k for IT responses to Covid.

The Trust spent a net total of £2.183m during the year which means the CRL has not been breached. Capital expenditure included:

- £0.9m Estates £0.8m I T
- £0.3m EPR £0.2m Clinical equipment
- £0.1m E-job planning/rostering

The Trust disposed of assets with a value of £80k.

The Trust had no formal agency control total for 2020/21. Initial indications were that this was going to be £4.35m. Outturn expenditure on agency staff was £2.546m.

The Trust is reporting achievement of all the statutory financial duties set by NHS E/I for 2020/21 and closed the year with a Use of Resources risk rating score of 1; the lowest risk.

The Trust's H2 2020/21 plan required the delivery of £0.91m of efficiency savings to meet the national planning assumptions. The Trust delivered £0.8m of savings in year and the shortfall was covered non-recurrently from the in-year underspending.

**Board Meeting held in public: 11 June 2021**

**Agenda item number: 2021-22 (30i)**

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**Title: Assessment of performance against 2020/21 priorities**

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**Category of paper:** for assurance  
**History:**

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

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## **Executive summary (Purpose and main points)**

As has been obvious to all, due to Covid 2020/21 was not the year the Board envisaged when the Priorities were agreed at its meeting in March 2020.

The Board previously received an update in October 2020 prior to new Covid waves.

The Board would normally expect to receive a detailed year-end report on how well the Trust delivered against its agreed 2020/21 Priorities. As much of the envisaged work was stopped, delayed or slowed due to the Covid response, a report measuring progress is not appropriate.

However, as part of the Covid response, reset and recovery and through business as usual, much excellent work has taken place. Therefore, as part of a Board agenda receiving documents looking back over 2020/21, some observations are offered on the extent to which progress was made on the Priorities, often in ways that were not envisaged when they were agreed.

Board members should recognise all the content of this report from previous Board or Committee meetings. To avoid too much duplication, reference is made in this report to other sources of relevant information, particular to the Quality Account where greater detail, service examples and patient and staff stories are presented that are relevant to the Priorities in this report. However, some content is necessarily repetitive of information in the Quality Account, the Annual Report, and the Year-end Performance Brief, all on today's Board agenda.

## **Recommendations**

The Board is asked to agree that, in the most challenging of circumstances, staff went above and beyond throughout the year, delivering high quality care to patients whilst delivering against the Trust priorities in ways that were not envisaged at the start of the year but have significantly contributed to the Trust being a better provider of care, a better employer and a better partner.

## Assessment of Performance against 2020/21 Priorities

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

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

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

During the Covid19 pandemic, we asked much of many members of our workforce. Some were redeployed to bolster our front-line and essential services while others were equipped with a laptop and remote IT access and asked to work from home.



Early in the pandemic, it became clear that the unprecedented situation, with schools and other childcare options unavailable and many staff managing their own or other household members' clinical vulnerability to Covid19, would require an unprecedented response from the Trust as an employer.

To enable our workforce to continue delivering the best possible care to our communities, we urgently carried out support and risk assessments for our 'at risk' and clinically vulnerable staff members and identified how we could create safe working environments for everyone. Crucially we developed targeted health and wellbeing support to make sure all our staff had tools and resources immediately available if they began to struggle physically or mentally.

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**Our culture of engagement** was fundamental to our approach to looking after our people during the pandemic. Decreased face-to-face interaction contributed to increased levels of communication and engagement in the organisation. As well as the intranet and regular staff bulletins we developed weekly Leaders' Network virtual meetings and the new all-staff 'Team LCH' online meeting – both led by the Chief Executive.

These engagement mechanisms directly informed vital aspects of our response to the pandemic, including temporary changes to employment procedures (for example increasing the maximum annual amount of Carer Leave from one week to two weeks) and our approach to supporting Black Asian and Minority Ethnic colleagues.

Some staff members described the sense of connection, shared purpose and support from these engagement mechanisms as being an important element of their resilience through the pandemic.

Our approach was to use the maximum flexibilities available within national NHS terms and conditions and local employment policies. Managers used these flexibilities to respond to people's individual circumstances, to enable staff to balance their work as far as possible with their commitments outside of work.

