

## Bundle Public Board Meeting 3 December 2021

### Agenda

Final Agenda Public\_Board\_Meeting\_3 December\_2021- blue box.docx

- 82 09:00 - Welcome, introductions and apologies:
- 83 Declarations of interest
- 84 Questions from members of the public  
*\*\*\*Minutes adoption for approval\*\*\**
- 85 09:10 - Minutes of previous meeting and matters arising:
- 85.a Minutes of the meetings held on 1 October 2021  
Item 85a Draft Public Board minutes 1 October 2021.docx
- 85.b Actions' log  
Item 85b Public Board Actions log 3 December 2021.docx.doc
- 86 09:15 - Staff story: International Day of Persons with Disabilities
- 87 09:35 - Chief Executive's report: including update on current system pressures
- 87.a Report including update on system pressures  
Item 87a CEO report Board December 2021.docx
- 87.b Strengthening the Leeds Health and Care Partnership – progress, proposals and next steps  
Item 87b Leeds PBP development Board paper v4 (Short public).docx
- 88 10:05 - Committee Chairs' Assurance Reports:
- 88.a Audit Committee: 15 October 2021  
Item 88a Audit Committee 15 Oct 2021 assur rep Public.docx
- 88.b Quality Committee: 25 October 2021 and 22 November 2021  
Item 88bi QC Chairs assurance report Oct 2021.docx  
Item 88bii QC Chairs assurance report Nov 2021.docx
- 88.c Business Committee: 27 October 2021 and 24 November 2021  
Item 88ci BC Chairs assurance report Oct 2021.docx  
Item 88cii BC Chairs assurance report Nov 2021.docx
- 89 10:25 - Performance brief and domain reports: October 2021  
Item 89 Performance brief cover paper.docx  
Item 89ii Performance Brief (Oct 2021) Board v2.docx
- 90 10:35 - Significant Risks and Board Assurance Framework (BAF) Summary Report  
Item 90 Significant risks and risk assurance report November 2021 for Board Final.docx
- 91 10:45 - Guardian of Safe Working Hours quarterly report 2021-22  
Item 91 GoSWH Quaterly report December 2021.docx
- 92 10:55 - Health Equity Strategy update  
Item 92 Health Equity Strategy Board update Dec 2021 v0.3.docx
- 93 11:05 - Equality and Diversity Annual Report 2020-21  
Item 93 Trust Board Equality and Diversity report Front Cover 3.12.2021 FINAL V3.docx  
Item 93i Trust Board Equality and Diversity report 3.12.2021 FINAL V2.docx  
Item 93ii Appendix E Gender Pay Gap reporting 31.3.2020.docx
- 94 11:20 - Climate Emergency Declaration  
Item 94 Climate Emergency Declaration - Dec 2021.docx
- 95 11:25 - Annual General Meeting 14 September 2021 - minutes  
Item 95 Draft AGM minutes 2021.docx
- 96 11:25 - Board workplan  
Item 96 Public Board workplan 2021-22 v5 24 11 2021.xlsx
- 97 11:30 - Any other business and questions on blue box items

- 98 11:40 - Close of the public section of the Board
- 99 Blue box item : Mortality report quarter 2 – seen by Quality Committee November 2021  
Item 99 Mortality Q2 2021-22 Final Draft rb.docx  
Item 99i Adult Mortality report Q2 June to September 2021 rb amends (PDF).pdf  
Item 99ii 2021-22\_Q1 EPaCCS Report\_Leeds CCG Final[37].pdf  
Item 99iii Citywide Learning from Incidents Poster MB- Final updated.pdf
- 100 Blue box item: Trust priorities quarter 2– seen by Quality Committee and Business Committee October 2021  
Item 100 Trust Priorities Update Q2 2021\_22 Final.docx
- 101 Blue box item: Committee minutes for noting:
- 101.a Audit Committee – 23 July 2021  
Item 101a AC minutes 23 July 2021.docx
- 101.b Quality Committee – 26 July 2021, 27 September 2021 and 25 October 2021  
Item 101bi QC minutes 26 July 2021.docx  
Item 101bii QC minutes 27 September 2021.docx  
Item 101biii QC minutes 25 October 2021.docx
- 101.c Business Committee – 28 July 2021, 29 September 2021 and 27 October 2021  
Item 101ci BC minutes 28 July 2021.docx  
Item 101cii BC minutes 29 September 2021.docx  
Item 101ciii BC Minutes October 2021.docx
- 101.d West Yorkshire Mental Health Services Committees in Common-21 October 2021  
Item 101d PUBLIC\_WYMHSC Committees In Common Meeting Notes 21.10.2021 FINAL.pdf

**Agenda Trust Board Meeting Held In Public**  
**Virtual meeting and live streamed**

**Date** 3 December 2021  
**Time** 9:00 – 11.40am  
**Chair** Brodie Clark CBE, Trust Chair

**All items listed (Blue Box) in blue text, are to be received for information/assurance, having previously been scrutinised by committees, and no discussion time has been allocated within the agenda. The Trust Chair will invite questions on any of these items under any other business.**

AGENDA		
2021-22 82	9.00	<b>Welcome, introductions and apologies</b> <i>(Trust Chair)</i>
2021-22 83		<b>Declarations of interest</b> <i>(Trust Chair)</i>
2021-22 84		<b>Questions from members of the public</b>
2021-22 85	9.10	<b>Minutes of previous meeting and matters arising</b> <i>(Trust Chair)</i> *For approval*
85.a		Minutes of the meetings held on 1 October 2021
85.b		Actions' log: 1 October 2021 – none to note
2021-22 86	9.15	<b>Staff story - International Day of Persons with Disabilities</b> <i>(Jenny Allen/Laura Smith)</i>
QUALITY AND DELIVERY		
2021-22 87	9.35	<b>Chief Executive's report – including update on current system pressures</b> <i>(Thea Stein)</i>
87.a		Main Report – including update on system pressures
87.b		Strengthening the Leeds Health and Care Partnership – progress, proposals and next steps
2021-22 88	09.55	<b>Committee Chairs' Assurance Reports:</b>
88.a		Audit Committee: 15 October 2021 <i>(Khalil Rehman)</i>
88.b		Quality Committee: 2021 – 25 October 2021 and 22 November 2021 <i>(Helen Thomson)</i>
88.c		Business Committee: 27 October 2021 and 24 November 2021 <i>(Richard Gladman)</i>
2021-22 89	10.25	<b>Performance Brief: October 2021</b> <i>(Bryan Machin)</i>
2021-22 90	10.35	<b>Significant Risks and Board Assurance Framework (BAF) Summary Report</b> <i>(Thea Stein)</i>
2021-22 91	10.45	<b>Guardian of Safe Working Hours quarterly report 2021-22</b> <i>(Dr Nagashree Nallapeta presenting)</i>
2021-22 92	10.55	<b>Health Equity Strategy (Update)</b> <i>(Ruth Burnett)</i>
FOR APPROVAL		
2021-22 93	11.05	<b>Equality and Diversity Annual Report 2020-21</b> <i>(Jenny Allen/Laura Smith)</i>
2021-22 94	11.20	<b>Climate Emergency Declaration</b> <i>(Sam Prince)</i>

<b>2021-22 95</b>	11.25	<b>Annual General Meeting 14 September 2021 – minutes</b> <i>(Thea Stein)</i>
<b>INFORMATION FOR NOTING</b>		
<b>2021-22 96</b>	11.25	<b>Board workplan</b> <i>(Thea Stein)</i>
<b>CLOSE</b>		
<b>2021-22 97</b>	11.30	<b>Any other business and questions on Blue Box items</b> <i>(Trust Chair)</i>
<b>2021-22 98</b>	11.40	<b>Close of the public section of the Board</b> <i>(Trust Chair)</i>

<b>Additional items (Blue Box)</b>	
<b>2021-22 99</b>	Mortality report quarter 2 – seen by Quality Committee November 2021
<b>2021-22 100</b>	Trust priorities quarter 2– seen by Quality Committee and Business Committee October 2021
<b>2021-22 101</b>	Committee minutes – for noting a) Audit Committee – 23 July 2021 b) Quality Committee – 26 July 2021, 27 September 2021 and 25 October 2021 c) Business Committee – 28 July 2021, 29 September 2021 and 27 October 2021 d) West Yorkshire Mental Health Services Committees in Common-21 October 2021



**Trust Board Meeting held in public: 3 December 2021**

**Agenda item number: 2021-22 (85a)**

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**Title: Draft Trust Board meeting minutes 1 October 2021**

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**Category of paper: for approval**  
**History: N/A**

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**Responsible director: Chief Executive**  
**Report author: N/A**

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## Attendance

<b>Present:</b>	Brodie Clark CBE Thea Stein Professor Ian Lewis (IL) Richard Gladman (RG) Helen Thomson (HT) Alison Lowe (AL) Khalil Rehman (KR) Bryan Machin Sam Prince Steph Lawrence  Dr Ruth Burnett Jenny Allen	Trust Chair Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Executive Director of Finance and Resources Executive Director of Operations Executive Director of Nursing and Allied Health Professionals (AHPs) Executive Medical Director Director of Workforce, Organisational Development and System Development (JA)
<b>Apologies:</b>	Laura Smith	Director of Workforce, Organisational Development and System Development (LS)
<b>In attendance:</b>	Rachel Booth (RB) Diane Allison Dr Fauzia Khan  Satbir Saggu	Associate Non-Executive Director Company Secretary Community Paediatrician, Leeds Community Healthcare NHS Trust (for Item 66) Co-Vice Chair of the Race Equality Network, Leeds Community Healthcare NHS Trust (for Item 73b)
<b>Minutes:</b>	Liz Thornton	Board Administrator
<b>Observers:</b>		
<b>Members of the public:</b>	One member of the public	

## **Item 2021-22 (63)**

### **Discussion points**

#### **Welcome introduction, apologies and preliminary business**

The Chair of Leeds Community Healthcare opened the Trust Board meeting held in public and reminded members and attendees that the meeting was live streamed and could be accessed via a link on the Trust's website.

He welcomed members of a patient's family who were attending to support the patient story item and members of staff from the Trust who were attending to support several items on the agenda.

#### **Apologies**

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

#### **Trust Chair's introductory remarks**

Before turning to the business on the Agenda, the Trust Chair provided some introductory comments to add context to the meeting discussions.

The challenges the Trust faced were unrelenting. The competing demands of urgent cases; the capturing of lessons learned and new ways of working; the backlog priority; the demand for a high quality of service and a number of key strategies where momentum must continue for example, estate; IT; engagement; workforce and others. All this would lead the Trust to a much better place in time. A new and demanding phase of the vaccination program and the ongoing development of the new NHS governance model had added to the demand.

He said the skill was about knowing and understanding the things that mattered most at any one time, and the ability of the Trust to switch, juggle and prioritise. To scan the horizon for the emerging problems and to demonstrate the agility with early solutions. He believed that the Trust has done a remarkably good job in doing all of this.

He set out the many positives over this time, a number of backlogs had been reduced; many staff had squeezed in some well-deserved time off; the Annual General Meeting was poignant and meaningful – with a strong sense of capturing what it has been like to work in the Trust. The Trust continued to win awards for key areas of service delivery, not least of all the recent HSJ award for the long covid service development.

The job of keeping the 'plates spinning' was relentless and the importance of ensuring the greatest care with the quality of service delivery essential. Staff are tired and that is when mistakes happen; the importance of having those bigger conversations when the stakes get high was important. The Board would be having a discussion in the private session on staff capacity and the importance of caring for staff.

He spoke about his virtual conversations with teams in different parts of the Trust and how struck he had been by the commitment, the determination, and the continued creative contribution that staff were giving. There was a sense of pride in their work and a desire to ensure continued success. This was a reminder that we must do our very best for them – with our decency in managing them; with our clarity of offers to support them and with our respectful treatment of them.

It was appropriate that the Board agenda for this meeting focussed on the workforce, with the excellent reformed workforce strategy, which provided an opportunity to revisit the efforts on managing the race and disability standards and in the private session to look in detail at how we ensure staff confidence and assurance as we consider measures to manage the capacity challenge. At no time should we take staff for granted or treat them in a way that undermines them or disrespects them.

It felt timely to take stock across these important staffing areas and this meeting would provide that opportunity.

<p><b>Item 2021-22 (63)</b></p> <p><b>Discussion points:</b>  <b>Declarations of interest</b>  Prior to the Trust Board meeting, the Trust Chair had considered the Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Board members. Non-Executive Director</p> <p>Non-Executive Director (KR) made an additional declaration in relation to a short-term contract with Touchstone to work on digital transformation.</p>
<p><b>Item 2021-22 (64)</b></p> <p><b>Discussion points:</b>  <b>Questions from members of the public</b>  There were no questions from members of the public.</p>
<p><b>Item 2021-22 (65)</b></p> <p><b>Discussion points:</b>  <b>Minutes of the last meeting, matters arising and action log</b>  <b>a) Minutes of the previous meeting held on 1 August 2021</b>  The minutes were reviewed for accuracy and agreed to be a correct record.  <b>b) Actions' log 1 August 2021</b>  There were no actions on the log.</p>
<p><b>Item 2021-22 (66)</b></p> <p><b>Discussion points:</b>  <b>Patient's Story</b>  The Executive Director of Nursing and AHPs welcomed members of a family joining the meeting to talk about their experience of the Trust's Children's Growth and Nutrition Service. Dr Fauzia Khan, a Community Paediatrician in the Trust's Integrated Children's Additional Needs Service (ICAN) was also welcomed to the meeting to support this item.</p> <p>The family have two children a boy aged seven and a little girl born in 2018 at 36 weeks due to the mum having suspected gestational diabetes. In February 2019 under the recommendation of their General Practitioner they visited the Children's outpatient's clinic at Leeds Teaching Hospitals NHS Trust. The clinicians noted a lack of weight gain and made a referral to the Rapid Access Clinic. In July 2019 after six months of concern and worry about their daughter's deteriorating health and general frustration about the speed of the referral, they received the first appointment at the Rapid Access Clinic.</p> <p>At this appointment their little girl was diagnosed with low muscle tone, poor feeding and weight gain and delayed gross motor skills. She was prescribed high calorie milkshakes with a recommendation for mum to stop breast feeding. After another six months of conflicting advice, frustration, a perception that their concerns were not being heard and a young child who was not thriving they were referred to the Trust's Growth and Nutrition Service. At this point their little girl had been fitted with a nasogastric (NG) feeding tube. This had a significant impact on the whole family in practical and emotional terms.</p> <p>In February 2020 they had their first meeting with the Growth and Nutrition Service's multi- disciplinary team. They felt that this marked a turning point as a family. They were able to have a collaborative conversation with the health professionals in the team, rather than being on the receiving end of a set of instructions. The subsequent lockdown did impact on the continuing engagement, but the Team were able to visit and support the family at home including the older sibling who was eventually diagnosed with the eating disorder 'ARFID' (Avoidant/restrictive food intake disorder).</p> <p>The referral to and support from the Growth and Nutrition Service had a huge positive impact on the family. They now have a good relationship with Team, but this took a while to foster due to the issues with delayed referrals after their daughter was born. They were initially involved with around four or five healthcare providers, did not feel they were listened to despite lots of people being involved and they felt distrustful when they were referred to ICAN. This has prompted positive discussions around how important good communication is from the beginning and how prevention and getting things right</p>

from the start can make a significant difference to other families who might have to go through similar processes.

Dr Khan said that this story was a good illustration of how the Growth and Nutrition Service can help families by working collaboratively and providing advice and guidance and choosing strategies which support families to deal with their problems in way which works best for them.

The Trust Chair invited questions from members of the Board.

Non-Executive Director (AL) asked what was the one thing that could have been done differently.

The parents felt that the profile of the Growth and Nutrition Service should be raised across the City. Health professionals in the acute and primary care sector were slow to make referrals to the service. An earlier referral would have benefitted both their children.

Non-Executive Director (RG) asked about how the team had maintained contact with the family during lockdown.

It had been a mixture of phone and Zoom calls which had all worked well but did not foster the best dialogue or allow the same sort of observation and interaction with the child as a face to face visit.

Non-Executive Director (IL) asked Dr Khan what the service could do to raise its profile both nationally and locally.

Dr Khan said that the pandemic had severely restricted the number of opportunities there were to speak at conferences and seminars to promote the service. For the last 18 months the focus had been on the day to day delivery of services but she hoped that this would change over the coming months.

The Executive Director of Nursing and Allied Health Professionals said that raising the awareness of smaller specialist services was something that the Trust needed to reflect on and consider further.

The Trust Chair thanked the family for attending the Board meeting and speaking so eloquently about their experience. He said that there were lots of positives to take from their story and lessons to learn in terms of simplifying the referral process, raising the profile of the Growth and Nutrition Service across the City, and unsatisfactory waiting times.

## **2021-22 Item (67)**

### **Discussion points:**

#### **Chief Executive's report –including Covid-19 update**

The Chief Executive presented her report particularly highlighting:

- Double vaccination requirement for staff entering care homes
- Listening to staff
- Health and Wellbeing Guardian
- Quarterly Staff Survey

The Board discussed the national requirement for staff entering care homes to be double vaccinated or medically exempt from 11 November 2021.

The Chief Executive reported that currently a small percentage of staff were confirmed as to be unvaccinated by choice. She provided assurance that the situation was being handled sensitively.

Good communication with the staff concerned was being maintained and supportive one to one conversations were taking place to work through next steps.

The Board noted the national position that, where an affected member of staff without a medical exemption declines to take up the vaccination, and efforts to identify duties for them that do not require entry to care homes are not successful, termination of employment contract must be

considered.

The Chief Executive said that termination of any employee's contract at the Trust was always a last resort, and the approach to this complex situation would continue to be a sensitive one on a case-by-case basis.

Non-Executive Director (RB) observed that there was expected to be a significant number of staff leaving private care homes before the 11 November and she asked if the Trust would be able to take advantage of the fact that there would be more people in the job market with appropriate skills.

The Chief Executive that the Trust would need to consider any applicants for posts carefully and future recruitment and eligibility could be impacted by the outcome of the consultation on mandatory vaccination for frontline health and social care staff.

**Outcome:** The Board:

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

## **Item 2021-22 (68)**

### **Discussion points:**

#### **Assurance reports from sub-committees**

##### **a) Charitable Funds Committee 17 September 2021**

The Trust Chair asked the Board to approve the appointment of Non-Executive Director (AL) as the new Chair of the Committee.

**Resolved:** the Board

- approved the appointment of Non-Executive Director (AL) as Chair of the Charitable Funds Committee

Non-Executive Director (AL), Chair of the Charitable Funds Committee presented the report and highlighted the key issues namely:

- **The post of charitable funds administrator:** confirmation that the post would be made permanent as the progress made since the inception of the post was clear.
- **Progress continues to raise the visibility of the charity internally and externally:** including a presentation at the Annual General Meeting.
- **Planning for fundraising events:** continues and one of the Non-Executive Directors with experience of working for a charity has offered to attend an operational group meeting to support and discuss this further.
- **Presence at the Leeds Beckett University Freshers Week:** an opportunity to promote the charity as well as share health advice.
- **3 Peaks walk in June 2021:** The charity raised over £2,000.
- **Funding of a minibus for Hannah House:** work is underway to establish the best way to do this.

##### **b) Nominations and Remuneration Committee 17 September 2021**

The report was presented by the Trust Chair and Chair of the Committee who highlighted the one item discussed namely:

- **Board appointments and succession:** annual update on Board appointments.

##### **c) Quality Committee 27 September 2021**

A verbal update was provided by the Chair of the Committee, Non-Executive Director (HT), the key issues discussed were highlighted, namely:

- **Leeds Sexual Health Service spotlight:** the Committee received a presentation from the service which highlighted the continued achievements for the service specifically on setting up the Pre Exposure prophylaxis (PrEP) clinics, integrated approach to local and national training and new ways of working in relation to clinic collect, postal medication and outreach services.
- **Diabetic Foot Clinic Update:** a review had been undertaken as a result of an increase in incident reporting. There was a small increase in minor amputations and a decrease in major

amputations noted although the Leeds rates were stability over the past 2 years. A further update would be provided in May 2022 when national amputation data would be available for local benchmarking.

- **Speech and Language Therapy update:** this remained a challenging position. Recruitment was required and was being progressed to meet forecasted demands for recovery. Urgent referrals are being prioritised and those waiting over 52 weeks. Clinical triage has been undertaken resulting in approximately 12% of those waiting discharged without any intervention required.
- **Vaccination of children:** an instruction had been received two weeks ago to commence offering vaccinations to 12-15 year olds with the school immunisations service to lead delivery. This has been sub-contracted to Leeds Teaching Hospitals NHS Trust as lead of Covid-19 vaccination programme provider.

#### d) Business Committee 29 September 2021

A verbal update was presented by the Chair of the Committee, Non-Executive Director (RG), and the key issues discussed were highlighted, namely:

- **Premises assurance model:** the Committee received an update on the Premises Assurance Model for which the Trust submitted a self-assessment, this included the mitigating action being taken including a clinical waste audit conducted by an external organisation. The Committee was keen to understand whether any significant risks had been identified and was assured that the Trust's risk management process would be followed to report and manage any risks.
- **Digital strategy:** the Committee was provided with an update on progress made on implementing the priorities identified in the current Digital Strategy. A 'roadmap' style of strategy had been proposed by the Assistant Director of Business Intelligence to make it a more accessible read for staff. The new strategy should focus on what was important for patients and the work on health equity must be aligned with the digital strategy.
- **Team LCH Dashboard:** the learning from the reset dashboard has been used to create the Team LCH Dashboard, which has the ambition of revolutionising the way in which LCH manages performance in future as service level data will be triangulated. To date 17 measures have been added to the dashboard, with 19 requiring additional development.
- **E-Rostering:** the project is about to enter a different phase and following the implementation of the nationally mandated Level 1, a business case is being drafted for the transition of the project into a business as usual service with the full options appraisal to be taken to the Senior Management Team in October 2021.
- **Neighbourhood Teams triangulation report:** the Committee was advised of the sustained increased referral rates and the reduced capacity within neighbourhood teams. No quality issues had been identified as a result of this. The Committee explored the reasons for the increase in referrals, including end of life care, with more patients choosing to die at home, and that people are being encouraged to reconnect with health services after some services had been reduced or paused during the pandemic.