To help keep our staff safe and well the Trust developed its own risk assessment tool and guidance documentation to support managers have high quality conversations with staff in 'at risk' groups alongside the required risk assessment

Early in the pandemic, people from BAME communities were recognised as being at a higher risk from Covid19. An open letter from the Chief Executive and Chair of the BAME network (now the Race Equality Network) in April 2020 acknowledged this impact and invited open conversations.

These conversations, and in particular the perspectives and concerns shared by BAME colleagues, influenced and guided our approach to supporting them. Risk assessment completion rates for our BAME staff were at 100% by 31 July 2020.

More than 130 members of our workforce were advised to shield during the pandemic, with the majority working from home. A Shielding Workshop was held in early July to offer support. An online Shielding Forum was set up to enable people who were shielding to connect with each other in a supportive virtual space.

The Trust took a more targeted and bespoke approach to health and wellbeing support during the pandemic which was based on research on human responses to traumatic events and in response to the support needs expressed by our workforce.

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To help ensure a safe place for staff and patients needing to use our premises a Safe Working Environments Project was initiated. An inspection team carried out Covid19 Secure risk assessments in 40 bases where our staff worked and mitigations were put in place to manage each risk

For staff required to work from home the Safe Working from Home team created a tool to allow home workers to assess their working environment and equipment needs and established a process for fulfilling those needs..

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A key aspect of keeping our staff safe and well as they delivered patient care or worked 'front of house' as ensuring the availability of **Personal Protective Equipment (PPE)**. The Trust worked with colleagues from Leeds and York Partnership NHS Foundation Trust to develop a new bespoke electronic stock reporting system that enabled us to ensure the right PPE was always available in the right place at the right time for our clinical staff. Between April and December 2020,:

- 6.4 million of PPE items were delivered to our services
  - approximately 5,500 physical deliveries were made
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As the Covid vaccines became available LCH staff played a significant part in the delivery of Leeds Vaccination Programme as well as receiving the vaccine. The Quality Account contains much more detail of the programme

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During 2020/21 all our community staff with a **mobile phone safety app** which monitors their precise location and allows them to call for help if they need it. Other built-in security features mean that our people are secure in the knowledge that they are never alone while working in patients' homes.

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*The total sickness absence rate over the year remained less than target despite the pandemic and the pressure on many staff in their work and home lives.*

*The Trust was delighted to be able to recognise the contribution of all staff by granting an additional days leave in 2020/21 to be taken in 2021/22*

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

On-boarding and induction processes underwent rapid transformation during Spring 2020, enabling LCH to rapidly bring in new capacity in support of the COVID-19 response. Learning from this process, including the bringing together of substantive and temporary recruitment arrangements, will inform future resourcing work.

The eRostering programme as originally envisaged was paused but the e-Rostering Project team progressed and leveraged the use of our e-Rostering systems:

- **Redeployment** – supporting the organisation to make real-time moves for redeployed staff into live units, to give operational managers full oversight of daily capacity.
- **Vaccination Rosters** – two members of the e-Rostering team were deployed into the central vaccination rostering team throughout February and March to support with the configuration and allocation of vaccination hub shifts.
- **Absence Recording** – Services that were planned to implement rostering were offered support to roll out absence recording on the roster. This required less capacity from operational managers and enables them to get familiar with aspects of e-Rostering before scheduling a full roll out.

*The turnover rate has remained below target all year whilst the rate of staff leaving the Trust within 12 months reduced significantly in the second half of the year*

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

Much of the planned work was paused with the focus on COVID-focused developmental & support interventions including training for redeployed staff, psychological wellbeing and a Listening & Support Service.

Many members of staff from services that were halted by the Covid19 pandemic to were redeployed to Neighbourhood Teams. They were supported by their new colleagues and offered training to develop the skills and competencies needed to work confidently on the front-line.

These skills included learning how to administer medication, provide personal care, dress wounds and look after patients in their own homes, often vastly different to working in a clinic environment.