**Outcome:** The Board

- noted the update reports from the committee chairs and the matters highlighted.

#### Item 2021-22 (69)

**Discussion points:**

##### **Performance Brief and Domains Report: June 2021**

The Executive Director of Finance and Resources presented the report which sought to provide assurance to the Trust Board on quality, performance, compliance, and financial matters. He explained that the report does not seek to describe how service delivery is recovering nor how the current wave of Covid and the lockdown is having a further impact; that is covered elsewhere on the agenda.

The Board noted that the August 2021 performance data had been reviewed in depth by the Quality and Business committees on 27 September and 29 September 2021 respectively.

There were no questions related to the other domains covered by the performance pack.

<p><b>Outcome:</b> The Board:</p> <ul style="list-style-type: none"> <li>noted the levels of performance against the Key Performance Indicators (KPIs) in August 2021.</li> </ul>
<p><b>Item 2021-22 (70)</b></p> <p><b>Discussion points:</b></p> <p><b>Significant risks and Board Assurance Framework (BAF)</b></p> <p>The Chief Executive introduced the report which provided information about the effectiveness of the risk management processes and the controls that were in place to manage the Trust's most significant risks.</p> <p>A Board Assurance Framework (BAF) summary had not been produced for this report as there had been no committee activity during August 2021.</p> <p>The Board noted: changes to the risk register as follows:</p> <ul style="list-style-type: none"> <li>no extreme risk scoring 15 (extreme) or above were currently on the register</li> <li>12 risks scoring 12 (very high). One of these was a newly identified risk: <ul style="list-style-type: none"> <li>Primary care reduced staffing levels – Wetherby Young Offenders Institute (YOI) and Adel Beck</li> </ul> </li> <li>One risk already on the register was currently being re-evaluated and may have its risk score increased: <ul style="list-style-type: none"> <li>Risk of reduced quality of patient care in neighbourhood teams due to an imbalance of capacity and demand.</li> </ul> </li> </ul> <p><b>Outcome:</b> The Board</p> <ul style="list-style-type: none"> <li>noted the new and escalated risks, which have been scrutinised by Quality and Business Committee.</li> </ul>
<p><b>Item 2021-22 (71)</b></p> <p><b>Discussion points:</b></p> <p><b>Provider Collaborative Application for Lead Provider Selection: Tier 4 CAMH Services, Business and Clinical Case</b></p> <p>The Executive Director of Finance and Resources reminded members that at its meeting on 11 June 2021, the Board approved the CAMHS Provider Collaborative Business Case subject to confirmation of an additional £1.71m funding from NHS England. He was able to confirm that this funding has now been agreed and the West Yorkshire CAMHS Provider Collaborative would commence on 1 October 2021.</p> <p><b>Outcome:</b> The Board</p> <ul style="list-style-type: none"> <li>noted confirmation of the additional funding of £1.7million from NHS England and that the West Yorkshire CAMHS Provider Collaborative would commence from 1 October 2021.</li> </ul>
<p><b>Item 2021-22 (72)</b></p> <p><b>Discussion points:</b></p> <p><b>Workforce Strategy – 2021-25</b></p> <p>The Director of Workforce, Organisational Development and System Development (JA) presented the draft Workforce Strategy 2021-2025 for consideration and approval.</p> <p>She summarised a range of updates and amendments which had been incorporated into the draft presented to this meeting which were based on further discussions about the Strategy with a range of stakeholders including individual Board members.</p> <p>Non-Executive Director (AL) felt the new draft had been significantly improved but would still benefit from strengthening of the leadership element to include more explicit themes and ambitions.</p> <p>Non-Executive Director (RG), Chair of the Business Committee said that the Committee had scrutinised the updated draft and was recommending that the Board approve it for launch in the Trust. A clear plan would be developed to allow the committee to monitor and evaluate the delivery and impact.</p>



**Outcome:** The Board

- approved the Workforce Strategy 2021-25 for launch, subject to the strengthening of the leadership element.

**Item 2021-22 (72i)**

**Discussion points:**

**Workforce Disability Equality Standard (WDES) annual report and 2021-22 action plan**

The Director of Workforce, Organisational Development and System Development (JA) presented the annual report and the action plan. She said that both were similar in format to those for the WRES in terms of position but the action plan less mature in terms of outcomes than the one developed on Workforce Race Equality Standard (WRES).

There were 5% of staff who had declared a disability on the Electronic Staff Record system and about 20% through the staff survey.

Non-Executive Director (AL) asked if the Trust could evidence that no members of staff had been unable to remain in employment due to their disability during the pandemic.

The Director of Workforce, Organisational Development and System Development (JA) said that the responses to the staff survey evidenced the support provided to staff during the pandemic and employment data held by the Trust would also support this.

During the pandemic an informal shielding staff group was formed which flexed and responded to what staff needed at that time, by designing and implementing a wide range of emotional, psychological, physical, and social interventions. The plan for the next period was to work with and grow that network and continue to look at feedback impacting on staff on recruitment and selection and the campaign around zero tolerance and abuse and to drive up the understanding in terms of workforce data relating to disability.

The Chief Executive acknowledged that progress was slower than the WRES agenda, but a significant amount of work had been done to support and train managers in the area of disability and this would continue to progress as part of the action plan going forward.

**Outcome. The Board:**

- noted the progress made over the last 12 months and received assurance that the WDES action plan 2021/22 would positively progress workforce disability equality in the Trust.
- approved the WDES action plan 2021/22 prior and subsequent publication on the Trust website.

**Item 2021-22 (73ii)**

**Discussion points:**

**Workforce Race Equality Standard (WRES) annual report and 2021-22 Action Plan**

The Trust Chair welcomed the Co-Vice Chair of the Race Equality Network to the meeting.

The Director of Workforce (JA) introduced the WRES annual reports and action plans. The reports provided details of the progress over the last 12 months and the plan for the forthcoming period.

The main issues for consideration in the WRES report relied heavily on the WRES indicators and the second set of indicators came from the staff surveys.

The Co-Vice Chair of the Race Equality Network provided detailed background information on the WRES which was designed to ensure effective collection, analysis and use of workforce data to address the under-representation and experience of Black and Minority Ethnic (BME) staff across the NHS.

The Chief Executive was pleased to say that a good start had been made and the work undertaken over the last couple of years had fundamentally been by individuals on a voluntary basis. She said

<p>that the Trust was very clear in recognising the work needed to be progressed further and would be considering how this might be resourced and supported in future.</p> <p>Non-Executive Director (AL) was concerned about the percentage of staff who had experienced harassment, bullying or abuse in the last 12 months. Over a fifth of BME staff and almost a quarter of White staff who completed the (NHS Staff Survey), experienced harassment, bullying or abuse from patients, relatives, or the public in the last 12 months.</p> <p>The Director of Workforce (JA) said that it was an area of concern and the Trust was taking steps to address the issue. She said she would keep trying to continue to encourage people to speak up and report it using various mechanisms and to roll out zero tolerance campaign.</p> <p>The Trust Chair said that overall, the report evidenced that progress had been made over the last 12 months and the Board received assurance that the WRES action plan would continue to progress the race equality agenda.</p> <p><b>Outcome:</b> the Board</p> <ul style="list-style-type: none"> <li>noted the progress made over the last 12 months and received assurance that the WRES action plan 2021/22 would progress workforce race equality in the Trust.</li> <li>approved the WRES action plan 2021/22 prior and subsequent publication on the Trust website.</li> </ul>
<p><b>Item 2021-22 (74)</b></p> <p><b>Discussion points:</b> Item removed.</p>
<p><b>Item 2021-22 (75)</b></p> <p><b>Discussion points:</b> <b>Infection Prevention and Control: Annual Report 2020-21</b> The Executive Director of Nursing and Allied Health Professionals presented the annual report to inform the Board of the achievements made by the Infection Prevention and Control Team in 2020-21 and to comply with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance. The report covered the period 1st April 2020 to 31 March 2021.</p> <p><b>Outcome:</b> The Board</p> <ul style="list-style-type: none"> <li>The Board noted the contents of the report and approved its publication.</li> </ul>
<p><b>Item 2021-22 (76)</b></p> <p><b>Discussion points:</b> <b>Board workplan</b> The Chief Executive presented the Board work plan (public business) for information.</p> <p><b>Outcome:</b> The Board</p> <ul style="list-style-type: none"> <li>noted the work plan.</li> </ul>
<p><b>Item 2021-22 (77)</b></p> <p><b>Discussion points:</b> <b>Any other business and close</b> The Trust Chair referred Board members to the additional Blue Box items (79 – 81) on the agenda and the papers which had been circulated to support those items. He explained that the Blue Box had been introduced on a trial basis for items that have already been discussed at a committee in full and where any concerns are escalated via the Chairs' assurance reports.</p> <p>The Trust Chair invited any questions or comments on the Blue Box items. None were raised.</p>
<p><b>Item 2021-22 (78)</b></p> <p><b>Discussion points:</b> The Trust Chair closed the meeting at 11.30am</p>

**Date and time of next meeting**  
**Friday 3 December 2021 9.00am-12.00 noon**  
**Both virtual meeting and live streamed**

**Additional items (Blue Box)**

<b>2021-22 79</b>	Engagement strategy update – seen by Quality Committee September 2021
<b>2021-22 80</b>	Digital strategy update – seen by Business Committee September 2021
<b>2021-22 81</b>	Infection prevention and control assurance framework – seen by Quality Committee September 2021

DRAFT

**Leeds Community Healthcare NHS Trust  
Trust Board meeting (held in public) actions' log: 3 December 2021**

Agenda Number	Action Agreed	Lead	Timescale	Status
<b>1 OCTOBER 2021</b>				
	None to note			

Actions on log completed since last Board meeting on 1 October 2021	
Actions not due for completion before 3 December 2021; progressing to timescale	
Actions not due for completion before 3 December 2021; agreed timescales and/or requirements are at risk or have been delayed	
Actions outstanding at 3 December 2021; not having met agreed timescales and/or requirements	

**Trust Board meeting held in public: 3 December 2021**

**Agenda item number: 2021-22 (87a)**

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**Title: Chief Executive's Report**

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**Category of paper: For assurance**

**History: Not applicable**

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**Responsible director: Chief Executive**  
**Report author: Chief Executive**

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

This report updates the Board on the Trust's activities since the last meeting and draws the Board's attention to any issues of significance or interest.

This month's report focusses on:

- ICS Community Health Services Provider Collaborative Forum
- Staff Covid vaccinations and boosters
- Enhanced Community Response offer
- West Yorkshire Mental Health Services Collaborative, Committee in Common
- Board development workshop
- Listening to staff

A further verbal update will be provided at the Board meeting, including the most up to date figures on infection rates and system pressures.

**Appendix A** details recent awards and achievements.

## **Recommendations**

Note the contents of this report and the work undertaken to drive forward our strategic goals

## **1 Introduction**

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

## **2 Update on current system pressures**

A verbal update will be provided at the Board meeting including Covid related issues and the most up to date figures on infection rates and system pressures.

## **3 Staff Covid vaccinations and boosters**

We continue to support and encourage all Leeds Community Healthcare NHS Trust (LCH) staff to be vaccinated against Covid-19, and to take up their booster as it becomes due.

93% of LCH staff are currently doubly vaccinated, with 73% of eligible staff having already taken up their booster jab.

LCH staff are enabled to attend vaccination and booster appointments during working hours. Walk-in opportunities for staff have been made available alongside booked appointment slots, and transport is available for those who might otherwise find it difficult to get to the main vaccination centre at Elland Road.

A range of support is available to staff with questions or concerns about vaccination, including 1:1 support offers from Directors, the Freedom to Speak Up Guardian and Race Equality Network Champions in addition to line manager support, alongside a broad range of vaccine information shared through LCH engagement forums, cascaded through briefings and available on the staff website 'MyLCH'.

A new legal requirement for staff entering care homes to be doubly vaccinated against Covid-19 came into effect on 11 November 2021. Of approximately 1400 LCH staff whose roles may require them to enter care homes, fewer than 50 individuals (3.5%) were identified as unvaccinated. A comprehensive programme of work has resulted in all of these individuals either deciding to become vaccinated, or having their duties adjusted to ensure they do not need to enter care homes.

The newly announced mandating of double Covid-19 vaccination for "frontline healthcare workers" is expected to become law in the coming months, taking effect from 1 April 2022. To achieve this deadline, affected unvaccinated staff will need to have received their first vaccination dose by no later than 3 February 2022. Led by the Director of Workforce, a working group has been convened at LCH to deliver the work required to meet the deadline, with regular updates being provided to SMT and to NHS England / Improvement.

Further national guidance is expected in the coming weeks to clarify definitively which roles are expected to be in scope of this new legal requirement – this should also provide clarity about opportunities that may exist for the redeployment of any in-scope staff who choose to remain unvaccinated.

#### **4 ICS Community Health Services Provider Collaborative Forum**

The ICS Community Health Services Provider Collaborative Forum has begun to take shape and is chaired by Brodie Clark, our own Trust Chair. The Collaborative Forum for Community Services which involves senior ICS leaders serves as a key and important touchpoint to exchange best practice and to enhance the voice and profile of Community Services at an ICS level. Its early focus is on the challenge of workforce capacity, the development of simplified and relevant rehabilitation pathways and the significance and best value application of comparative data.

#### **5 West Yorkshire Mental Health Services Collaborative, Committee in Common**

Brodie Clark has been asked to take over the Chair of the West Yorkshire Mental Health Services Collaborative, Committee in Common, a longstanding group of Trust Chairs and Chief Executives with a key focus on mental health conditions across the ICS. He takes on that role with immediate effect. The committee has a well-established program of work in line with strengthening mental health provision and delivery against certain key ICS priorities.

#### **6 Board development workshop**

Our November 2021 Board development workshop included four topics:

- The **Trust's Winter Resilience plan** including an exploration of the risks, an understanding of the priorities and details of the preparations in place to tackle the challenges that this winter will bring.
- The Board was introduced to the **Patient Safety Specialist Role**, which a new role identified as part of the NHS patient safety strategy and is a requirement of the NHS Standard Contract. The purpose of the role is to support the development of patient safety culture and safety systems and to engage directly with the Senior Management Team.
- **Sustainability – our climate emergency** (please see the separate Board paper regarding the Trust's declaration of a Climate Emergency)
- The Board was provided with and outline of the key findings from the recent Service and **Estate Strategy** Alignment project and the implications that this has for the current Estates Strategy. It was agreed that given the changes to estate requirements because of the impact the pandemic has had on ways of working and on health equity, it was felt that a full Estates Strategy refresh was required. The Board reviewed the strategic context and agreed the strategic principles of a new estate strategy.



## **7 Enhanced Community Response**

Following a successful bid to the Leeds Ageing Well Programme Board, investment has been made to deliver an “Enhanced Community Response” offer for the adult population of Leeds from April 2022. The primary purpose of “Enhanced Community Response” is the delivery of urgent community response services with the aim of reducing disruption to people’s lives by offering an appropriate alternative to attending an emergency department or being admitted to hospital; as well as shortening the length of time people stay in hospital. The focus of work in the remainder of this year will be the development of an offer for 2-hour crisis response available 8am-8pm, 7-days a week.

“Enhanced Community Response” will bring together in one integrated service offer, accessed through a single point of access:

- 2-hour crisis response services delivered through the core Neighbourhood Team and Adult Social Care Rapid Response
- Access to one virtual ward delivering a 2-hour crisis response; behind which there are specialisms relating to frailty, respiratory and cardiac.
- Enhancement of the current virtual ward model to provide an improved urgent response for people with dementia or who require an overnight urgent response or short-term support with social care needs.
- A 2-hour falls response from Leeds Telecare for people identified by the ambulance service as not requiring conveyance to an emergency department.

The offer will be led by Leeds Community Healthcare NHS Trust in collaboration with Age UK Leeds, Leeds and York Partnership Foundation NHS Trust, Leeds City Council Adult Social Care, Leeds GP Confederation and Leeds Teaching Hospitals NHS Trust. The collaborative will work closely with Yorkshire Ambulance Service and other same day emergency care services to enable appropriate access to Enhanced Community Response for people accessing urgent care through 111 or 999.

Why is the offer called “Enhanced Community Response” and not “Urgent Community Response”? – the scope of the offer we aim to build is wider than delivering just the requirements of the national standard in relation to 2-hour crisis response, as in addition to focussing on hospital avoidance the virtual ward approach supports the care of patients who can be safely discharged from a hospital or community bed with advanced clinical support in the community to be cared for at home.

## **8 Leeds Health and Care Partnership update**

An update on the Leeds Health and Care Partnership progress, proposals and next steps is provided as a separate document in the Board papers.

## 9 Listening to staff

Between the last Board meetings, I and the Senior Management Team (SMT) have continued to visit a range of teams at their bases. The Executive Director of Nursing and Allied Health Professionals continues to do sessions in clinical practice at the places she visits. The sessions are designed to be listening events for staff to allow us to hear directly from a range of front-line staff about their experiences. Non-Executive directors have also visited or had meetings with staff online joining celebration events and team meetings and clinical drop ins.

As ever these meetings are invaluable and help shape all our practice. In particular, we have been discussing current pressures and concerns and ways in which we can work as a Trust to mitigate and support. That thinking feeds across all our work, it has been good to hear from staff about how the winter care package is being received by them and any other ideas they have for ways in which we can support them further.

I have continued to have weekly meetings with Leaders via Leaders' Networks – these meetings regularly have over 90 participants. Whilst this is a key cascade mechanism, it also provides a forum for staff to ask questions and raise concerns.

I have joined the following teams for events or meetings to listen and learn:

- Neighbourhood Teams (NT) Nights Team
- IT/Informatics Team
- Community Dental Clinic, Yeadon
- Long Covid Pathway Team
- Leeds Mental Wellbeing Service (LMWS) Management Team
- Paediatricians' meeting

And many other conversations and informal meetings with staff.

I also ran a session of '50 Voices' – the open forum for staff to talk with me about key issues. This session was focussed on health and wellbeing during the coming months – understanding what is working and what isn't. We also talked about the vaccination programme and the booster and how to ensure that we help staff access both.

All the SMT have been giving 'Thanks a bunch' presentations to staff to thank them for particular work – this is publicised on our intranet and whilst it only impacts on a few people is always positive and well received

Other members of the SMT have recently visited the following services:

Executive Medical Director- CAMHS Consultants

Executive Director of Nursing and AHPs – Armley NT, NT Twilight team, Hannah House, Community Dental

Director(s) of Workforce - Police Custody West Team meeting, Middleton NT

Executive Director of Operations - Virtual Frailty Ward event, Muscular Skeletal Service (MSK) Heads of Service meeting, MSK Team meeting, SBU Showcase, Community Cancer Support team

There are no particular themes to bring out.

**10 Infection Prevention and Control week**

It was Infection Prevention and Control (IPC) week in October and the IPC team focussed on a different topic each day, sharing resources linked to that topic and explained why it is so important to IPC. The team visited various bases around Leeds, providing healthcare resources to healthcare colleagues and the general public and answering any IPC queries. They had two online drop-in sessions run by senior IPC Nurses, and put on an extra fit testing session. The team also used the week as an opportunity to give recognition to IPC heroes across the Trust.

**11 Launch of the Leeds CAMHS Crisis Call Line**

This week, the NHS in Leeds launched a new Leeds CAMHS Crisis Call Line. The call line is used to provide support to children and young people whatever the circumstances by listening, supporting, advising and signposting. The team will ensure that all callers receive an efficient and timely response in critical moments, so that children get fast access to help when needed. Leeds CAMHS Crisis Call is open 8:00am - 8:00pm, 7 days a week, 365 days a year in Leeds and is for anyone up to aged 18 years.

## Awards and Achievements



### **Award Success at the Healthcare Financial Management Association (HFMA) Yorkshire and Humber Branch Annual Conference**

The excellent work of three colleagues was recognised at the annual awards ceremony of the Yorkshire and Humber Branch of the Healthcare Financial Management Association (HFMA).

Marcel Manners won the Finance Student of the Year Award and Rachel Tarrant and Jenny Davison, the joint coordinators of the Leeds Long Covid Community Rehabilitation Service (LLCCRS) won the Close Partnering and Collaboration Award.



### **Nursing Times Team of the Year awarded to the Homeless Inclusion Palliative Care Service**

The Nursing Times 'Team of the Year' was awarded to an integrated team of partners from various organisations, including Leeds Community Healthcare NHS Trust (LCH), Bevan CIC, BARCA, Street Outreach, and St Georges Crypt who collaborate in an initiative to improve end of life care for the homeless and vulnerably housed people in Leeds.

The Homeless Inclusion Palliative Care Service is facilitated by a local hospice in partnership with local specialist primary care providers and homeless organisations, this initiative aimed to improve access to equitable palliative care for people experiencing homelessness. The project was established because experience demonstrated that traditional palliative care services may be inappropriate for patients experiencing homelessness and services may struggle to meet the complex needs of this patient group. This had negative impacts on the patient, staff burden and the care experiences of other hospice and hospital in-patients. The homeless inclusion palliative care service co-ordinates local specialist teams to deliver a home-based palliative care service in the patient's usual place of residence, with options to provide care within the hospice environment according to patient choice

The project included funding for a Specialist Palliative Care nurse from St Gemma Hospice, and funding to LCH Homeless and Health Inclusion Team, to work collaboratively, identify patients and support with training.