Many of these staff clearly said they valued the opportunity to see the Trust working from a different perspective and wanted to take new ideas back to the 'day job'. Many of them volunteered as 'Reset Champions' to achieve this.

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Statutory & mandatory training and induction moved online, to enable people to complete these remotely as far as possible, and safely.

*Performance against the original universal 6 target reasoned just below target until the 4<sup>th</sup> quarter when it slipped to 86%. Appraisal was deliberately pause in services under most pressure during the year. Performance dipped to 75% in quarter 4. Recovery of both training and appraisal rates has renewed focus in 2021/22.*

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## Strategic goal 2: Deliver outstanding care

### Priority 4: Be outstanding

**Status:** the project to lead the Trust to 'outstanding' was stood down as the pandemic took hold. However, the Board is very aware of much of the outstanding work done by staff to deliver care during the year which is reported generally throughout the Quality Account. Specifically the Quality Account details what was achieved against the Quality priority 1: Be outstanding and includes some good examples of work that was done in services and corporately to improve the quality, safety and effectiveness of services.

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### Priority 5: Continuous Quality Improvement

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

The Making Stuff Better campaign and sharing of improvement stories was paused during the COVID period but the cultural change the campaign initiated in the Trust was positively embraced through the reset and recovery work, with many examples of innovation that have been reported to the Board throughout the year

The unique circumstances of ceasing many services due to Covid provided a unique opportunity to look closely at how services could be improved when they resumed. The Reset and Recovery programme established a dedicated projects and clinical leadership team and took a bottom-up approach to transformation and quality improvement called 'Making Stuff Better'. Reset and Recovery had eight specific drivers - referred to as 'golden threads' - and these influenced every single service reset plan. The 'golden threads' were:

engagement	inclusion	digital first	home first
estates	self-management	innovation	sustainability

The Trust engaged with service users, staff and other stakeholders to review the response to the pandemic and embed the learning and innovations into new ways of delivering the service. New measures which would demonstrate improvement in outcomes for service users, particularly those from under-represented groups, were developed.

Some of the key innovations and improvements have included:

- ✓ Restarted every service with a range of treatment options including clinic-based, home visits, digital and phone consultations and self-management
- ✓ Reopened the majority of our venues in a Covid19 safe way
- ✓ Embedding digital technology Trust -wide to enable more flexible ways of offering treatment, whilst still considering how to be digitally inclusive

- ✓ Engaged with more than 1400 staff members to develop our reset plans and set up specific intranet pages to share developments and changes, using case studies to bring to life significant service reset achievements
  - ✓ Made sure patient engagement is a key element part of each service reset
  - ✓ Recruited a Health Equity lead to ensure our impact on health inequalities is a positive one
  - ✓ Made sure our supporting infrastructure is fit for purpose – which included a review of our administration models and use of electronic letters and telephony
  - ✓ Developed more self-management interventions
  - ✓ Created more sustainable approaches to managing backlogs and waiting lists
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The Quality Account presents more information and stories about progress against the Quality Priority 2: Develop and embed continuous quality improvement which engages staff and service users.

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### **Priority 6 Patient Engagement**

Significantly more information is presented in the Quality Account on the Quality Priority 3: Strengthen organisational approach to service user engagement and experience at all levels of care delivery.

As noted previously in this report, there has been a strong focus on patient engagement in services reset and recovery planning – patient engagement being one of the 8 golden threads.

Work to strengthen support for Carers progressed well; LCH was awarded a Commitment to Carers certificate from the Leeds Carers Partnership Board.

Patient stories continue to be a part of the virtual Trust board meetings. The Youth Board made a significant contribution to the development work for the new CAMHS Unit, Red Kite View.

Both the Quality Account and Year end Performance Brief contain details of patient and service user satisfaction with our services. Although response rates to satisfaction surveys are not as high as the Trust would wish, those that do respond are positive about services. Satisfaction surveys, complaints, concerns and compliments remain a key part of the Trust's desire to learn how services can be improved. The Quality Account also reports on how this information is used to learn about and address inequity.

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

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

One of the consequences of the pandemic has been the acceleration of partnership working across the city. New services have been developed or expanded.

A new **Covid19 Rehabilitation Service** was developed at speed to meet patients' needs, drawing in expertise from respiratory, neurology, rehabilitation medicine, cardiology, occupational therapy, physiotherapy and dietetics. The service has been featured in national and local media and the work presented nationally and internationally.

The **Virtual Ward (Frailty)** continued to expand across the city during the year and evaluated well in an interim evaluation in February 2021. The Trust's view of the service was reflected in its success in the 2020 Awards. The Business Committee received a progress update at its meeting in April (summarised in the Committee Chair's report to Board on 28 May. The contribution of the Virtual Ward in the city's response to Covid was noted as was the positive return on investment in terms of hospital bed days saved. It is envisaged that this will be one of the exciting new or enhanced services that will assist in the city meeting the 2-hour Urgent Response target in 2021/22.

During the pandemic our **Infection Prevention and Control (IPC)** team used its strong foundations with care homes and hospices to provide support on infection and control measures and helped them to make sure safe processes were in place. In the final quarter of 2020/21 the IPC team restarted environmental audits with both residential and nursing care homes which will continue to demonstrate adherence to policy and highlight areas of improvement that we can support them with.

**Diabetes, Stroke and Neuro Integrated pathway** development has continued.

The enhanced partnership based **LMWS** service has continued to respond to increased demand. In April both the Quality and Business Committees received an overview of performance of the service, particularly in respect of the services work promoting health equity. Both Committees then included their positive summaries in reports to the Board on 28 May

The **3<sup>rd</sup> Sector Strategy** was approved by July Board and a successful launch event held in September. The Board received an update on progress noting good progress across most work streams although the Trust's response to the Covid second wave delayed establishing the steering group and development of an implementation plan.

In the second half of the year the Board has been involved in the development of the **Health Equity Strategy** which was very well received at the Board on 28 May.

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

During the pandemic phase, the need for joint working with primary care was never higher. Whilst joint development work between LCH and the GP Confederation has continued, albeit more slowly due to Covid, some great work developed at pace such as joint working in care homes and some aspects of research and education.

Progress continued to be made with the LCH Employ / Deploy model.

Infrastructure support continued to be offered and accepted by PCNs and the GP Confederation and 3 Directors continued to have shared roles in the GP Confederation.

As note above LWMS has been successfully mobilised in partnership and all primary care workers are embedded in general practice.

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## **Strategic goal 4: Use our resources wisely and efficiently**

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

Before its transfer to Leeds and York Partnership .NHS Trust on 31 March 2021 delivery of the building to the revised timetable agreed to enable design changes in response to Covid was on track and continues to be so. Planning for the service was also continuing to timetable with both Trusts working successfully together to design the clinical delivery model

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### **Priority 10: Understand and reduce unwarranted variation**

Whilst some services will have been working in this area, progress as a corporate priority was paused being overtaken by the covid response.

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

Progress was swift in some aspects of the digital strategy, for example the deployment of digital technology for remote consultations with patients and supports remote working and communication. Significant effort has gone into ensuring the core infrastructure is sufficiently resilient to support this, eg migration from N3 to HSCN, significantly enhanced remote connection capability and moving from old and vulnerable Trust servers to cloud capability

The second half of the year has exposed limitations in the ability of the Trust to satisfactorily support the new remote, technology dependent services and this is a priority for investment and development in 2021/22



Similarly, whilst the response to the pandemic, making our premises safe, has taken precedent, a lot of the learning from this work will provide vital information for a refreshed estate strategy in 2021/22 that will respond to the new ways of working introduced in response to the pandemic

Good progress was made in the second half of the year in developing a Sustainability Development Management Plan and this will provide the basis for actions in 2021/22

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## **Recommendation**

The Board is asked to agree that, in the most challenging of circumstances, staff went above and beyond throughout the year, delivering high quality care to patients whilst delivering against the Trust priorities in ways that were not envisaged at the start of the year but have significantly contributed to the Trust being a better provider of care, a better employer and a better partner.