## Health Service Journal Award – ‘Leeds Team Shielding’

At the recent HSJ awards, the Leeds Health and Care System was awarded “Highly Commended” for the Health and Local Government Partnership Award, for its Leeds Shielding Support Programme. We are very proud to continue to play our part in this programme.

*Judges said ‘this presentation was the most passionate of the day – so much pride and enthusiasm for the successes achieved and new ways of working together in partnership that bodes well for sustainability. It was good to see that this approach to supporting people shielding is no longer seen as something that will end but is part of keeping people who are clinically vulnerable healthy and well ongoing. We loved the concept that in Leeds they see people as extremely valuable over and above their vulnerability. Trusting communities and putting them at the heart of it through an empowerment model that simply invited people to do the right thing. Unprecedented coordination behind a single vision for city wide collaboration in Leeds joining health, care and the third sector. It was wonderful to see the extent of personalisation that has gone into supporting local people through a highly tailored holistic response to meet different diverse needs and support inclusion groups. A remarkable achievement that was a gold standard in supporting clinically vulnerable people to shield and has no doubt saved many lives.’*

## Congratulations to our new Queen's Nurses



The Trust is proud to announce that another five LCH Nurses have been accepted into the Queen’s Nursing Institute, having been successful in their applications. This brings the total to 14 Queen’s Nurses in LCH.

- Kulvant Sandhu, Named Nurse for MCA and Dementia, Safeguarding Team
- Christine Pearson, 0-19 Clinical Team Manager
- Bev Calvert, Clinical lead, Cardiac Service
- Jane Brauholtz-Speight, Sexual Health Nurse
- Rachael Lee, Clinical Pathway Lead - Integrated Care (currently on secondment)

The Queens Nursing Institute is a charity dedicated to improving the nursing care of people in their own homes and communities.



# Strengthening the Leeds Health and Care Partnership

## Progress, proposals and next steps

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**Report of:** Leeds Place Based Partnership Development Programme Board

**Date:** Version 4, 14/11/21

**Contact point:** Manraj Singh Khela, Head of Partnerships,

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## 1. Purpose

This paper of the Leeds Health and Care Partnership Development Programme Board (whose members include: the CEOs from the NHS in Leeds; Healthwatch; St Gemma's Hospice; advocates from the 3<sup>rd</sup> sector; and Directors of Adults and Health and Public Health) is an update to the paper titled, 'Developing an Integrated Care Partnership in Leeds – Progress, proposals and next steps, version 9.1, dated 15/3/21' (See Board papers 26 March 2021, item 141).

This paper will:

1. Provide an update of progress since the March 2021 paper
2. Set out proposals for the next step in the journey to strengthen and formalise partnership arrangements
3. Set out a recommendation for Boards to consider and approve.

## 2. Executive Summary

### Introduction

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

As discussed in the March paper to Boards<sup>1</sup>, Leeds has a long history of successful partnership working with people at the heart and with a breadth of assets<sup>2</sup> to enable genuine whole system

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<sup>1</sup> Titled, 'Developing an Integrated Care Partnership in Leeds – Progress, proposals and next steps, version 9.1, dated 15/3/21'

<sup>2</sup> Home to: NHS England/Improvement; NHS Digital; several of the world's leading health technology and information companies; one of Europe's largest teaching hospitals; many good or outstanding services and providers; being one of the first integrated care Pioneers; Council recognised as a Department for Education Partner in Practice; one of four 'first wave' national Population Health Management (PHM) sites; several leading universities; a diverse and thriving third sector; and a GP Confederation - a

change. There are many examples of how, by working together as a partnership, we have achieved successes and improvements to lives of people who live and work in Leeds.

Despite some fantastic work to date, good health and prosperity in our city is still not shared by all residents. The 2021 [Joint Strategic Assessment](#) (JSA) outlined strong evidence that some inequalities (for example female life expectancy, some cancers and gaps in smoking, healthy eating and physical activity) are widening and will worsen further as a result of the Covid pandemic. Making Leeds a fairer, more equal city is at the heart of the city's vision. This is why the importance of good health, the need to boost resilience, and focusing on prevention as a means of enabling higher quality, person-centred service provision are emphasised in what the partnership does.

At the same time, it remains important to improve both the quality of, and access to, clinical interventions in community, primary and acute care. Getting the balance right between interventions in the community and in hospitals and promoting care closer to home is important for taking pressure off acute services and at the same time promoting patient choice.

Improving health services also needs to happen alongside achieving financial sustainability. Responding to the changing clinical evidence base, understanding what works and making the best use of collective resources will ensure improvements in the health and wellbeing of the people of Leeds.

The health and care partnership, have developed the *'Healthy Leeds – Our Plan to Improve Health and Wellbeing in Leeds'* (formerly known as the 'Left-shift Blueprint') which sets out how health and care services will be delivered in Leeds over the next five years.

Whilst this work is essential to ensuring a coherent approach to improving health and wellbeing outcomes across the city, it is even more critical that it is undertaken now given the planned initiatives to rebuild hospital estates and to understand and address the impact of the pandemic on health outcomes and health inequalities. It is essential that through the Healthy Leeds Plan an agreed model of care is delivered for the city which drives health improvement, meets future demand and can also be delivered within the future estate footprint.

More detailed proposals around the Healthy Leeds Plan will be shared with Boards in early 2022.

## **Legislative changes and local implications**

Alongside the work underway in Leeds, national changes are also taking place. The Health and Care Bill, published on 6 July 2021, proposes that Integrated Care Systems (ICSs) are formally established as statutory bodies from 1 April 2022. This will mean that Clinical Commissioning Groups (CCGs) will be abolished with effect from 31 March 2022 and most of their functions will be delivered through these new statutory bodies. ICSs will be put onto a statutory footing and comprise an Integrated Care Partnership (ICP) and an Integrated Care Board (ICB). NHS Providers will have a new "duty to collaborate". The legislation reinforces the quadruple aim: 1. improving the health and wellbeing of the people within place; 2. tackling inequalities; 3. improving the quality of services provided or arranged by partners or other relevant bodies; and 4. ensuring that places act in a way that results in sustainable and efficient use of resources by both partners and other relevant bodies.

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membership organisation that comprises of all 19 Primary Care Networks, with the governance that allows for integration and collaborative working with other providers

Though the Leeds CCG will no longer exist as a statutory body from 1 April 2022, there will be a Leeds Office of the West Yorkshire ICS established which in effect will be the former CCG staff working in Leeds on behalf of the WY ICS.

Place-based working will remain critical and the West Yorkshire ICS has committed to discharge its duties via place-based partnerships. In effect this means the Leeds Health and Care Partnership which is already established. Though each place in West Yorkshire will be required to have formal governance in place through which the WY ICS duties can be discharged. These include a Committee of the West Yorkshire ICB with appropriate sub-committees covering: system quality and people's experience; system delivery; and system finance. All of these will need to interconnect with and build on existing health and care partnership arrangements at place.

Therefore, this means that there are three aspects to the Leeds Health and Care Partnership:

1. The wider system working in Leeds to deliver the health and care ambitions of the Leeds Health and Wellbeing Strategy, Leeds Left-shift, person centred care, improving population health and a tackling inequality.
2. The arrangements in Leeds to support delivery of the health and care aspects of the city ambitions.
3. The formal arrangements to ensure that the WY ICB can discharge its responsibilities through place.

### **Leeds health and care partnership ambition and plan**

Discussions have begun to develop a joined-up city ambition which brings together the interrelationships between the three city pillars ([Health Wellbeing Strategy](#), [Inclusive Growth Strategy](#) and [Climate Change](#)) into an overarching articulation of what we envisage Leeds should look like over the coming years up to 2030. Not all of this can be delivered by the health and care system alone, but it is important that health and care partners are clear of what they can do across these three pillars. There is also broader work to improve health and reduce inequalities across the city for example the work led through, the Migrant Health Board, Suicide Prevention Partnership Board and Health Protection Board.

Within the health and care part of the system, currently there are multiple programme boards, partnership groups, and leadership forums across Leeds covering overlapping pathways, populations, and services. These groups have emerged at different times, for different purposes, and have huge variation in their scope, membership, and delegated responsibilities. As Leeds moves towards delivering the Healthy Leeds Plan there is an opportunity to review and make clearer and more efficient the governance to support collaboration, collective accountability, and delivery.

Work has been undertaken across the city to engage with a range of different boards and groups to develop proposals around Population and Care Boards, made up of partners, these will provide the mechanism to shift the accountability of these decision to the partnership.

The development of the Population and Care Boards also provides the opportunity to embed a deliberate and structured approach to population health and planning across the city.



## **Strengthening Team Leeds**

The response to the Coronavirus pandemic across the city has once again demonstrated what can be achieved when health and care staff from different organisations and different roles work together alongside communities and elected members, to achieve shared goals as 'Team Leeds'. As the city transitions from being in a pandemic to a new norm, it is crucial that partners take time to thank each other and recognise what teams and people have been through and what hopes, fears and aspirations they may have for the future. To be an effective partnership and genuinely embed a shared vision and evoke a strong identity to a Team Leeds culture across the whole health and care workforce, there is an opportunity to proactively nurture and create the conditions that enable and support health and care staff from all professions to continue to work together with people, communities and elected members; to co-create the future and deliver measurable progress towards our ambition to improve outcomes and reduce inequalities for our population.

Led by the Health and Care Academy, Strategic One Workforce programme and the Health Partnerships Team, a 'Team Leeds, Hearts and Minds' programme has been developed. This programme is about embedding the partnership concepts such as the 'working with', 'Leeds £', 'city first organisation second' and 'working as if we are one organisation' - wide and deep across the whole partnership. Learning from the Leeds health and care development projects (see below) also support the importance of this culture change programme.

Linked to this is having a clear partnership brand and it is proposed that the brand developed for the Leeds Health and Wellbeing Strategy is enhanced and continues to be used for cross partnership work.

## **Leeds health and care development projects**

The Leeds Health and Care Partnership Development Programme Board have been keen to test and learn how the partnership could go further faster to deliver person centred integrated care in real work. Three existing priority work areas referred to as 'Development Projects' (formerly known as accelerator programmes) were agreed: Palliative and End of Life Care, Transitions from CAMS to Adult Mental Health Services and Frailty. Working on the basis that 'real change happens in real work' and using a rapid change management approach, the hypothesis is that by applying a learning lens to these projects, it has been possible to understand and identify 'real life local learning' about the behaviours, infrastructure and ways of working that both enable and work against integration. Learning has emerged from the projects which is being fed into the ongoing development of the partnership, Healthy Leeds Plan, Population Health and Care boards and the Team Leeds Hearts and Minds programme as well as other citywide enablers and work areas work.

## **Leeds health and care development framework**

Along with other places across West Yorkshire and the ICS, Leeds has developed a partnership Development Framework. The Development Framework is structured around several domains and features, for example: ambition and vision – vision, clinically and professionally led, community / neighbourhood / citizen informed etc; system leadership – common narrative, culture, leadership etc; design and delivery – CCG transition, governance, primary care etc.

Each feature is then described on a spectrum from emerging to thriving. Key stakeholders from across Leeds have assessed the health and care partnership against the Development

Framework. Overall, it was felt that Leeds was in the 'emerging' and 'mature' categories for most of the features. A development plan is currently being developed and will be shared with partners for sign-off, with the aspiration across all features to be at least developing by March 2022 and at least maturing by Mar 2023.

To underpin the mature partnership arrangements, it is proposed that partners support a Leeds Health and Care Partnership Memorandum of Understanding (MoU) which articulates the arrangements described and agreed next steps in Leeds journey to be a highly effective person centred integrated health and care system.

## **Leeds Committee of the West Yorkshire Integrated Care Board**

Leeds partners have robust individual organisational governance in place as well effective partnership arrangements. It is proposed that the MoU will also serve as a basis from which it can be developed in order for Leeds to be a sub-committee which discharges the ICS duties at place and to be accountable for NHS resources, outcomes and performance.

In response to the national changes, a Leeds Committee of the WY ICB (LC WYICB) will need to be established. High-level proposals for a LC WYICB were shared and endorsed by the July Board to Board meeting. Further discussions have been taking place at the Leeds Health and Care Partnership Development Programme Board as well between CEOs and Chairs within Leeds.

Based on the above, the draft terms of reference for the LC WYICB are being developed. These will be mirrored across the five Place Based Partnership Committees with specific detail in relation to the respective place incorporated.

It is important not to mistake accountability for ownership or commitment. The commitment to the goals of the partnership are shared much more widely in Leeds, indeed that is one of the city's existing strengths. It is proposed that this will mirror the minimum requirements at ICS with additional members determined by Leeds. In Leeds it is proposed there is:

- Independent Chair
- Independent Non-Executive Member – Finance and Probity
- Independent Non-Executive Member – Health Inequalities and Delivery
- Independent Non-Executive Member (Leeds Healthwatch) – Quality and People's Experience
- Executive Members
  - ICB Place Director
  - ICB Place Finance Lead
  - ICB Place Nurse Lead
  - ICB Place Medical Officer
- Partner Members, representatives from the following:
  - Leeds Teaching Hospitals NHS Trust
  - Leeds & York Partnership Foundation NHS Trust
  - Leeds Community Healthcare NHS Trust
  - Leeds City Council
  - GP Confederation
  - Third sector
  - Director of Public Health

The Leeds CCG Chief Executive Officer (CEO) has written to partners inviting them to nominate members. A recruitment process will be undertaken to appoint the independent and ICB place roles. It is proposed that this Committee meets in shadow from December 2021 in order to develop and finalise the arrangements required for the WY ICB responsibilities to be discharged at place from April 2022.

Leeds has worked together as a health and care partnership around improving quality and people's experience across pathways and in their journey across the system. The work through the 'How Does it Feel For Me?' work is a good example of this. System financial perspective is provided through the Directors of Finance coming together the Directors of Finance Group (DoFs). Leads from across the partnership have been working together to develop shared principles, frameworks, and work programmes for each.

It is envisaged that this work will feed into the establishment of three sub-committees of the LC WYICB: system quality and people's experience; system delivery; and system finance; to ensure they can formally take on the necessary accountabilities as part of the formal governance arrangements. Each group is at different stages of development, but each will operate in shadow form prior to March 2022 with a development plan to evolve into highly functioning sub-committees. Draft Terms of References for the sub-committees will be shared with partners for approval with a request to nominate members.

In parallel, the WY ICS is consulting on the draft constitution of the ICB with all partners and stakeholders. Partners will have the opportunity to comment on the draft ICB Constitution until January 2022 and the final draft constitution will be presented to the Partnership Board and Shadow ICB Board in March 2022.

All relevant attachments can be found on [the WY partnership website](#). A draft high-level 'Scheme of Reservation and Delegation' is also being developed which proposes what decisions and responsibilities will be taken at WY ICB and what at place.

## Recommendations

It is recommended that Boards:

1. Note and support the progress made, direction of travel and next steps across the different aspects of the health and care partnership described within this paper.

**Board Meeting held in public: 3 December 2021**

**Agenda item number: 2021-22 (88a)**

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**Title: Audit Committee Chair's Assurance Report 15 October 2021**

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**Category of paper: for assurance**  
**History: Not applicable**

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

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## **Meeting summary**

### **Internal audit (TIAA)**

The Committee noted progress with the 2021/22 internal audit plan. The Committee discussed the executive summary and strategic findings for the three audits completed since the last Committee meeting. These were Contract Management (substantial assurance), Procurement (substantial assurance) and incidents, Serious Incidents and Pressure Ulcers (reasonable assurance). All three audit reports had previously been reviewed at Business or Quality Committee.

The Committee was keen to know if the internal auditor was confident that the audit plan would be concluded by year end and that they would be able to provide an audit opinion. The internal auditor confirmed that they believed that good progress was being made but recognised that the plan may need to be adapted as services faced increased pressures over the coming months.

The Committee received an update on progress made with the actions identified in previous internal audits.

### **Losses, compensation and special payments**

The report outlined one loss, which was mask fit-testing equipment stolen from Chapeltown Health Centre.

### **Information Governance Group minutes**

The Group had considered the implementation of MFA, also sometimes known as two-factor authentication which enhances the security of an account by allowing a user to provide two pieces of evidence (credentials).

The Group noted the good progress on the data Security and Protection Toolkit.

### **Assurance**

The Audit Committee has been assigned BAF risk 2.4: 'If the Trust does not maintain the security of its IT infrastructure and increase staffs' knowledge and awareness of cyber-security, then there is a risk of being increasingly vulnerable to cyber-attacks causing disruption to services, patient safety risks, information breaches, financial loss and reputational damage'.

The Committee reviewed the sources of assurance presented at the meeting for this risk (sources included the Cyber Security Report and Information Governance Group minutes) and agreed that overall, the Committee had received only limited assurance that the risk was being managed.

**Public Board Meeting held in public: 3 December 2021**

**Agenda item number: 2021-22 (88bi)**

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**Title:** Quality Committee Chair's Assurance Report 25 October 2021

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**Category of paper:** For Assurance

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**History:** N/A

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**Responsible director:** Quality Committee Chair

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**Report author:** Assistant Director of Nursing & Clinical Governance

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**Executive summary:**

This paper identifies the key issues for the Board arising from the Quality Committee meeting held on the 25 October 2021, and it indicates the level of assurance based on the evidence received by the Committee. This meeting was held by MS teams.

**Recommendations:**

The Board is recommended to note this information.

Items discussed:

The Committee chair asked about the quality impact of extended waiting lists. Assurance was provided by The Executive Director of Nursing & AHPs and Executive Director of Operations regarding the robust oversight on waiting lists held and reported by Business Unit Clinical Leads and the Trust embedded Equality / Quality Impact Assessment (EQIA) process and escalation for changes in service delivery, whether intentional or not.

**Covid-19 update, including booster update**

An update was provided by the Executive Director of Operations. Covid positive cases continue to increase and subsequently the system remains under significant pressure. To date, 12.4% of eligible people have received a Covid-19 booster vaccination which are being delivered through all 19 Primary Care Networks and 50 community pharmacies. The system is working to national priority criteria.

The Executive Director of Nursing also reported outbreaks in Care Home staff are increasing slightly and this is being monitored. Also, the Trust are constantly reviewing national guidance to ensure LCH guidance continues to reflect this national position. Since the slight changes related to mask wearing in offices no new changes have been introduced.

**Neighbourhood model transformation project update**

An update was provided by the Executive Director of Operations in addition to the papers provided. 8 workstreams have been identified across the project. Priorities have been considered to ensure the greatest impact and the initial focus is to achieve a more succinct holistic assessment based on clinical presentation and reducing duplication; triage; collaboration with Podiatry for lower leg wounds and allocation of Neighbourhood work. Further updates will be provided in January and will consider anticipated patient and staff outcomes.

**IPC Assurance framework: Update on Flu campaign**

An update was provided by the Executive Director of Nursing & AHPs. To date 740 LCH staff have been vaccinated and there is positive engagement in clinic appointment bookings.

**Closed culture update**

Committee were provided with an update on how the Trust intend to monitor and report on closed culture by the Executive Director of Nursing & AHPs, through the Quality Walk process. Where Quality Walks are being reduced, senior manager visits are taking place with newly introduced standardised documentation to capture observations. Assurance was provided regarding the existing process to consider Quality metrics prior to Quality walks. It was agreed this conversation would benefit from re-visiting as resource constraints may drive behaviours towards a closed culture. A further update will be provided to Committee in February 2022.

**Cancelled and rescheduled visits update**

An update on the September audit was provided by the Executive Director of Nursing & AHPs. This analysis is now considering the health equity lens and preliminary findings are suggestive that there may be some inequalities in relation to cancelled visits. This is being scrutinised and further information will be provided in a paper to November Committee.

**CAMHS Transitions Uplift Business Case**

This business case was brought to Quality Committee by the Executive Director of Operations for approval given the level of financial investment required to achieve the minimum requirement for all young people to have at least 1 appointment with a transition service before moving to adult services. The challenge of capacity of CAMHS practitioners to deliver the transition service was acknowledged and whilst only small numbers this is a significant increase in numbers. It was also reported that transitions from children to adult services work is being co-ordinated at Place. Committee approved the business case as an acceptable minimal investment to achieve the requirement.

### **Issues escalated from QAIG meeting on 19 October 2021**

The chair's assurance report will be received at the November meeting. No issues for escalation.

### **Issues escalated from Safeguarding meeting on 19 October 2021**

Committee were informed further exploration was taking place in relation to the timeliness of Integrated Health Needs assessments for Children Looked After and will be brought to Committee at a future time as required.

### **Long Covid pathway, 18 months on, what are we finding and outcomes**

A comprehensive presentation was delivered by the Long Covid pathway co-ordinators regarding the service which has been running since September 2020. It was noted the team have won various healthcare awards acknowledging a cross-city multi-organisation, multi-disciplinary service which meets the evolving rehabilitation needs of these people. In relation to Leeds, the national data related to self-reporting cases of long Covid interprets as approximately 12,000 individuals of which the service have received approximately 1200 referrals. Referrals are received from Primary and Community care services. The presentation provided evidence of the service evolution to a patient-centred and patient driven hybrid model which is at the forefront of continued learning and research regarding long Covid rehabilitation needs and the demand on the service. The service has pro-actively shared their work through journal publications as well as media coverage and worldwide health conferences.

Analysis of the service data shows that the largest single group accessing it are white British females with an average age of 49 years. 85% of the current caseload are non-hospital attenders. Analysis of Index of Multiple Deprivation (IMD) deciles and ethnicity demonstrates some variation of uncertain significance is ongoing through the health inequalities task group to ensure equitable awareness and access to the service.

Clinical outcome measures assessed at baseline and discharge show that most patients demonstrate slow progress with improvements in quality of life; breathlessness scores; functional improvements and fatigue scores.

Subsequent conversations questioned the impact of the service in comparison to the natural disease progression and this was to be considered within the existing national multicentre (NIHR) research opportunities.

### **Risk Register**

An update was provided by the Deputy Medical Director regarding the reduction in the Dental waiting list which has been achieved through an improved paediatric pathway and improved adult triage process, with ongoing recruitment to dental practitioners.

Committee were asked to note the revisions to the risk register. New risks, formally reporting issues previously discussed at Committee were capacity pressures in Neighbourhood teams (Risk 1070); and the introduction of females into the secure estate at WYOI (risk 1067). Additionally, staffing issues at WYOI which had led to a rise in Risk score from 15 to 20 were discussed and the Committee were told that this level of risk should be short lived with the mitigations in place.

### **NHS asymptomatic staff testing: Lateral flow device distribution and assuring compliance to testing regimes**

The Executive Director of Nursing & AHPs updated Committee that the Trust has taken a position to mandate lateral flow testing for staff who deliver face to face clinical care. This is not consistent with other Trusts however the Trust feel this is the right and ethical thing to



do to protect staff and patients and is required for visiting people who live in Care Homes. All clinical staff have agreed to comply with this Trust expectation. Quality Committee supported this approach.

### **Trust priorities 2021/22 Q2 update**

The paper was presented by the Executive Director of Nursing & AHPs for Committee to approve the progress against the trajected plan. It was confirmed that the Health & wellbeing offer focusses predominantly on keeping people well in work. A question was asked as to whether the suite of offers is bringing people back to work sooner. It was noted that the Directors of Workforce are exploring this and it is intended this will be included in future well-led reports. Committee concluded the paper provides a mixed picture however mitigation was addressing the noted issues, providing reasonable assurance.

### **Patient Safety Partners**

The paper was presented for information by the Executive Director of Nursing & AHPs to ensure Committee were cited on this nationally driven initiative as Partners will become part of Committee in the future. It was confirmed that the Executive Director of Nursing & AHPs was identified as the executive lead and Committee were asked to agree to Helen Thomson, as chair of Quality Committee to be the Board sponsor. A city-wide approach to collaboration was suggested to ensure a representative pool of Patient Safety Partners across the city reflective of communities and this will be progressed within the Patient Safety Specialist network.

### **12-15 year old Covid vaccination programme**

The current position was provided by the Executive Director of Operations, the Leeds consent rate was currently 35% with approximately 7000 children vaccinated. New national guidance was released last week requesting an out of school vaccination offer and this is being progressed across the city. The current risk of staff capacity to balance both the booster and continuation of primary vaccination of extremely clinically vulnerable campaigns was acknowledged.

Two incidents were reported, both resulting in low/no harm. 1 was related to consent with lots of system / process learning and 1 administration error related to recording of the vaccination.

### **Integrated Care Steering Group**

No escalations to note from first meeting since re-grouped.

<b>The Quality Committee provides the following levels of assurance to the Board on these strategic risks</b>	<b>Agenda items reviewed</b>	<b>Overall level of assurance provided</b>	<b>Additional comments</b>
RISK 1.1 <b>Does the Trust have effective systems and processes for assessing the quality of service delivery and compliance with regulatory standards?</b>	<ul style="list-style-type: none"> <li>• Risk register report</li> <li>• Update on Flu campaign</li> <li>• Neighbourhood model transformation project update</li> <li>• Closed culture update</li> <li>• Cancelled and rescheduled visits update</li> <li>• Safeguarding meeting escalations</li> </ul>	Reasonable assurance	
Risk 1.2 <b>Are there sufficient clinical governance arrangements in place for new care models?</b>	<ul style="list-style-type: none"> <li>• Long Covid pathway presentation</li> <li>• 12-15 yr. olds Covid vaccination programme</li> <li>• Integrated Care Steering Group</li> <li>• Neighbourhood model transformation project update</li> <li>• CAMHS Transitions Uplift Business Case</li> </ul>	Reasonable assurance	The CAMHS business case was accepted as a minimum level of investment to meet the need. The Committee will be interested to hear about research efforts addressing the impact of clinically related interventions on Natural disease progression of Long Covid.
RISK 1.3 <b>Is the Trust maintaining and continuing to improve service quality?</b>	<ul style="list-style-type: none"> <li>• Reset and Recovery update</li> <li>• Covid update</li> <li>• Safeguarding meeting escalations</li> <li>• Long Covid presentation</li> <li>• Neighbourhood model transformation project update</li> <li>• Closed culture update</li> <li>• Risk register</li> <li>• CAMHS Transitions Uplift Business Case</li> <li>• Trust priorities 2021/22 Q2 update</li> </ul>	Reasonable assurance	Ongoing work to provide a consistent approach to identifying and minimising signs of service closed culture/s.  It was acknowledged that the risk, specifically in relation to WYOI, presented a high risk score. This was anticipated to be a transitional position and that the situation will improve. Committee require updates for assurance this is the case.
RISK 1.4 <b>Is the Trust engaging patients and the public effectively?</b>	<ul style="list-style-type: none"> <li>• Patient Safety Partners update</li> <li>• CAMHS Transitions Uplift Business Case</li> <li>• Closed culture</li> </ul>	Whilst these papers were received positively these were all areas of development and therefore no assurance level was provided.	Healthwatch involvement is to be progressed in relation to quality walks and closed culture to provide a patient perspective.

**RISK 1.5 Is the Trust's altered (Covid) capacity affecting the quality of service delivery and patient outcomes**

- Covid-19 update
- Reset and Recovery update
- Neighbourhood Teams cancelled and rescheduled visits audit
- NHS asymptomatic staff testing: Lateral flow device distribution and assuring compliance to testing regimes
- Flu campaign update

Reasonable assurance

Conversations recognised the pressure within services / the Trust, Committee acknowledged mitigations were in place, this was an evolving position and all questions raised were fully answered to provide reasonable assurance.

**Trust Board Meeting held in public: 3 December 2021**

**Agenda item number: 2021-22 (88bii)**

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**Title:** Quality Committee Chair's Assurance Report 22 November 2021

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**Category of paper:** For Assurance

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**History:** N/A

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**Responsible director:** Quality Committee Chair

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**Report author:** Quality Committee Chair

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**Executive summary:**

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

**Covid-19 update**

An update was provided by the Executive Director of Operations and a similar update will be provided to the Board.

**Cancelled and rescheduled visits update**

The Committee was provided further information from the rescheduled and cancelled Neighbourhood Team visit audit. The paper described the level of the Neighbourhood Leadership Team's oversight on rescheduled and cancelled visits. It also illustrated the initial findings from the analysis of the available data to assess the equity of care provided. Of particular interest to the Committee was the mixed picture of leadership oversight, the indication that some ethnic groups were more likely to cancel their own appointments, and the need to be transparent with patients about the possibility of cancellation when appointments were made. A further report, which will try to refine the data, will be provided to the Committee in February 2022.

**Stroke Association pilot service**

The Stroke Service works in close partnership with the Stroke Association (SA), which provides 1:1 support to stroke survivors their family and carers to clients who access the stroke team. As a part of reset and recovery, the service proposed that as a pilot project the SA be commissioned to undertake patient 6-month reviews, to free up clinical time within the service. A subcontract agreement was approved for implementation October 2021 – March 2022. Quality Committee reviewed and discussed the service provision, governance arrangements and quality assurance monitoring process.

**Business Intelligence Strategy**

The (draft) strategy aspires to enable the Trust to utilise quantitative and qualitative information to understand the communities it serves and enable services to deliver effective care and improvements to that care. The Committee queried how the strategy connected to Leeds as a Place, and what the implications were for population management data when the Clinical Commissioning Groups (CCG's) were replaced by the Integrated Care System and Place Based partnerships. The Committee also recommended that clinical leadership should be heavily involved and there should be a plan for staff engagement to ensure all the organisation bought into the strategy's objectives.

**Wetherby Young Offenders' Institute**

The Committee heard that there had been a meeting with the Trust, Prison Service and the Commissioner to review the issues around young people at WYOI not being able to transfer to an appropriate mental health setting in a timely way. It was a positive meeting, which involved a thorough review of the system, rather than focussing on individual providers, and there had been good outcomes, which would lead to improvements.

### **Issues escalated from QAIG meeting (19 October 2021)**

The Cardiac service went live with e-prescribing in September 2021 and patient and staff benefits are already being realised. An increase in complaints related to telephone access to Leeds Sexual Health Service was noted and is being managed as a risk. Progress is being made with NICE guidance compliance.

### **Performance Brief (report is in the Board papers)**

The Committee discussed the ongoing problems with the telephone system at Leeds Sexual Health Service and was advised that a solution should be in place by January 2022. The Committee suggested social media could be used to communicate the issue to service users. The Committee welcomed the extended use of Statistical Process Control (SPC) charts within the report. The Committee sought assurance that patients who were waiting for care and treatment were being risk assessed and monitored.

### **Clinical Governance Report**

There are a number of overdue serious incident actions has increased due to service pressures and these were being assessed for clinical risk. A Category Four pressure ulcer has been reported and requires further assessment to verify the category. A Medical Devices Safety Officer was now in post.

### **Neighbourhood Teams Triangulation report (Quarter 2)**

The Committee was advised that vacancies, sickness, and maternity leave as well as the increased referral rate leading to increased numbers on caseloads, continued to create a changing situation. Senior managers were spending more time in bases providing ongoing support to staff. The Trust was liaising with the third sector to provide support where appropriate. The Committee was advised that finance was not a constraint in the provision of care.

### **Mortality report (report is in the board papers)**

There was a sustained demand on services for End of Life Care. The Trust had received some complaints about the service provided. The Committee acknowledged that it was sometimes difficult to identify the point at which a patient was transitioning (deteriorating) to the last few days of their life. The Committee queried the disparity in numbers of patients accessing the End of Life service and it was confirmed that this was being explored further.

### **NHS asymptomatic staff testing: Lateral flow device distribution and assuring compliance to testing regimes**

The Committee was advised that PCR follow up tests are being undertaken as required when a staff member has a positive Lateral Flow Test. A small number of staff have declined to participate across the whole organisation (patient facing and non-patient facing). The monitoring process continues to be developed.

### **Integrated Care Steering Group**

Progress was being made in developing this group. Healthwatch and the Local Authority were also part of the group.

### **Recommendations:**

The Board is recommended to note this information.

The Quality Committee provides the following levels of assurance to the Board on these strategic risks	Agenda items reviewed	Overall level of assurance provided	Additional comments
<p>RISK 1.1 The risk that the Trust does not have <b>effective systems and processes for assessing the quality of service delivery and compliance with regulatory standards</b></p>	<ul style="list-style-type: none"> <li>• Performance Brief (effective)</li> <li>• QAIG key issues and assurance report</li> <li>• Clinical Governance report</li> <li>• Risk register report</li> <li>• Neighbourhood Team Triangulation report</li> <li>• Mortality Report</li> <li>• NICE Guidance compliance update</li> <li>• Outcome measures update</li> <li>• Clinical Audit update</li> <li>• Cancelled and rescheduled visits update</li> </ul>	<p>Reasonable</p>	<p>Issues were being flagged appropriately, with mitigations planned.</p> <p>The Cancelled and Rescheduled Visits paper provided interesting information, even though the analysis was in an early stage and there was more refinement and exploration of the data required.</p>
<p>Risk 1.2 The risk that there could be <b>insufficient clinical governance arrangements in place for new care models</b></p>	<ul style="list-style-type: none"> <li>• Integrated Care Steering Group</li> </ul>		<p>(see comments in executive summary)</p>
<p>RISK 1.3 The risk that the Trust does not maintain <b>and continue to improve service quality</b></p>	<ul style="list-style-type: none"> <li>• Reset and Recovery update</li> <li>• Covid update</li> <li>• Performance Brief (safe)</li> <li>• QAIG key issues and assurance report</li> <li>• Clinical Governance report</li> <li>• Cancelled and rescheduled visits update</li> <li>• WYOI update</li> <li>• Safeguarding Children's and Adult's Group: minutes</li> <li>• Risk register report</li> </ul>	<p>Reasonable (with elements that were limited)</p>	<p>It was acknowledged that the Trust continues to provide the best care possible, given the difficult context that it is working within, and strives to continue to improve quality and meet the needs of an increasing number of patients requiring our services.</p>

	<ul style="list-style-type: none"> <li>• Quality, staffing and finance: triangulation (NTs)</li> <li>• Board members service visits</li> <li>• Internal audit reports</li> </ul>		
<p>RISK 1.5 The risk that the Trust's <b>altered (Covid) capacity</b> could <b>affect the quality</b> of service delivery and patient outcomes</p>	<ul style="list-style-type: none"> <li>• Covid-19 update</li> <li>• Reset and Recovery update</li> <li>• Performance Brief</li> <li>• Clinical Governance report</li> <li>• Risk register report</li> <li>• NHS asymptomatic staff testing</li> <li>• Stroke Association pilot service</li> <li>• Quality, staffing and finance: triangulation (NTs)</li> </ul>	*	<p>There are many issues that are directly and indirectly attributable to the pandemic; increased waiting lists, staff capacity. Patient outcomes were not yet known. *The Committee didn't feel that it could offer an assurance level at this time.</p>



**Trust Board Meeting held in public: 3 December 2021**

**Agenda item number: 2021-22 (88ci)**

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**Title: Business Committee Chair's assurance report 27 October 2021**

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**Category of paper: For assurance**  
**History: Not applicable**

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

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

This report identifies the key issues for the Board from the Business Committee held on 27 October 2021 and provides assurance on how well its strategic risks are being managed. The level of assurance is based on the information in the papers and other information received and the Committee's discussion.

### **Items discussed:**

#### **Waste and Facilities Management**

The Committee was provided with a copy of the waste audit report completed by QE Facilities. It highlighted several areas across the Trust in terms of policy, current arrangements, culture, audit and assurance that needed improving. A Waste Task Group has been established to begin to address some of the more immediate issues. An action plan is being developed and will be presented at the January 2022 Committee meeting, along with details of progress made.

#### **Business Development Strategy update**

The Board had agreed an interim 12-month Development Strategy in November 2020 that recognised the pressures posed by the ongoing pandemic and included a limited number of developments which aligned with the organisational priorities. The update to the Committee provided details of the progress against these priorities and suggestions for the focus of the Development Strategy over the next 12 months. The Committee agreed that there had been a reasonable amount of organic growth and innovation during the last 12 months. It debated whether the proposed interim strategy for 2022 was perhaps overly cautious but concluded that if there was further significant growth at this time, there was a risk that available staff resource may be spread very thinly and therefore the proposed balance was about right. The Committee recommended that a Board workshop should be held in Spring 2022 to discuss the Strategy further.

#### **Reset and recovery – reducing Covid-created backlogs**

The report summarised those services were making progress ahead of plan, those that were on track, and those that had some level of risk in achieving the removal of their backlog, and analysis of the reasons why. The Committee queried what mitigation was in place for 'long waiters' and was advised that these patients had been assessed as low risk. However, it was agreed that a sustainable solution was required for these patients. The Chairs of the Business Committee and the Quality Committee agreed to discuss how the backlog information should be presented to each committee to ensure that issues concerning quality and safety are considered appropriately.

#### **CAMHS Transition service business case**

The Business Case described the proposed expansion of the CAMHS Transitions Service, which supports young people through the difficult processes of transitioning their mental health care and treatment from children's services (CAMHS) to Adult Mental Health Services. The Committee received assurance that the impact in terms of resourcing of the wider CAMHS service had been considered. The Committee approved the business case.

### **Priorities (Quarter two) update**

The report provided a progress update against the Trust priorities at the end of Q2 2021/22. These Trust priorities were developed during the Trust's response to the COVID 19 pandemic in 2020/2021 and to date. At the end of quarter two, progress had been made against all five priorities as the Trust continued to support its staff, patients and the wider health and care system in Leeds and West Yorkshire and manage the impact of the ongoing pandemic.

### **Financial update**

The Executive Director of Finance and Resources presented the Committee with details of H2 arrangements, which were broadly consistent with a continuation of the H1 framework. The presentation covered pay, efficiency requirements, capacity for growth, block payment arrangements, NHS provider other income, funding for COVID-19 services, and key changes from H1. Any surpluses generated in H1 should be utilised appropriately to manage winter demands and there was a general efficiency requirement of 0.82% for the six-month H2 period.

### **Review of governance structures and reporting for critical change programmes**

The creation of the Business Change and Development Service earlier this year prompted a review of the governance structures and reporting arrangements for critical change programmes, to ensure that the portfolio of change projects was comprehensive and joined up in managing change effectively within the Trust. The report provided to the Committee summarised the review that had been undertaken; provided an overview of the current change programme and confirmed reporting arrangements for the change programme to provide assurance on progress and on the management of risks, issues, and interdependencies. The Committee welcomed the report and requested regular reporting on critical change programmes and interdependencies.

### **Admin Review**

The Committee reviewed the options for achievement of the new administration model and approved the recommendation from Senior Management Team on the implementation option that should be adopted. The actions would be incorporated into the case for change that will come to Senior Management Team for approval.

### **Workforce scenario planning, response, and interventions**

The Director of Workforce presented information that set out the challenges and a worst-case scenario for winter 2021/22 including context, demand, turnover, sickness, vacancy rates and recruitment issues. The plans to address capacity gaps including updates on capacity-enhancing projects and financial incentive schemes were also provided. The Committee discussed whether they were the right overall interventions and if there were any opportunities that had been missed or included inappropriately. It also considered whether anything had been overlooked, in terms of risk considerations. Several suggestions were provided by the Committee members and an additional risk was raised of incentives being normalised which led to a discussion about how this risk was already being mitigated.

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

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

The Business Committee provides the following levels of assurance to the Board on these strategic risks	Risk score (current)	Agenda items reviewed	Overall level of assurance provided that the strategic risk is being managed (or not)	Additional comments
Risk 2.1 Is the Trust delivering on its <b>major change programmes</b> ?	9 High	<ul style="list-style-type: none"> <li>• Reset and recovery programme</li> <li>• Review of governance structures and reporting for critical change programmes</li> <li>• Admin Review Project</li> </ul>	Reasonable	
RISK 2.3 Is the Trust <b>improving productivity, efficiency and value for money</b> ?	9 High	<ul style="list-style-type: none"> <li>• Business Development Strategy update</li> <li>• Admin Review Project</li> </ul>	Reasonable	
RISK 3.1 Does the Trust have <b>suitable and sufficient staff capacity and capability</b> and is it maintaining a low level of <b>sickness absence</b>	12 V High	<ul style="list-style-type: none"> <li>• Covid update</li> <li>• Reset and Recovery</li> <li>• Workforce focus section</li> <li>• Priorities update Q2</li> </ul>	Reasonable	This is a very high risk however the Committee was assured by the mitigation plans presented.
RISK 3.3 Is the Trust <b>engaging with and involving staff</b> ?	9 High	<ul style="list-style-type: none"> <li>• Workforce focus section</li> </ul>	Reasonable	
RISK 3.5 Has the Trust developed and embedded a suitable <b>health and safety management system</b> ?	12 V High	<ul style="list-style-type: none"> <li>• Health and Safety Group update</li> <li>• Waste Management Audit report</li> </ul>	Reasonable	
RISK 3.6 Is the Trust maintaining <b>business continuity</b> in the event of significant disruption?	12 V High	<ul style="list-style-type: none"> <li>• Reset and recovery</li> <li>• Covid update</li> <li>• Risk register</li> <li>• Priorities update Q2</li> </ul>	Reasonable	

**Public Board Meeting: 3 December 2021**

**Agenda item number: 2021-22 (88cii)**

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**Title: Business Committee Chair's assurance report 24 November 2021**

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**Category of paper: For assurance**  
**History: Not applicable**

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

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

This report identifies the key issues for the Board from the Business Committee held on 27 October 2021 and provides assurance on how well its strategic risks are being managed. The level of assurance is based on the information in the papers and other information received and the Committee's discussion.

### **Items discussed:**

#### **Service Spotlight: Integrated Children with Additional Needs**

Representatives from the ICAN service attended the Committee to discuss the service's transformation programme. They described the improvements that had been made to the triage process, to patient pathways, access to the service, revised referral documentation and the development of standard operating procedures. 'One minute guides' had also been developed to provide a quick overview of pathways. The service was proud to advise that its documentation was fully electronic (so paperless). Many examples were given of the successful implementation of digital technology. Current challenges were outlined, including capacity not meeting increased demand, recruitment issues and staff turnover, plus some commissioning gaps. The plans to remedy these issues were discussed. Questions were raised by Committee members about health equity and digital access for families, which would be given further consideration. The Committee agreed that the service transformation programme was an uplifting story of innovation and determination.

#### **Burmantofts strategic outline case**

The Committee was provided with an update on production of a business case for development of a new community wellbeing centre in replacement of the current Burmantofts Health Centre, which is owned by the Trust. The project, as it stood, sought to not only provide new accommodation for the current occupiers, but also to create new space for delivery of services which can support local communities in addressing some of the underlying social and economic determinants which place them amongst the most deprived nationally. The Committee discussed the positive impact this project could have on increasing GP access capacity and reducing attendance at the nearby accident and emergency department, as well as the obvious benefits the wellbeing centre would have for the community it served. The Committee gave an in-principle approval for the required funding to progress the work and planning to the next version of the business case. This approach would maximise the opportunity to take advantage of any potential capital funding.

#### **Business Intelligence Strategy**

The initial draft of the Strategy was presented to the Committee. It had previously been discussed at Quality Committee. The draft Strategy included areas to focus on in year one and areas for potential investment. The Committee made a number of suggestions to improve the Strategy including spelling out the benefits in end-user language to get more 'buy-in' from staff, an understanding of what the Trust could provide and what the City could offer in terms of population health data, the balance between local delivery and corporate services. The Committee discussed affordability and competing demands; however, it recognised the long term benefits the strategy was aiming to deliver. A further iteration of the Strategy would be presented at the next Committee meeting in January 2022.

### **Health Equity Strategy**

The Committee received an update on progress with the Health Equity Strategy. This included the current and future use of data to utilise and act on inequality. The Committee was keen to see the Strategy being applied to key services and for the data to begin to be used and understood for the benefit of those patients.

### **Neighbourhood Teams Transformation Programme – digital allocation software**

The Committee discussed the proposal to purchase software that would aid in the allocation of resource for Neighbourhood Teams' caseloads. The Committee was very supportive of the strategy although recognised there were some financial considerations still to be resolved and more information would be presented to the Board at a later date.

### **Performance Brief (report is in the Board papers)**

The Committee was advised that in the Responsive Domain, waiting times were similar to the previous month. The Committee welcomed the extended use of control charts for identifying trends, which were to be refined for future reports.

### **Well Led/ Workforce report**

The Committee heard about the work being done to improve staff turnover. Recent TUPE arrangements for a small number of staff who had transferred to Leeds and York Partnership Foundation Trust had skewed the turnover figures. New starters were being supported through induction and the new starters' forum. The Committee discussed sickness levels and reasons for absence.

### **Financial update**

The Executive Director of Finance and Resources explained his proposals for managing the financial resources in the second half of the year in partnership with other organisations in the City. The Business Committee supported his draft proposals for approval at the Board meeting on 3 December. The Committee were assured that the Trust did not have any financial constraints on the care it wished to deliver in the second half of the financial year and was working effectively with other organisations in Leeds and with the Integrated Care Partnership to make best use of the resources available to the City.

### **Staff Engagement report**

The Committee welcomed this paper, which coupled with the quarterly workforce report provided reasonable assurance against BAF risk 3.3: 'If the Trust does not fully engage with and involve staff then the impact may be low morale and difficulties retaining staff and failure to transform services'. It outlined some of the many ways in which the senior team in particular works with, listens to and ensures that staffs voice, day to day experience and expertise is at the heart of all that we do.

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

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The Business Committee provides the following levels of assurance to the Board on these strategic risks	Risk score (current)	Agenda items reviewed	Overall level of assurance provided that the strategic risk is being managed (or not)	Additional comments
Risk 2.1 The risk that the Trust does not deliver on its <b>major change programmes</b>	9 High	<ul style="list-style-type: none"> <li>• ICAN transformation – service spotlight</li> </ul>	Reasonable	
RISK 2.2 The risk that the Trust does not deliver its <b>contractual requirements</b>	6 Moderate	<ul style="list-style-type: none"> <li>• Performance brief and domain reports</li> <li>• Operational and non-clinical risks register</li> </ul>	Reasonable	
RISK 2.5 The risk that the Trust does not deliver on its agreed <b>income and expenditure</b> position	6 Moderate	<ul style="list-style-type: none"> <li>• Performance brief and domain reports (Finance)</li> <li>• Quality, staffing and finance: triangulation report</li> </ul>	Reasonable	
RISK 3.1 <b>The risk that</b> the Trust does not have <b>suitable and sufficient staff capacity and capability</b> and is it maintaining a low level of <b>sickness absence</b>	12 V High	<ul style="list-style-type: none"> <li>• Performance brief and domain reports (turnover)</li> <li>• Covid update</li> <li>• Quality, staffing and finance: triangulation report</li> <li>• Workforce update: Capacity / HWB / Engagement work</li> <li>• Service spotlight (ICAN)</li> </ul>	Reasonable	
RISK 3.2 The risk that the Trust does not create and embed a <b>culture of equality and inclusion</b>	9 High	<ul style="list-style-type: none"> <li>• Performance brief and domain reports (Well-led)</li> <li>• Workforce update</li> <li>• Health Equity Strategy</li> </ul>	Reasonable	
RISK 3.3 The risk that the Trust does not <b>engage with and involve staff</b>	9 High	<ul style="list-style-type: none"> <li>• Workforce update: Capacity / Health and Wellbeing/ Engagement work</li> <li>• Staff engagement report</li> <li>• Service spotlight (ICAN)</li> </ul>	Reasonable	
RISK 3.5 The risk that the Trust does not develop and embed a suitable <b>health and safety management system</b>	12 V High	<ul style="list-style-type: none"> <li>• Performance brief and domain reports (staff RIDDOR incidents)</li> <li>• Health and Safety Group minutes</li> </ul>	Reasonable	



**Trust Board Meeting held in public: 3 December 2021**

**Agenda item number: 2021-22 (89)**

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**Title: Performance Brief October 2021**

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**Category of paper:** for assurance

**History:** Quality Committee – 22 November 2021  
Business Committee – 24 November 2021

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

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

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

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

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

### **Recommendations**

the Board are recommended to:

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

# Performance Brief – October 2021

## Purpose of the report

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

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

## Committee Dates

Quality Committee – 22<sup>nd</sup> November 2021  
Business Committee – 24<sup>th</sup> November 2021  
Trust Board – 3<sup>rd</sup> December 2021

## Recommendations

Committees and the Board are recommended to:

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

## Main Issues for Consideration

This report continues to provide analysis and commentary on performance against the KPIs for the year. KPI performance must continue to be seen through the prism of the Trust's response to Covid-19 and the severe pressures facing the NHS nationally and locally. There are significant pressures in many services and this report notes and comments on the impact on KPI performance, particularly in the well-led domain in terms of the impact on staff. The Board is very aware of all actions being taken to look after our staff. The Trust is not seeing impacts on the safe and caring KPIs suggesting that the quality of care is being maintained. However, the impact of the service pressures on care, noted in mortality reviews, is beginning to become apparent, if not translating into harm incidents as seen in this report. The Trust continues to do all it can to continue to deliver the best possible care for our patients and work with partners to in the city and wherever we provide services.

In the **safe** domain the headline is that serious incidents continue to decrease and the number of moderate and above harm pressure ulcers with lapses in care continue to reduce.

In the **caring** domain the FFT continues and in addition there has been other patient engagement during the reporting period including the Big Leeds Chat.

In the **responsive** domain performance against the waiting list standards is still below expectations. Detailed information on modelling the waiting list backlogs existing within services has been provided.

In the **effective** domain the improved position compared to this time last year in regards to quality assurance measures is to be noted, despite ongoing pressures on all services.

As anticipated in terms of both the lead and lag indicators contained within the last Well Led report and the current context within which all of our staff are working, our **Well Led** measures have continued their downward trend. Intensive work continues on enhancing capacity to support staff as well as health and well-being.

The overall Sickness absence rate for October is 7.4% (2.7% short term and 4.7% long term) During this last month and we have seen increasing sickness absence levels within all areas. We have noted a trend seems to be developing in some areas, where the overall sickness absence rates have been over 8% during the previous 3 months including in some areas of the Adult Operations Business Units.

The overall Appraisal position is showing marginal increase at over 72% and is set in the continuing context of some services operating and reporting OPEL level 3E.

The overall statutory and mandatory position continues to hover just slightly below the overall 2021/22 target outturn at just over 88%.

In **Finance**, at the time of writing details of the Trust's income levels for H2 are being finalised. There are currently no concerns that this will be insufficient to meet all reasonable costs. The Leeds health organisations are working together and with partners in social care and other sectors to maximise use of Leeds' NHS resources in the second half of the year.

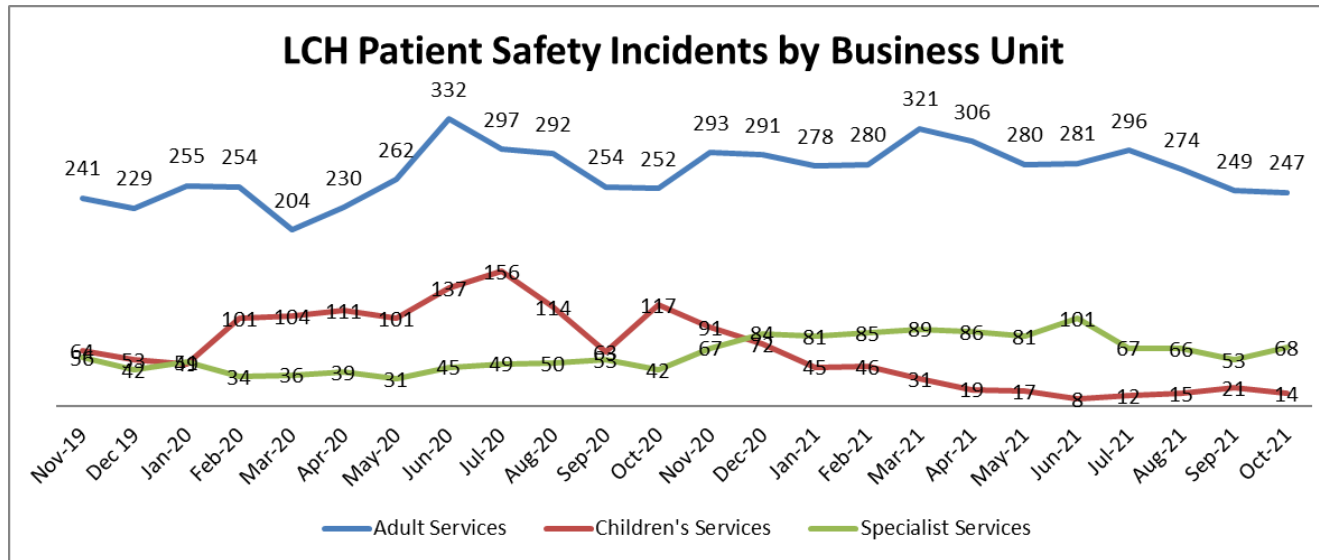
# Safe – October 2021



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

Safe - people are protected from abuse and avoidable harm	Responsible Director	Target - YTD	Forecast	Financial Year	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Time Series	Series Data From
Patient Safety Incidents Reported in Month Reported as Harmful	SL	1.41 to 2.08	●	2021/22	1.72	1.71	1.79	1.74	1.83	2.22	1.84	1.96	2.07		Apr-17
				2020/21	1.80	2.13	2.39	2.12	2.18	2.17	1.59	1.97	1.64		
Serious Incident Rate	SL	0 to 0.1	●	2021/22	0.01	0.01	0.00	0.01	0.01	0.00	0.00	0.00	0.00		Apr-17
				2020/21	0.05	0.04	0.07	0.05	0.06	0.07	0.05	0.06	0.04		
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	5	●	2021/22	0	0	0	1	1	0	0	1	0		Apr-16
				2020/21	0	3	0	3	3	2	0	5	0		
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	●	2021/22	0	0	0	0	0	0	0	0	0		Apr-16
				2020/21	0	0	1	1	0	0	1	1	0		
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	6	●	2021/22	0	0	1	1	1	0	0	1	0		Apr-20
				2020/21	2	0	2	4	0	1	3	4	0		
Number of teams who have completed Medicines Code Assurance Check 1st April 2019 versus total number of expected returns	RB	No Target	●	2021/22	63%			63%	73%			73%			

## The Trend of LCH Patient Safety Incidents by Month and Business Unit



### LCH Patient Safety Incidents Occurring in September and October 2021

There were 1129 incidents, which includes all types of incidents recorded in Datix in this reporting period. Of these, 652 (57.8%) were recorded as LCH patient safety incidents which remains consistent with previous reporting periods.

The breakdown of LCH patient safety incidents by month and level of harm is shown in the table below:

Month	LCH Patient Safety Incidents by Severity			Total
	Low and No Harm	Moderate Harm	Major Harm	
Sept 21	301 (93.2%)	20 (6.2%)	2 (0.6%)	323
Oct 21	285 (86.6%)	37 (11.1%)	7 (2.3%)	329

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

### Summary of Moderate Harm Incidents (occurring in September & October 2021):

There were 57 moderate harm incidents reported, compared to 49 in July & August reporting period. Incident categories are as follows:

- 42 x Skin Damage (22 x Unstageable Pressure Ulcers, 10 x Category 3 Pressure Ulcers, 1 x Category 4 (additional detail is provided below), 3 x Traumatic Skin Damage, 1 x device-related, and 5 x Deep Tissue Injury (DTI),
- 10 x Falls
- 4 x Implementation of care, assessments, diagnosis or procedure
- 1 x Medication incident; this relates to a patient who was given an extra tablet of morphine (MST), was reviewed at the Rapid Review Meeting (RRM) on 15<sup>th</sup> October and concluded as an internal concise investigation as it didn't meet the Serious Incident (SI) criteria.

### Summary of Major Harm Incidents

Nine major harm incidents were recorded this reporting period. These are all falls; of the nine, three were reviewed at Rapid Review Meeting (RRM) and were concluded with no lapses in care. The remaining six have review dates booked in November and are awaiting Rapid Review Reports (RRR), this is due to the operational pressure within teams.

The Safety Team is in the process of producing a monthly Key Performance Indicator (KPI) report to show the length of time from incident date to Rapid Review date, this will be discussed at the Patient Safety monthly workstream meeting, and the outcome will be shared in the next report.

### Rapid Review Meeting Outcomes in September & October 2021

There were 71 incidents during this period reviewed at the Rapid Review Meeting where all moderate and major harm incidents are reviewed; the outcomes are shown in the table below.

Total no.	No lapses in care Learning Identified	Progressed to Internal Investigation	Progressed to comprehensive SI with lapses in care	Further details required	Not a reportable incident or rejected
71	60 (84.5%)	3 (4.2%)	2 (2.8%)	4 (5.6%)	2 (2.8%)

The learning from the concluded reviews are shared with the reporting teams and the business unit following each review; some of these are:

- Clearer documentation of wound assessment and completing the relevant assessment.
- The importance of escalating to podiatry when necessary.
- The importance of assessing the appropriateness for a profiling bed and pressure relieving mattress in a timely manner.
- The appropriate liaison with the diabetes service in the acute trust, to ensure timely blood glucose level and insulin review.
- Improve communication with care homes regarding safeguarding concerns.
- To improve documentation concerning pressure risk assessment and management.

- Staff to ensure patients mental capacity is fully assessed and recorded
- Staff to ensure that full blood pressure readings are performed
- Clear evidence of falls risk assessment

## **Serious Incidents (SI) Investigations September & October 2021**

Of the 71 incidents reviewed at the Rapid Review Meeting, two incidents progressed to Serious Incident and were reported on the Strategic Executive Information System (StEIS). These incidents were 2 x unexpected deaths, reported from the Leeds Mental Wellbeing Service (LMWS). Both remain under investigation; the learning will be shared in the six-monthly Serious Incident report.

## **To what extent did LCH follow the Duty of Candour (DoC) procedure?**

LCH was 100% compliant with the Duty of Candour regulation, although no letters were sent.

In one of (STEIS) recorded incidents, no next of kin could be found, and for the other, no contact with the next of kin details could be made. Only a phone number has been located for this contact, and several attempts to contact them via phone have been unsuccessful. If or when contact is made, a DoC initial letter is saved in Datix.

## **Business Units Updates**

### **Adult Business Unit (ABU)**

#### **Incidents**

The ABU reported 496 incidents in September & October compared to 559 in July and August; 127 (25.6%) were no harm incidents, 308 (62.1%) were minimal harm, 52 (10.5%) were moderate harm incidents, and 9 (1.8%) were major harm, all the major harm incidents relate to falls.

The Clinical Falls Specialist conducted a falls services audit and will complete a deep dive due to variations in reporting falls across the Neighbourhood Teams and additional falls training will be considered for any teams if needed.

#### **Yeadon Neighbourhood Team (NT)**

A further review of no harm and low harm incidents identified an increase in Category 2 Pressure Ulcers within the Yeadon NT; the Neighbourhood Clinical Quality Lead (NCQL) will conduct a deep dive. The outcome will be shared next reporting period.

#### **Themes**

Incorrect category of incident and harm levels remains a consistent theme. The ABU leadership teams will share this information with the services as this is a potential risk due to something being potentially categorised as a lower risk and therefore not having the correct level of investigation. The Datix System Manager has provided a number of one-minute guides to support staff with the various elements of the Datix reporting and management process. These are also being shared in the Mid-Day Brief.



## **Children Business Unit (CBU)**

The CBU reported 36 incidents in September & October compared to 27 in July and August; 29 (80.6%) were no harm incidents, 6 (16.7%) were minimal harm, 1 (2.8%) was a moderate harm incident, there were no major harm incident recorded this reporting period.

The moderate harm incident relates to a young person accessing Children and Adolescent Mental Health Services (CAMHs) services who self-harmed. This has been reviewed at RRM on 24<sup>th</sup> September and concluded with no lapses in care.

A moderate harm incident relating to triage and the decision-making process reported by the Integrated Children's Additional Needs Service (ICAN) was reviewed at RRM and concluded as no lapses in care and downgraded to a minimal harm.

### **Deep dive into feed-related incidents in CCNS - Gastrostomy feed deep dive**

The review included 20 incidents between September 2019 and September 2021. The majority of gastrostomy feed incidents occur in the Inclusion Nursing Service. The review found there has been a peak in incidents in October 2019 and October 2020 which may be due to children settling into school, and new staff getting to know the children. This will be considered to understand what can be done to prevent this happening in future years.

There were 15 incidents in the Specialist Inclusive Learning Centre (SILC) provisions, 2 in Hannah House and 3 in Continuing Care. Of the 15 SILC provision incidents, there was a potential theme as four related to children being given the wrong feed (by agency staff, inclusion nursing staff and education staff). There were no additional themes in teams or across the three teams.

There was one related incident in October 2021 following review of the findings of the Deep Dive, the incident did not relate to the previous theme.

## **Specialist Business Unit (SBU)**

The SBU reported 123 incidents in September & October compared to 138 in July and August; 84 (68.3%) were no harm incidents, 31 (25.2%) were minimal harm, 4 (3.3%) were moderate harm incidents, there are no major harm recorded.

However, there were 4 (3.3%) unexpected deaths recorded, one of the four deaths has had a review at RRM and concluded with no lapses in care, the remaining three are awaiting a review date.

The reduction in reporting is due to a decrease in reporting abuse incidents in Wetherby Youth Offenders Institution (WYOI), 8 reported September and October compared to 18 in July and August.

It is worth noting that this is the lowest number of incident reports for WYOI this year, the frequency of incidents involving medication has been steadily reducing, reflecting the lessons learned from previous incidents. The Pharmacy Lead at WYOI and the Clinical Governance Team will continue to monitor.

## Access Incidents Deep Dive

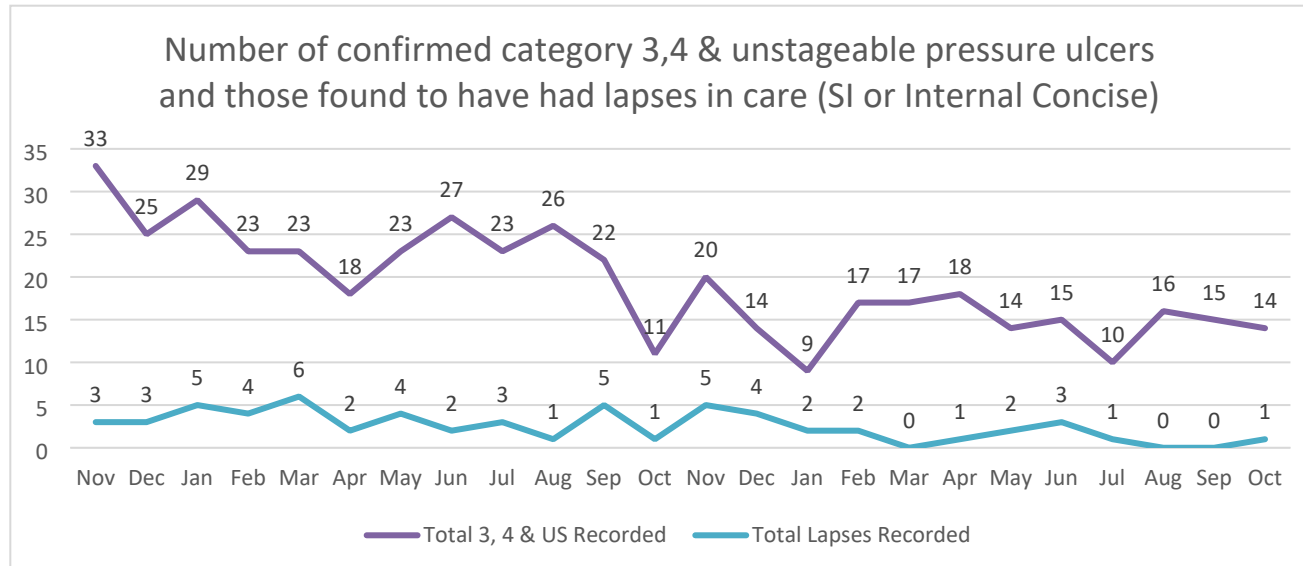
The top three reported categories are Abuse, violence and self-harming, Access, Appointments, Transfers and Discharges, Information Governance and Medications, as in the previous months.

The number of incidents in Access/appointments/discharge increased between February and June and has reduced in July and August, a deep dive was completed to understand if this is due to the effect of COVID-19 disruption on services. The outcome will be shared in the next report.

## Pressure Ulcer Focus

The chart below provides an overview of Serious Incidents of Category 3, 4 and Unstageable pressure ulcers (PU's), within LCH, recorded for a running year (November 2019 to October 2021)

**Chart 1**

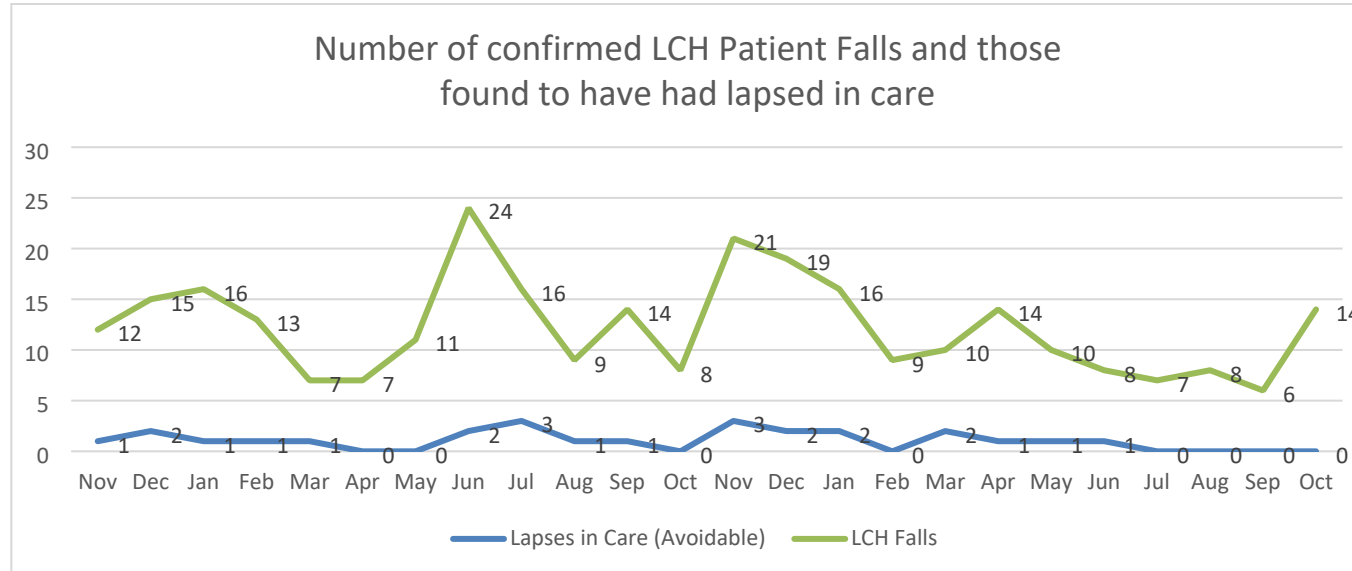


The table shows that only one record of pressure damage which had learning that required further exploration in October. This incident follows the internal concise investigation process as it did not meet the SI criteria at the Rapid Review Meeting.

## Falls Focus

The chart below provides an overview of Serious Incidents of Falls Incidents within LCH recorded for a running year (November 2019 to October 2021)

Chart 2



Although fluctuations are seen in the incidents reported month by month, the number of falls resulting in moderate or major harm by month shows a rise in reports for October which had previously dropped to its lowest level in September; the patient safety team will monitor this increase, it is, however, worth noting that there were no SIs declared in the last three months. The Quality Leads are conducting an audit of all the concluded Rapid Review Report outcomes to ensure that the lack of SIs is accurate.

The Trust continues to reduce SIs in both Pressure Ulcers and Falls month on month due to the critical review by the multi-disciplinary group at the RRM, which identifies more learning for services in line with the Patient Safety Strategy. The Clinical Governance Officer (CGO) conducted a deep dive of SIs reporting for July, August, September 2020/2021, this showed similarities in reporting in both years as seen in table 2 above.

## Continued Improvement

- During this reporting period, the PU Rapid Review template was updated to include prompts in relation to aSSKING which is:
  - assessing risks,
  - Skin assessment and skin care,
  - Surface selection and use,
  - Keep patients moving,

- Incontinence assessment and care,
- Nutrition and hydration assessment/support
- Giving information.

This is intended to embed consideration of evidence-based care into the initial investigations and support overall PU improvements. In addition, the SI core Terms of Reference were updated to support improvements in the recording of learning and enhance the quality of investigations.

- The Adult Business Unit organised a session for operational and clinical colleagues with the LCH Security Manager, Mental Capacity Lead, and safeguarding representatives. This was to support teams in effectively and safely managing patients with complex needs, mainly where there is non-concordance with pressure prevention advice.
- Referral to the new exceptional risk forum and rapid professional review will be part of the business unit's new standard operating procedure to reduce the risk to patients with complex health and social care needs.

#### **Category 4 Pressure Ulcer update**

One Category 4 Pressure Ulcer to the elbow was reported for a patient receiving palliative care in October however it was initially reported as minimum harm and it is linked to a number of PUs for the same patient who has now passed away. There has been delay in completing the RRR by the team, this will be booked into RRM in November, the outcome will be shared in the next report.

#### **Central Alert System (CAS) Notifications**

There were 14 alerts logged on Datix: six drug alerts, two supply disruption alerts, three patient safety alerts, two CMO letters and one field safety notice. All have been reviewed and closed.

# Caring – October 2021

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

Caring - staff involve and treat people with compassion, kindness, dignity and respect	Responsible Director	Target - YTD	Forecast	Financial Year	Apr	May	Jun	Q1	Jul	Aug	Sept	Q2	Oct	Time Series	Series Data From
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)	SL	>=95%	●	2021/22	96.7%	97.5%	95.9%	96.7%	96.4%	93.4%	95.0%	93.9%	90.0%		Apr-16
				2020/21	-	-	-	-	-	-	-	-	-		
Total Number of Formal Complaints Received	SL	No Target		2021/22	8	8	7	23	8	9	8	25	5		Apr-16
				2020/21	4	4	11	19	13	8	14	35	8		
Number of Compliments Received	SL	No Target		2021/22	69	81	87	237	67	47	66	180	49		Apr-19
				2020/21	40	38	70	148	97	68	79	244	75		

## Friends and Family Test (FFT)

Overall, in September and October 2021, there were 622 FFT responses with 90.5% of community patients/service users reporting their experience as good or very good. The number of respondents was similar to those in July and August (617). A sample of positive comments from respondents are below.

*"Nurse was professional and very courteous and explained everything to me and gave me time to ask questions. Interpreter was provided which aided my understanding of what was happening." - TB Service*

*"I felt that she cared about my child and myself. She was very calm asking me questions explained what was happening and why she was asking certain question. I loved that she gave me a lot of information about services available to me." – Health Visiting Inner West*

*"Very short waiting time, good covid measures, staff very helpful, listened very well, super friendly, found solutions that suited my needs. Didn't feel rushed." Respiratory Service, Seacroft Oxygen Clinic*

During September and October 242 responses were received online, the remaining responses were received via paper or postcard. The Patient Experience Team is planning a workshop at the next Engagement Champion meeting in January, around the continuing re-implementation of the FFT and using the FFT

as part of making services even better, with examples from services sharing their learning as part of working to increase uptake of the FFT. There is recognition that the increased service workload and ongoing pressures within teams is highly likely to have affected uptake and the FFT re-start.

Impact from FFT comments: September – October 2021

## **Nutrition & Dietetics**

*"I hate the idea of having a confidential medical appointment, talking about something very personal and embarrassing, with a group. I saw somebody I knew on there which was embarrassing too. It is obviously very generic, which I understand as most people may not have tried to help themselves and may benefit, but what it means for me is I now have another 8 weeks to wait to receive any help. It would have been better to just send the material with no Teams meeting."*

This was fed back to the Nutrition and Dietetics Service who have changed the invite to the groups to address confidentiality. It now includes information on what to expect when using Microsoft Teams, how not to share your name and keeping the camera off if people wish to remain anonymous. The online groups started in June 2021 to help prevent long waiting times following the impact of COVID-19 and will be evaluated in December 2021. The majority of participants provided positive feedback, for example *"it's helpful to hear other people have the same problems"*.

## **Long Covid Rehabilitation Service**

Following national guidance in August 2021, all NHS-funded post-COVID syndrome assessment clinic services were required to use the post-COVID clinic FFT and submit results to NHS England. This version of the FFT includes the standard questions, and two additional questions:

- Were you involved as much as you wanted to be in decisions about your care and treatment?
- Overall, did you feel you were treated with respect and dignity while you were using this service?

The Leeds Long Covid Rehabilitation Service had started using the FFT before this this guidance and had received over 50 responses in the first month of use. The majority have been supportive of the service for example

*"I am in contact with Leeds Long Covid team. I am current off work due to ongoing symptoms of Long Covid and G has been very supportive and has been a good listener when I've needed advice or just someone who has assured me I'm not going through this alone."*

Other received comments have related to wanting more communication and support, for example when appointments were being rescheduled or cancelled. The service has responded to these concerns by changing their processes so that patients now have their first triage appointment by telephone and are then either seen in clinic or at home. Following a 10-session virtual course via MS Teams, patients may be seen at a clinic or at home, with further appointments offered as needed. This programme is discussed with patients at the first appointment. The service is also addressing waiting list issues by recruiting additional staff. This is being shared with patients awaiting appointments.

## **Engagement Champions**

The Engagement Champions continue to meet bi-monthly via MS Teams, with 20-25 staff attending each session. There is also a Champion drop-in session for Champions to check-in with the Patient Engagement Team for specific support.

As part of the LCH Health Equity workstream the Patient Engagement Champions and Patient Experience Team have reflected on HealthWatch's report '[Locked out: Digitally excluded people's experiences of remote GP appointments](#)' (2021) and:

- continue to discuss Accessible Information Standards at every meeting and how to support teams implementing these within their service.
- Lisa Smith, Learning Disability Lead, led a workshop on 4 November 2021 on developing easy-read information, examples from CAMHS and ICAN Children's Continence Nursing will be showcased. This will include how we can improve invitations to virtual appointments using learning from FFT feedback
- The Champions will be facilitating a session focusing on accessibility to services for those whose first language is not English.

The Patient Experience Team and colleagues from the Communications Team have been invited to a discussion including partners, led by HealthWatch Leeds Peoples Voices in November 2021. The aim is to discuss how we ensure our website is accessible to patients, carers and their families. Learning from this group will be reflected in the Health Equity and 3rd sector strategy implementation plans discussions.

### **Big Leeds Chat**

The Big Leeds Chat city-wide partnership, started in 2018, as a means of hearing what matters most when talking about their health care from people living in Leeds.

The Big Leeds Chat 2021, taking account of COVID-19 safety, took the form of a 'roadshow', with one Big Leeds Chat event in the 15 Local Care Partnership areas during September and October. The aim was to hear the voices of people living with the biggest health inequalities. Additional events were hosted with specific communities of interest, for example Leeds Dads, LGBTQ groups, sheltered housing complexes and St George's Crypt. Forty Big Leeds Chats have taken place, with members of the LCH Patient Experience Team attending some as "a chat maker".

Feedback from all chats is being collated and a report from the Big Leeds Chat Partnership will be available early in the new year. This report will inform the Patient Experience Team and other parts of the organisation as we continue to implement change and improve services across the organisation. Anecdotal feedback from the sessions attended by the Patient Experience Team is in line with other feedback received from services

- How do we make sure people can access appointments?
- How do we make communication clearer and easily understandable?
- How do we ensure we recognise the effects of COVID 19 on people's wellbeing e.g. not confident to go out due to long periods of social isolation, the strains on carers/family relationships?
- How can we ensure that digital approaches are not excluding some people from our services?

### **Always Events**

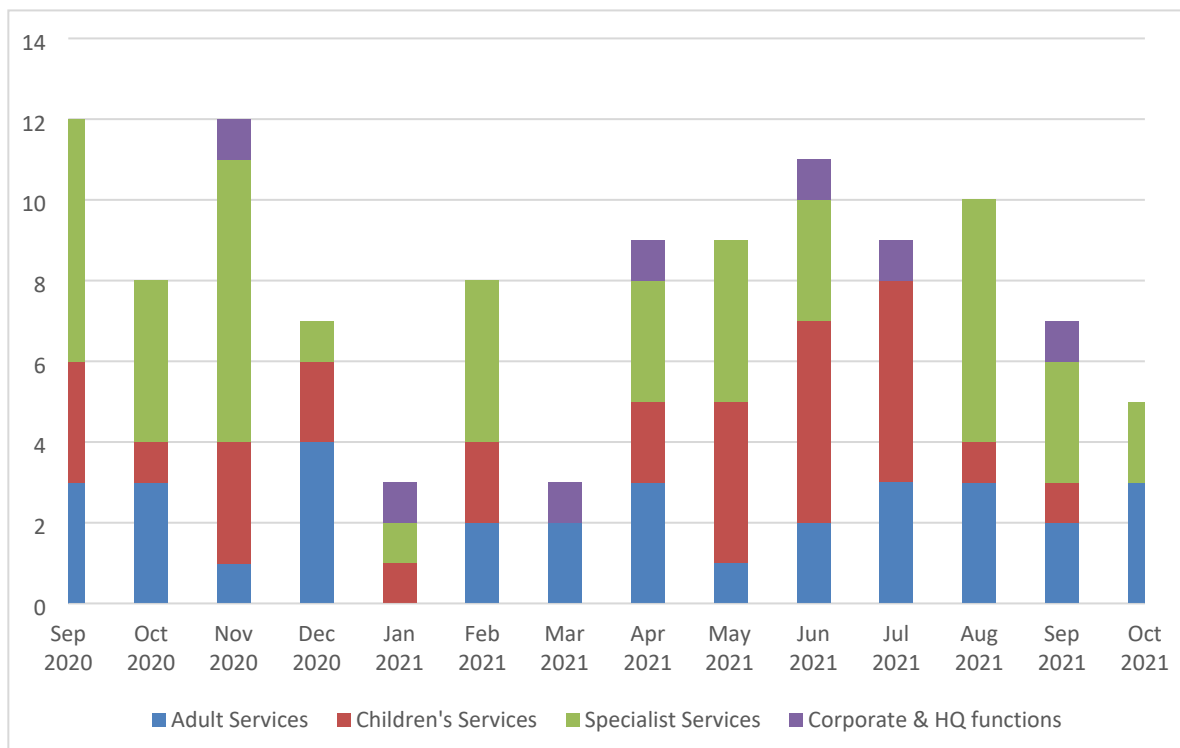
From 1 November 2021, any new Always Event projects are being paused until April 2022 to support LCH services with the impact of winter pressures. The Patient Experience Team will continue to work with the Continence, Urology and Colorectal Service (CUCS) and Children's Better Transition to Adult

Services projects, along with the Neighbourhood Teams Transformation Project. The Always Event Project Team for Children’s Better Transition to Adult Services will be sharing progress at the CBU Celebration Event in December 2021.

### Complaints, Concerns and Claims

There were 13 new complaints received in September and October 2021, with all acknowledged within 3 working days. Fifteen complaints were closed with written responses sent to the complainant, of which 4 were partially or fully upheld following investigation. In September 2021, 2 complaint responses exceeded the internal Trust target of 40 working days. One delay was due to staff leave during the investigation period and was responded to within 45 working days in total following an apology to the complainant and an agreed extension. The other delay was caused by an administration error where the complaint was incorrectly recorded. An apology was given to the complainant and response given within 45 working days in total following an agreed extension.

The graph below highlights the number of complaints that have been received by the Trust over the last 12 months for comparison, an average of 8-10 per month. In September and October 2021, complaints received were below the average and will be reviewed in the next Performance report. There were no complaints pertaining to children’s business unit services in October 2021.





Learning from the closed complaints:

- The importance of services understanding the patient's communication needs in line with Accessible Information Standards and following this by making adjustments in communication style and processes based on the assessed need. Communication needs may include access to interpretation, having longer appointments to meet the patient's communication needs, and consideration of how to send written information. Additionally, communication needs should be regularly reviewed with the patient and carer/family to ensure that the style of communication continues to be appropriate. (Service complaint: Sexual Health Services and CAMHS).
- The importance of ensuring agreed referrals to other services are made in a timely way and that services have processes to audit if referrals have been made (Service complaint: MSK)

There were 88 concerns received in September and October 2021, a slight decrease from the last report, and in line with the number of complaints. The majority of concerns (23 / 26%) were received by the Leeds Sexual Health Service, with 10 (11%) of concerns reported by MSK and 9 (10%) by Children's Speech and Language Therapy services.

Sixteen of the reported concerns to Leeds Sexual Health Service related to ongoing issues with accessing the service via the telephone system. This issue has been raised previously, is on the Trust's risk register. Currently the installation project team are unable to provide a timeframe for the new telephone system due to external issues. The project team are aware of concerns raised by users and continue to prioritise the telephone system installation.

MSK have received 10 concerns during this time frame relating to access to services and waiting times. All patients expressing concerns have had a conversation with a clinician, with clinical information reviewed to ensure all waiting time decision are based on clinical presentation. All concerns are reviewed as part of the services resetting programme. The clinical model continues to be reviewed and includes a patient preference audit which is helping the service to formulate plans to offer patient choices for their how their initial assessment should be carried out.

## Claims

There have been 3 potential claims received in September and October 2021 with the Trust awaiting information from NHS Resolution if the claims will proceed. No confirmed claims have been received. Further information will be provided in the next report once confirmed.

## Covid-19

The Trust received 7 Covid-19 related concerns and zero complaints in September – October 2021. Covid-19 related concerns have included queries on service delivery post lockdown, appointment issues, and difficulties in communicating with the service. The concerns have been resolved through supporting the individuals to be put in touch with the service directly or the correct information.

# Effective

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



Leeds Community  
Healthcare  
NHS Trust

Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Responsible Director	Target - YTD	Forecast	Financial Year	Q1	Q2
Number of NICE guidelines with full compliance versus number of guidelines published in 2018/19 applicable to LCH	RB	100%*		2021/22		
				2020/21	85%	87%
Number of NICE guidelines with full compliance versus number of guidelines published in 2019/20 applicable to LCH	RB	No Target		2021/22		
				2020/21	54%	56%
Clinical Outcome Measures - Percentage of services at stage 3; measures agreed and services have access to them	RB	75%*	●	2021/22	86%	93%
				2020/21	-	-
Clinical Outcome Measures - Percentage of services at stage 6; using measures with some patients some of the time	RB	60%*	●	2021/22	48%	73%
				2020/21	-	-
Number of Unexpected Deaths in Bed Bases	RB	No Target		2021/22	0	0
				2020/21	1	0
Number of Sudden Unexpected Deaths in Infants and Children on the LCH Caseload	RB	No Target		2021/22	1	1
				2021	1	1
NCAPOP audits: number started year to date versus number applicable to LCH	RB	100%*	●	2021/22	100%	100%
				2020/21	0%	0%
Priority 2 audits: number completed year to date versus number expected to be completed in 2021/22	RB	100%*	●	2021/22	100%	100%
				2020/21	7%	19%
Total number of audits completed in quarter	RB	No Target	●	2021/22	100%	100%
				2020/21	4%	9%
Percentage of patients recruited into NIHR portfolio studies (CRN Target 700)	RB	100%*	●	2021/22	2%	33%
				2020/21	-	

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

## NICE Guidance

### Previously paused programme – 2017-2021

Services continue to assess their position for NICE Guidance concordance between 2017 and 2020/2021 since the requirement restarted in April 2021. Completion is anticipated by the end of October 2021 and is being monitored and supported by the Quality Leads. There are now 20 NICE Guidance across 36 services with baseline assessments required or action plans in place for partial/non-compliance from 42 at the Quarter 1 end, 2 of the Guidance across 3 services date back to 2017. There are 19 services with baseline assessments required and 16 services with a concordance action plan in place. Community Neurology are awaiting an ICS position statement for the 2019 Guidance NG 144 Cannabis-based medicinal products. Quality Committee have received a detailed update including assurance regarding any potential risks created.

### Programme for 2021 – 2022

For 2021/2022 there are 15 services currently reviewing a total of 8 Guidance, of those, 14 services are overdue in completing the initial baseline assessment for 7 Guidance. There is no identified escalation in regards to risk or areas of the Trust that are overdue in completion. Any risk associated with partial/non-compliance is being assessed as the updates on Guidance are being received.

## Clinical Outcome Measures

The indicators relating to clinical outcome measures are exceeding their targets for the end of the year already with 93% achieving stage 3 or higher And 73% achieving stage 6 or higher. However, the value of this data is extremely limited because it represents only 15 services. This barrier is ongoing due to service pressures but progress in use of COMS continues, all Business Units are actively engaged and this is linked to the Health Equity work. These measures are being reassessed in respect to whether they remain the most appropriate to articulate the Trust position regarding COMS.

## Clinical Audit

National Clinical Audit and Patient Outcomes Programme (NCAPOP) audits are classed as priority 1 (must do) audits. Audits that are included in the figure are: Sentinel Stroke National Audit Programme (SSNAP), Diabetic Footcare Audit, National Asthma and COPD programme and Epilepsy 12 audit for children and young people. 100% of those relevant to LCH have been commenced during Q2, expected to be completed during Q3 and Q4. The improved position in regard to Priority 2 audits is also to be noted in comparison to this time last year, despite the ongoing pressures on services.

## Research

Percentage of patients recruited into NIHR portfolio studies (CRN Target 700) is 33%. There were 232 recruits to end of September. The figure may increase slightly as people recruited at the end of September are processed by the study teams and assigned to LCH. Recruitment of patients into studies is not linear during the year, there are natural peaks and troughs depending on research studies that are open. The recruitment target is not anticipated to be met for 2021/22 due reduced capacity in the core R&D team.

Throughout the autumn, strategic discussions are being held across the city and with the CRN (the funding body) in respect to the development of a system-wide and shared approach to research in the context of the PBP. The outcome of these discussions will inform the future direction for LCH.

## **SUDIC**

Once SUDIC occurred in September 2021. This was a 17-month-old with multiple chronic conditions died at Leeds General Infirmary. The cause of death is not currently known, we are awaiting a postmortem. The child was known to multiple LCH services including 0-19 PHINS, ICAN and CSLT. A referral to Martin House had been made.

LCH has identified potential learning; Safeguarding and Clinical Lead will facilitate a practitioner reflective space to look at good practice and lessons learned. A Child Safeguarding Practice Review looking a multiagency input is to be undertaken by LSCP and a Police Investigation is in progress.

## **Unexpected Deaths in Bed Bases**

There were no unexpected deaths in bed bases in quarter 2 2021/22.

# Responsive – October 2021

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

Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Responsible Director	Target - YTD	Forecast	Financial Year	Apr	May	Jun	Q1	Jul	Aug	Sept	Q2	Oct	Time Series	Series Data From
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	●	2021/22	83.1%	88.5%	87.3%	87.3%	85.1%	85.3%	83.6%	83.6%	82.8%		Apr-16
				2020/21	89.6%	90.1%	88.7%	88.7%	87.3%	76.1%	76.5%	76.5%	75.7%		
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	●	2021/22	0	0	0	0	0	0	0	0	0		Apr-16
				2020/21	0	0	0	0	0	0	0	0	0		
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	●	2021/22	39.2%	44.0%	43.7%	43.7%	44.4%	34.7%	38.8%	38.8%	45.2%		Apr-16
				2020/21	55.3%	35.2%	24.1%	24.1%	26.3%	20.6%	19.4%	19.4%	25.9%		
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	●	2021/22	74.8%	77.5%	76.1%	76.1%	82.1%	84.5%	85.4%	85.4%	84.0%		Apr-16
				2020/21	93.2%	86.7%	69.2%	69.2%	64.4%	62.8%	71.9%	71.9%	72.7%		
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	●	2021/22	99.5%	99.7%	99.2%	99.5%	99.9%	99.6%	99.8%	99.8%	100.0%		Apr-16
				2020/21	99.1%	99.3%	99.6%	99.3%	99.6%	99.3%	99.1%	99.3%	99.1%		
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	●	2021/22	88.7%	91.6%	88.4%	89.6%	92.8%	92.8%	95.3%	93.6%	94.7%		Apr-16
				2020/21	31.5%	35.6%	45.6%	37.9%	52.6%	59.2%	62.7%	58.1%	68.4%		

## Clinical Oversight of Waiting

Whilst this section focuses on the size of the waiting list and waiting times the Board should be assured that all waiting lists have clinical oversight from the clinical leads within services and patients are given information on how to contact services if their condition changes or deteriorates at the point of referral. The Clinical Leads ensure they monitor the waiting lists and will always re-prioritise patients where this is deemed clinically necessary.

## Consultant-Led Waiting Times

Performance against the 18-week referral to treatment standard is below expectations with 82.8% of patients being seen within the 18-week standard (target 92%). There equates to 293 patients waiting more than 18 weeks. The services seeing less than 92% patients within 18 weeks are Gynaecology, PND and CPC. Further information on waiting list backlogs is available in that section below.

## Diagnostic Waiting Times (DM01)

Audiology has not met the DM01 6-week standard for diagnostic tests in October, achieving 45.2% (against a target of 99%). Again further information on this service is provided in the waiting list backlog section below.

## Improving Access to Psychological Therapies

Performance remains good against the 6-week and 18-week standards.

## Waiting List Backlog

### Background

A report was provided to Business Committee last month detailing the current positions of services holding backlogs and identifying current risks. This report provides an updated position following that report.

This report summarises which services are making progress ahead of plan, which are on track, and which have some level of risk in achieving the removal of their backlog, and analysis of the reasons why. In summary:

- Two services, Children's Speech and Language Therapy and Podiatry, have improved their position since last month and have moved from being "At Risk" to "On Track"
- One service, Adult Speech and Language Therapy, has moved from "On Track" to "At Risk"
- One service, Musculoskeletal, has been removed from this report as not requiring regular monitoring.

Since last month, work has progressed well to develop predictive modelling techniques to help forecast when a backlog may reach a sustainable level. A Sustainable Level is defined as the maximum number of new patients that a service can hold on a waiting list and still achieve their required waiting time targets. This is based on their current referral rates. For example, if a service receives 50 referrals per week, and needs to see all these referrals within 18 weeks (but not seeing any patient sooner than 4 weeks), then could sustainably hold 550 patients on their waiting list and theoretically not breach their waiting time standard.

Where available these models have been included below, and details of the predicted clearance dates are included in the narrative of this report. It should be noted that further work is still required to develop modelling techniques that can also support backlogs that are not for initial waits, such as patients awaiting follow-up or an annual review. Details of which areas are not currently possible to model are included in this report.

## Success Stories

- CUCS – The service has completely removed its COVID backlogs and waiting times now remain stable below 18 weeks more than 95% of the time.

## Services on Track

- CAMHS – backlogs within Neurodevelopmental Initial Assessment, Medication Clinics, CBT, and Family Therapy all have outsourcing agreements and/or recruitment completed. Locums have started to support medication clinics and awaiting commencement of outsourcing.
- Respiratory – the overall position in the service is positive with the total number of patients waiting well within the sustainable waiting list size. : As of the 8th November only 6 patients out of 142 were waiting more than 18 weeks. In each case initial appointments had been cancelled and have been rebooked.
- Cardiac – Modelling for the Cardiac service has been split. Firstly, the model for heart failure shows that waiting list sizes for heart failure within the cardiac clinic are within the sustainable waiting list size. The total number of patients on the waiting list are modelled to increase from November onwards, but will remain within that sustainable size. This indicates that this part of the cardiac service will not struggle to meet its waiting list targets. Modelling for the rest of the cardiac service (rehab and physio) indicates that, again, waiting list sizes are sustainable and waiting times are being managed. This is reflected in the current waiting list where only 10 out of 142 patients are waiting more than 18 weeks.
- Although this is positive news for cardiac services, detailed modelling shows an increase in waiting list size over the winter months so the service will continue to be monitored until there is greater confidence of a sustainable position.
- Audiology – the service has offered increased numbers of appointment in September and October having been able to recruit additional B6 staffing. Current modelling suggests backlog could be cleared by May 2022 (previously suggested July 2024).
- Podiatry – The backlog for the Podiatry Service sits within the initial wait. With the addition of 6 WTE locum podiatrists (or a change in their workload to focus on the backlog) the service model predicts the waiting list will be reduced to a maintainable size by the end of February 2022 on current demand and capacity assumptions.
- Childrens Speech and Language Therapy – The service has offered very high levels of activity during September and August and have made great progress in reducing their backlog. The service is already making plans to increase its clinical offer to patients once the backlog has been successfully removed. This service has moved from the “At Risk” category to the “On Track” category.

## Services at Risk

- Paediatric Neuro Disability and Community Paediatric Clinics – Referrals have increased in volume and complexity. Current modelling suggests that the backlog is likely to increase further. The service has identified a consultant paediatrician who may be able to offer some clinics on bank. CPC is only slightly above the maximum sustainable waiting list size. A slight increase in long-term waiting list is predicted. PND is well above the maximum sustainable waiting list size and has a steep upward prediction line.
- Neurological Rehabilitation Service – The backlog for the Neurology service sits within the secondary wait for therapy, which is identified through patients added to the therapy waiting list in SystmOne. The Neurology service is a multidisciplinary service, and a patient needs to be seen by all their allocated therapy teams before they have completed their secondary wait. For this reason, each profession/therapy has been modelled separately.

The service identified the waits for Occupational Therapy and Physiotherapy as being the main contributors to the waiting list backlog. Additional temporary Physiotherapy capacity has been brought in, but to date no additional OT staff have been secured and therefore the waiting list for this therapy is expected to continue to grow. To illustrate the sensitivity of the waiting list to capacity, 1 WTE additional Occupational Therapist would stabilise the waiting list; 2 WTE would lead to a maintainable waiting list size being reached by April 2023, 3 WTE would bring this forward to August 2022. All disciplines within the service are successfully reducing their backlogs, except for Occupational Therapy.

- Diabetes – Modelling for this service has been done on two pathways; the education service and the MDT service. The education service has recently changed how they deliver the service and this is having a beneficial effect on waiting times. In the other part of the service the total number of patients on the waiting list is much closer to the modelled maintainable waiting list size. The current waiting list picture reflects this with 60 out of 263 patients currently waiting 18 weeks. Modelling of demand and capacity suggests that waiting list size will increase over winter. Work is planned to assess the causes of this and any mitigations.
- Adult Speech and Language Therapy –the waiting list size is steadily increasing. Planned temporary roles are mostly filled, but high levels of urgent demand may be putting the service at risk. More positively, the backlog has not significantly increased since last month.

#### **Services removed from this report**

- Muculoskeletal – the MSK Service was originally included the waiting list backlog project as a precaution as the service anticipated the possibility of receiving a large batch of referrals from LTHT in a single group. This did not happen. Detailed modelling now suggests that this service could sustainably hold 10,000+ patients on their waiting list without breaching the 18-week standard. The service currently has nearly 7,000 patients waiting, and although this number is increasing monthly, the service routinely has less than 5 patients waiting more than 18 weeks, meaning they achieve the standard more than 98% of the time.
- Stroke – this was a C1 service during the initial phase of the pandemic, taking referrals from hospital and meeting an agreed response time for an initial assessment depending on the priority of the patient. Patients referred to the service also have a 6-month review; these were initially put on hold and a backlog built up but many of these have been addressed and the service is confident this is not an issue for concern.



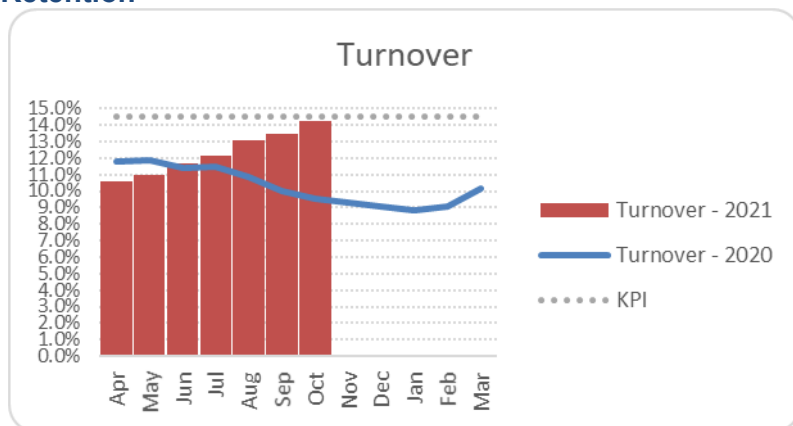
# Well-Led – October 2021

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

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target - YTD	Forecast	Financial Year	Apr	May	Jun	Q1	Jul	Aug	Sept	Q2	Oct	Time Series	Series Data From
Staff Turnover	LS/JA	<=14.5%	●	2021/22	10.3%	10.9%	11.7%	11.7%	12.1%	13.1%	13.5%	13.5%	14.3%		Apr-17
				2020/21	11.8%	11.9%	11.4%	11.4%	11.5%	10.8%	10.0%	10.0%	9.5%		
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	●	2021/22	16.5%	17.8%	18.8%	18.8%	20.5%	19.2%	19.9%	19.9%	21.4%		Apr-17
				2020/21	18.6%	21.5%	21.6%	21.6%	23.2%	26.5%	24.9%	24.9%	14.8%		
Stability Index	LS/JA	>=85%	●	2021/22	87.0%	86.5%	85.8%	85.8%	85.3%	84.0%	83.8%	83.8%	81.5%		Apr-17
				2020/21	88.4%	88.5%	88.6%	88.6%	88.4%	89.0%	89.9%	89.9%	90.1%		
Short term sickness absence rate (%)	LS/JA	<=2.2%	●	2021/22	1.7%	1.3%	1.4%	1.4%	1.7%	1.7%	1.8%	1.8%	2.7%		Apr-17
				2020/21	2.1%	1.7%	1.0%	1.0%	1.0%	0.9%	1.4%	1.4%	1.7%		
Long term sickness absence rate (%)	LS/JA	<=3.6%	●	2021/22	3.0%	3.6%	3.7%	3.7%	4.2%	5.1%	4.9%	4.9%	4.7%		Apr-17
				2020/21	3.8%	3.0%	3.3%	3.9%	3.3%	3.7%	3.4%	3.4%	3.9%		
Total sickness absence rate (Monthly) (%)	LS/JA	<=5.8%	●	2021/22	4.7%	4.8%	5.1%	5.1%	5.9%	6.8%	6.7%	6.7%	7.4%		Apr-16
				2020/21	6.1%	4.7%	4.3%	4.3%	4.5%	4.5%	4.9%	4.9%	5.2%		
AfC Staff Appraisal Rate	LS/JA	>=90%	●	2021/22	76.2%	75.0%	72.9%	72.9%	72.7%	71.0%	70.6%	70.6%	72.1%		Apr-16
				2020/21	84.0%	81.4%	81.8%	81.8%	83.9%	84.3%	83.6%	83.6%	83.3%		
Statutory and Mandatory Training Compliance	LS/JA	>=90%	●	2021/22	89.9%	87.9%	89.2%	89.2%	88.4%	88.2%	88.6%	88.6%	88.1%		
				2020/21	-	-	-	-	-	-	-	-	-		

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target - YTD	Forecast	Financial Year	Apr	May	Jun	Q1	Jul	Aug	Sept	Q2	Oct	Time Series	Series Data From
Percentage of Staff that would recommend LCH as a place of work (Staff FFT)	LS/JA	>=52.0%		2021/22											
				2020/21						71.0%		71.0%		Staff Survey	
Percentage of staff who are satisfied with the support they received from their immediate line manager	LS/JA	>=52.0%		2021/22											
				2020/21		-		-		-		-		Staff Survey	
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target		2021/22	0	4	1	5	0	0	0	0	0		Apr-16
				2020/21	0	1	1	2	1	0	1	2	1		
Percentage of staff in each of the AfC bands 1-9 and VSM (including exec. board members)	LS/JA	No Target		2021/22	11.3%	11.3%	11.4%	11.4%	11.5%	11.6%	11.7%	11.7%	11.9%		Aug-18
				2020/21	10.5%	10.9%	10.9%	10.9%	10.4%	10.9%	10.7%	10.7%	10.8%		
Total agency cap (£k)	BM			2021/22	-	382	308	690	230	233	242	705	309		Apr-19
				2020/21	294	242	213	2546	219	167	164	550	262		
Percentage Spend on Temporary Staff	BM	No Target		2021/22	-	4.2%	5.6%	4.8%	4.5%	4.9%	4.2%	4.5%	5.1%		Apr-19
				2020/21	5.4%	4.8%	4.6%	5.0%	4.5%	3.6%	3.6%	3.9%	4.5%		

## Retention



	Target	Apr	May	Jun	Jul	Aug	Sep	Oct
Turnover - 2020	(14.5%)	11.8%	11.9%	11.4%	11.5%	10.8%	10.0%	9.5%
Turnover - 2021		10.6%	10.9%	11.7%	12.1%	13.1%	13.5%	14.3%
Adult Business unit - 2021		9.2%	9.1%	9.5%	9.8%	10.5%	10.5%	11.8%
Children's Business Unit - 2021		14.9%	16.2%	15.9%	15.9%	16.9%	18.1%	18.2%
Corporate Directorate - 2021		7.7%	8.7%	12.0%	11.5%	12.5%	11.9%	13.4%
Operations - 2021		6.8%	6.7%	8.1%	9.1%	10.1%	9.0%	9.8%
PCN Business Unit - 2021		35.1%	30.6%	36.1%	36.4%	39.1%	41.7%	41.3%
Specialist Business Unit - 2021		8.6%	8.8%	9.3%	10.6%	11.8%	12.5%	13.3%

Turnover continues to be on an increasing trajectory, as expected and is just within tolerance at 14.3%. This is in line with the latest labour market reports and a trend seen across all NHS trusts. The organisation's stability rate has continued to decrease since March 2021 and is now reporting 81.5% which is below the target of 85% and the lowest reported rate since the start of the pandemic.

Staff leaving within the first 12 months of employment has steadily increased since March 2021 and is now above target at 21.4%. There has been a significant rise in the Children's Business Unit and turnover in this group has reached 35.1% which equates to 29 leavers over the last 12 months. Please note that as previously reported some of this is related to the TUPE transfer of 30+ staff to LYPFT as part of the move of Littlewood House Hall at the start of April and so this is expected to continue to impact on the figures within the CBU until the end of the financial year.

Action has been taken on this with the establishment of a new starters forum monthly to meet with those new to LCH and within their first couple of months of employment. This is hosted by the Chief Executive with the Director of Workforce and Chair of the REN network and aims to connect new starters to each other as well as understand their experiences and solve any particular issues and challenges. In addition to this, work has started on enhancing our onboarding processes, to work with managers on ways they can continue to engage with new starters from the point they make an offer, until they start and then throughout their first year in post. The aim is to ensure that all our new starters have a good experience in their first year of employment and beyond.

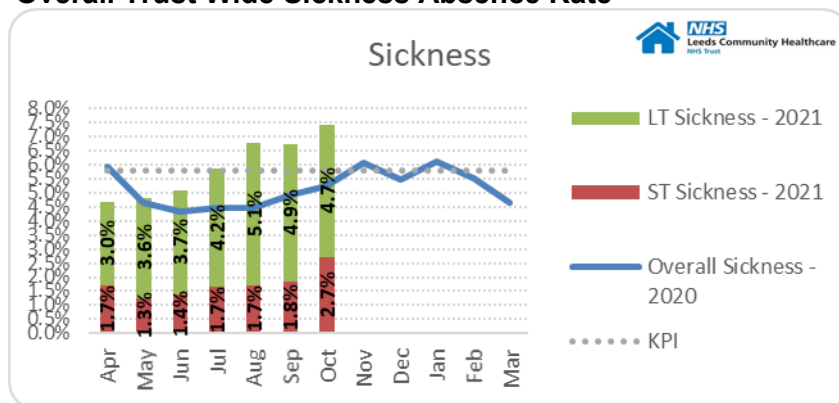
Turnover in the registered nursing workforce is 16% with 12.8 Nurses leaving in October; this figure but increases to 22% for band 5 nurses. There is a focus on recruiting and retaining this group of staff and feedback is being sought from our recently recruited newly qualified nurses which will help us develop the right interventions to promote retention.

The reasons for leaving remain consistent across the business units and staff groups with the highest reasons being for promotion closely followed by voluntary resignation (reasons not known) then work life balance. Further work is in progress to revisit the exit interview process, with the intention of "closing the gap" of "unknowns" and ensuring that appropriate actions are implemented.

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

## Sickness Absence

### Overall Trust Wide Sickness Absence Rate



	Target	Apr	May	Jun	Jul	Aug	Sep	Oct
Overall Sickness - 2020	(5.8%)	5.9%	4.6%	4.3%	4.5%	4.5%	4.9%	5.2%
Overall Sickness - 2021		4.7%	4.8%	5.1%	5.9%	6.8%	6.7%	7.4%
Adult Business unit - 2021		6.4%	6.6%	6.7%	7.7%	8.2%	8.1%	8.2%
Children's Business Unit - 2021		4.0%	3.8%	4.9%	6.0%	6.2%	6.2%	7.5%
Corporate Directorate - 2021		2.3%	1.8%	2.0%	1.5%	1.0%	2.4%	2.7%
Operations - 2021		3.9%	5.9%	4.7%	3.6%	8.7%	7.6%	8.8%
PCN Business Unit - 2021			0.0%	0.0%	0.3%	1.1%	0.6%	1.9%
Specialist Business Unit - 2021		4.0%	4.3%	4.3%	5.3%	7.1%	6.9%	7.6%

The overall sickness absence rate for October 2021 is 7.4% (2.7% short term and 4.7% long term). The main reason for long term absence continues to be anxiety, stress, and depression and the primary reason for short-term sickness absence is “infectious diseases”.

During this last month, we have seen increasing sickness absence levels within all areas. Of particular concern, is the trend developing in some areas over the last 3 months, where the overall sickness absence has been at over 8%; there are areas within the Adults Business Unit, Specialist and the Operations Business Units where this is the case for 2 of the last 3 months. The HRBP team continues to work closely alongside line managers and staff to support those who are currently absent from work and with a continued focus on health and well-being.

### Supporting Staff Wellbeing

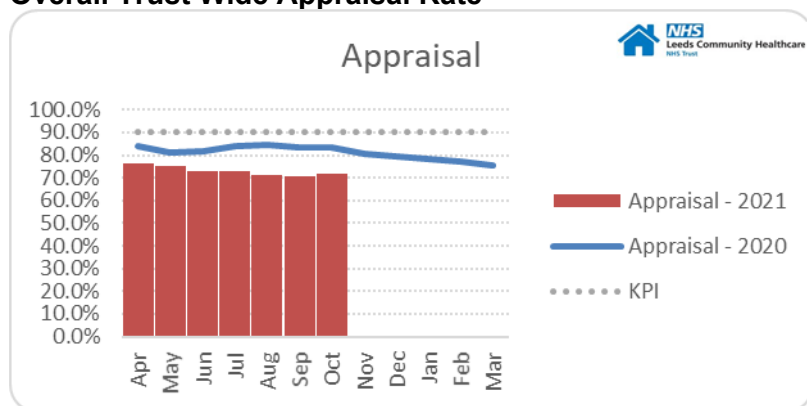
- In addition to the more generic HWB support that staff can access through LCH and Nationally, we continue to provide a range of pro-active targeted support for specific staff communities. Listed below is a selection of such support;
  - Acceptance and Commitment Training (ACT) 15 participants and programme roll out planned for 2022
  - Compassionate inclusive leadership monthly sessions
  - Monthly meeting with Clinical Case Managers at Seacroft NT
  - 1:1 support/ mentoring with managers and staff
  - LMWS – Clinical restorative supervision
  - Seacroft – Clinical Case Managers – once a month space to talk about specific emotional impact of patients
  - Night Service – Space and support for the team talk about the impact of patients – Also working with the management team
  - Shielding Group meets every two weeks
  - Hypnotherapy sessions with staff who shield run by LCH psychiatrist
  - FTSUG – Support for managers and pastoral support for everyone approaches regardless of outcome or issue
  - Focussed support to neighbourhood teams by clinical psychologists – Group sessions for Meanwood, Seacroft, Middleton, Armley & Pudsey NTs
  - YOI – Support to managers and staff -listening space x 6 and an event in December

- SUDIC/Safeguarding team – Clinical psychologist support
- Respiratory/Cardiac support for team and managers
- Police custody – Currently exploring/diagnostics for teams and managers
- CNRS – Working with managers and teams to support through redesign and emotional support
- Children’s Community Nursing - Working with management team to support emotional wellbeing
- Community Dental – range of support, team, and individual coaching
- NT – Working through proposal to support health and wellbeing facilitators and scoping out what additional wellbeing is needed
- Sexual Health Service – Leadership team coaching support
- IPC Team – Team coaching and wellbeing support
- Adults SLT - Currently exploring/diagnostics for teams and managers
- 0-19 – Meeting with heads of service and clinical team leaders – what matters to them – away time scheduled November
- Due to the range and depth of support staff are requiring around psychological wellbeing and following securing additional much needed funded for this type of support we are currently out to advert for an 8a Health and Wellbeing Clinical Psychologist.

## Appraisal

The overall Appraisal position demonstrates a marginal increase in overall compliance +1.5% from Sept to Oct 2021. The needed positive shift in these rates, however, is not taking place as quickly as it might need to and in the context of a number of services across the Trust retaining an OPEL 3E position. SMT intend to focus in on appraisal rates and there is a scheduled and detailed discussion on this in the coming weeks.

### Overall Trust Wide Appraisal Rate



	Target	Apr	May	Jun	Jul	Aug	Sep	Oct
Appraisal - 2020	90%	84.00%	81.40%	81.80%	83.90%	84.30%	83.60%	83.30%
Appraisal - 2021		76.20%	75.00%	72.90%	72.70%	71.00%	70.60%	72.10%
Adult Business unit - 2021		63.20%	61.50%	58.30%	54.90%	53.90%	55.50%	58.10%
Children's Business Unit - 2021		87.60%	86.40%	83.60%	85.40%	83.40%	80.60%	80.10%
Corporate Directorate - 2021		88.10%	90.00%	86.40%	85.90%	86.20%	87.90%	89.60%
Operations - 2021		89.10%	88.90%	88.50%	89.10%	88.70%	85.70%	78.70%
PCN Business Unit - 2021			100.00%	97.00%	94.10%	88.20%	88.20%	88.20%
Specialist Business Unit - 2021		75.30%	73.10%	72.90%	75.20%	72.50%	70.80%	74.60%

Latest available figures show 767 outstanding appraisals across LCH

- ABU has the largest number of outstanding appraisals at 337, the majority of these are from Neighbourhood Teams, this has decreased from 410+ in August
- NT's currently have 337 outstanding which represents 43% of all outstanding appraisals across the Trust. This is an improved position due to the ongoing appraisal plan which utilises leaders external to ABU to increase capacity in holding appraisal conversations.
- Focus on SBU (160 outstanding appraisals). Hotspots include Leeds Mental Wellbeing Service (14% of SBU) and Podiatry Services (12% of SBU).
- In CBU (145 outstanding appraisals) hotspots include CAMHS (23% of CBU) and ICAN (17% of CBU).
- Corporate (17 outstanding appraisals). Targeted reporting has been provided to Corporate Managers to ensure these are actioned.
- Operations (60 outstanding appraisals). Admin Neighbourhood Teams (North, South and West) make up nearly half of these (43% of Operations) and Operations Management Team (13%).
- Outstanding Appraisal Reports for all BU's have been set to the HRBPs to pick up with their respective teams.

## Statutory and Mandatory Training

The overall Statutory and Mandatory position continues to hover just slightly below the overall 2021/22 target outturn at **88.1%**

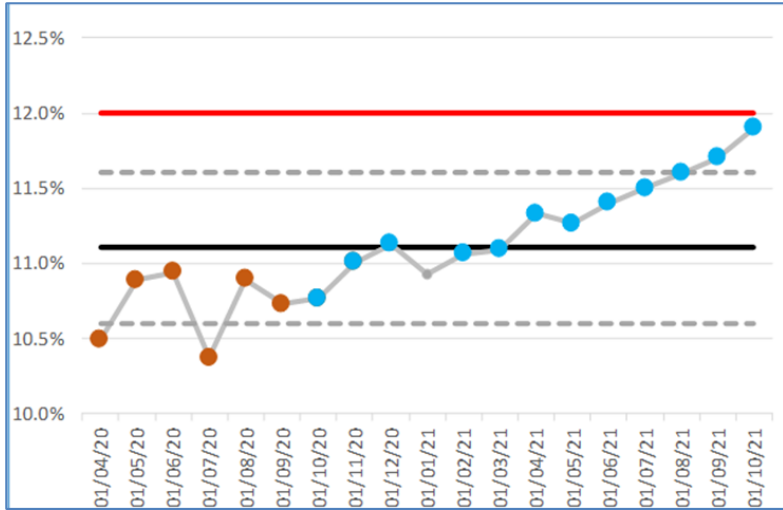
### Overall Trust Wide Statutory & Mandatory Training Rate



The overall compliance rate now includes reporting across all 13 MaST subjects as defined by the Trust (previously it was 6) and the Workforce Information Systems have been modified to ensure that any new positions created are allocated the correct MaST training requirements.

Over the next quarter work will continue to focus on low performing subjects, where compliance is below 80%, through targeted communications and reporting analysis in partnership with Subject Matter Experts.

**Workforce Racial Equality Standard (WRES) BAME representation at all levels of the organisation**

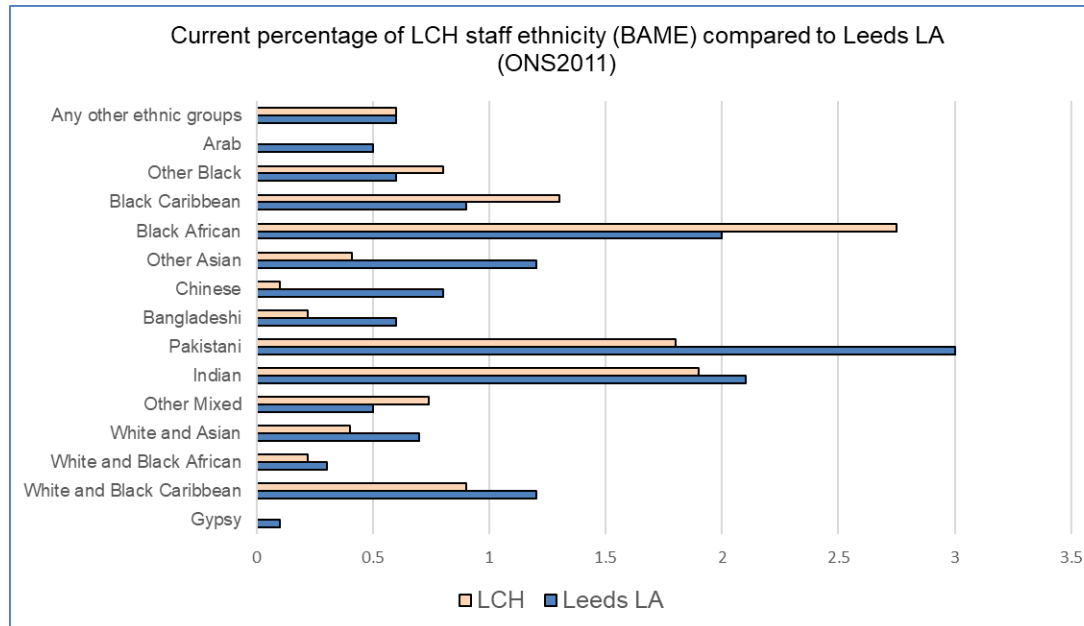


Overall BAME representation in LCH continues to increase (see SPC chart) and currently stands at 11.9%.

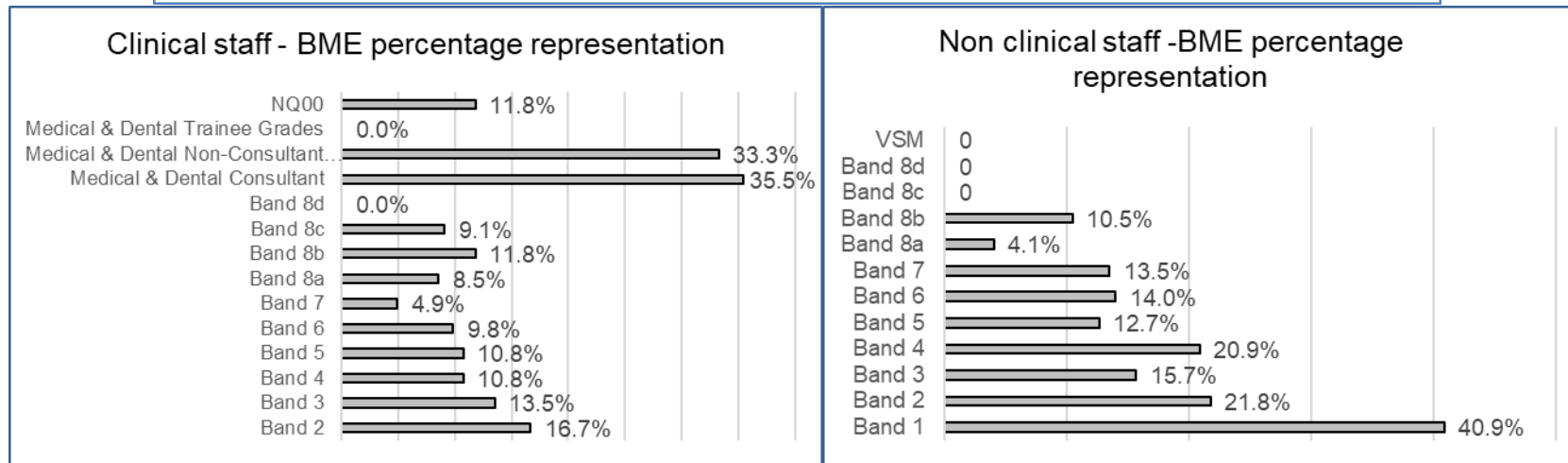
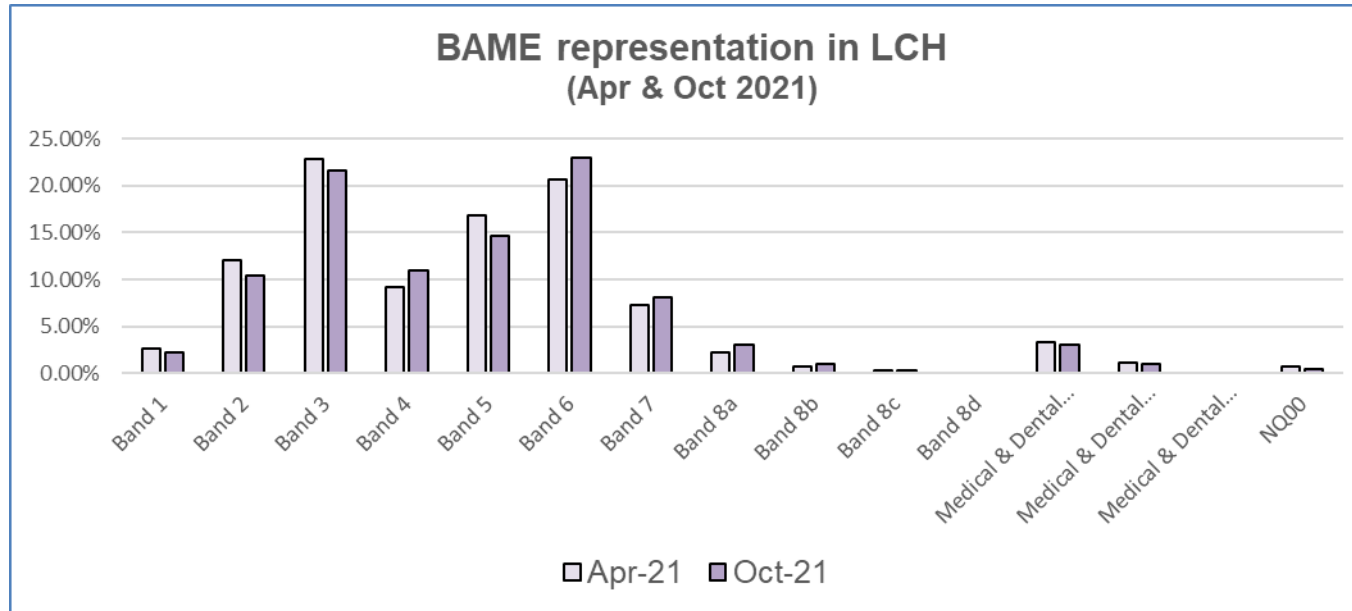
**Key**

- Target
- Mean
- - - Upper and Lower Limit
- Normal Tolerance
- Special Cause Improvement
- Special Cause Concern

The graph below provides context by comparing LCH BAME staff data against the Leeds Local Authority Area data provided by the Leeds Observatory referencing the ONS 2011 data.



The graph below shows BAME representation in the LCH workforce, as a whole, in April and October 2021 by AfC banding



Further analysis by clinical and non-clinical staff identifies the details behind the headlines.

BME representation in Banding 1-7 is higher in *non-clinical* roles than in *clinical* roles.






The EDI team will continue to work with the Clinical Learning & Development Team to better understand the data and identify actions to improve representation.

The EDI will continue to work with the ODI and Project Management Talent Pool Team to *increase diversity of talent pools in order to increase likelihood of appointing candidates from diverse backgrounds to post (WRES action plan 2021/22)*

# Finance – October 2021

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

Finance	Responsible Director	Target - YTD	Forecast	Financial Year	Apr	May	Jun	Q1	Jul	Aug	Sept	Q2	Oct		Series Data From
Net surplus (-)/Deficit (+) (£m) - YTD	BM	0.0	●	2021/22	-	-1.0	-2.0	-2.0	-2.0	-1.0	0.0	0.0	-0.5		Apr-19
Capital expenditure in comparison to plan (£k)	BM	1787	●	2021/22	-	117	80	228	-18	49	44	75	36		Apr-19
CIP delivery (£k)	BM	398	●	2021/22	-	88	44	132	44	44	45	133	133		Apr-19

NHS England has decided that the amended finance regime introduced in 2020/21 to support the NHS in dealing with the Covid-19 pandemic will continue throughout 2021/22. At the time of writing details of the Trust’s income levels for H2 are being finalised. There are currently no concerns that this will be insufficient to meet all reasonable costs. The Leeds health organisations are working together and with partners in social care and other sectors to maximise use of Leeds’ NHS resources in the second half of the year.

## Income & Expenditure (I&E) Summary

Income and Expenditure was breakeven at the end of September and the Trust’s draft plan for the second half of the year(H2) is also to breakeven. To the end of October **year to date** expenditure is £0.5m less than the income the Trust has received leading to a surplus of £0.5m. It is expected that all income in H2 will be fully utilised over the six months.

They key expenditure issue concerns the level of vacancies and slippage on waiting list backlog plans.

## Income

The Trust is receiving nationally calculated block payments from NHS Leeds CCG, NHS Wakefield CCG (as host of the ICS) and NHS England commissioners and continue not to reflect pre-Covid or current service expectations as described during H1. Income values for H2 are still being agreed and the figures provided in table 1 of the detailed financial tables at Appendix 2 represent understanding at the time of writing.

At the end of H1 clinical income was marginally ahead of plan; the £0.3m is the net of increased income for infection control, Leeds equipment and Wetherby Young Offenders services less penalties expected for the 0-19 and police custody services and an under-trading on income from schools. Non patient care income overachieved in respect of the Covid vaccination programme costs £0.6m (this was matched by additional costs) plus additional training and education income from Health Education England and small amounts of other income.

### Pay and Non-pay Expenditure & Vacancies

Pay expenditure year to date is £75.5m which is less than expected; driven by the levels of vacancies and slippage on plans to address backlogs.

There were net 245 vacancies in October this is an overall increase on 17 on last month; 49 of the vacancies are in respect of additional resource identified for waiting list work meaning 196 vacancies are in respect of business as usual.

The vacancies are in the following business units:

Business Unit	Total WTE vacancies	Waiting list posts vacant	BA U posts vacant
Specialist	-107	-34	-73
Children's	-51	-13	-38
Adult's	-55		-55
Operational Management	3		3
Corporate	-17	-2	-15
Estates including front of house	-24		-24
Covid	5		5
<b>Total vacancies</b>	<b>-245</b>	<b>-49</b>	<b>-196</b>

Vacancies in Specialist BU are for:

- Podiatry 13 (2 staff for backlog/waiting list)
- Community Rehabilitation Neurological Services 16 (6 waiting list)
- LMWS 20 (10 waiting list)
- Police Custody 14 (penalties are incurred for missed shifts for this service)
- MSK 13 (1 waiting list)
- Dental 7 (3 waiting list)
- Cardiac 5 (there are 5 additional waiting list posts)
- 

Vacancies for Children's BU are in:

- 0-19 Service 16 (penalties are incurred in respect of staff numbers being below planned levels)

- CAMHS Crisis Helpline 6 (service development)
- Continuing Care and Respite 8 (15% of establishment)
- CAMHS psychology 8 (6 are waiting list posts)
- HV trainees

Vacancies for Adult's BU are in:

- Neighbourhood teams 21 (3.5% of the planned capacity)
- Therapy Support Discharge 6 (service development)
- Virtual Ward Frailty 19 (service expansion)
- Therapy Supported Discharge service 6 (85% of the planned capacity)
- Night nursing service 5

The Trust is facing severe challenges in recruiting additional staff to address the backlog waiting lists whilst business as usual vacancies are increasing. The WTE figures above exclude agency staff. In terms of assessing organisational capacity the increasing vacancy levels are somewhat mitigated by agency staff costs increasing by circa 30% in October compared with the average for the first half of the year.

This vacancy and financial picture on pay is consistent with the information about service pressures that Committees and Board will discuss elsewhere on their agendas.

Non-pay, excluding reserves and non-recurrent (table 3), is £688k underspent at the end of October. This is being driven by;

- clinical supplies and services where there is slippage on backlog work and less expenditure due to the impact of the Covid-19 regime ways of working;
- on establishment expenses where there is underspending on planned costs for travel, training and meeting rooms hire; and
- premises rent and other estates maintenance costs which are not evenly spread throughout the financial year.

The underspending is partially offset by the overspending in the historic CIPs reported in other expenditure, where negative expenditure budgets have been created to reflect required savings, but no actual savings schemes have been identified.

The Trust has deployed reserves to support agreed service and waiting list initiatives as these are implemented.

### Delivery of Cost Improvement Plans

The national calculated income for the Trust assumes delivery of a CIP for H1 of £265k. The Trust has identified Estates savings to meet this requirement. For H2 there is a further £800k of anticipated savings required; these will be delivered non-recurrent through the savings generated by the level of vacant posts.

### Capital Expenditure

The capital expenditure financed from depreciation and the Trust's cash reserves built up from historic surpluses.

The Trust plans to spend £3.7m on capital for 2021/22. This includes:

- £0.7m Estates maintenance and fire safety;
- £1.6m for redevelopment of Seacroft (scheme expected to complete in 2022/23);
- £0.3m clinical equipment;
- £0.7m approved for IT equipment and cyber security;
- £0.3m for the completion of the EPR project;
- £53k to complete phase 1 of the WY e-job planning and e-rostering project.

Year to date capital expenditure is £0.3m expenditure against planned expenditure of £1.8m. The slippage is mostly in respect of IT and Estates related expenditure and is a matter of timing. The Trust will continue to review its capital requirements as the year progresses and is conscious of supply chain difficulties on both building works and IT. At present the Trust expects to fully spend in line with plan but reduced spend forecasts over the next couple of months cannot be ruled out.

## **Cash**

The Trust's cash position remains very strong with £44.8m in the bank at the end of the month.

## **Better Payment Practice Code**

The Trust's cumulative Better Payment Practice Code performance has exceeded the 95% target for paying invoices within 30 days for all 4 the measures. The finance team continue to take measures to ensure compliance is maintained. Meeting this target is a particular focus for NHS England for 2021/22.

# Appendix 1 – September 2021



## Retention Background Data

In October 2021 there were 44 leavers (35.9 WTE's) across the Trust

Detailed breakdown of leavers with reasons is set out below:

### By Organisation Hierarchy

Staff Group	(All)
Leaving Reason	(All)

Sum of FTE (Calculated)			Less than 12 Months More than12Months	Less than 12 Months	Grand Total
Month	Business Unit	Service			
2021 / 10	833 Adult Business unit		9.71	2.92	12.63
	833 Children's Business Unit		4.45	1.80	6.25
	833 Corporate Directorate		1.50	1.60	3.10
	833 Operations		1.80		1.80
	833 Specialist Business Unit		9.51	1.61	11.12
	833 PCN Business Unit			1.00	1.00
<b>2021 / 10 Total</b>			<b>26.97</b>	<b>8.93</b>	<b>35.90</b>
<b>Grand Total</b>			<b>26.97</b>	<b>8.93</b>	<b>35.90</b>

**By Staff Group**

Business Unit	(All)
Service	(All)

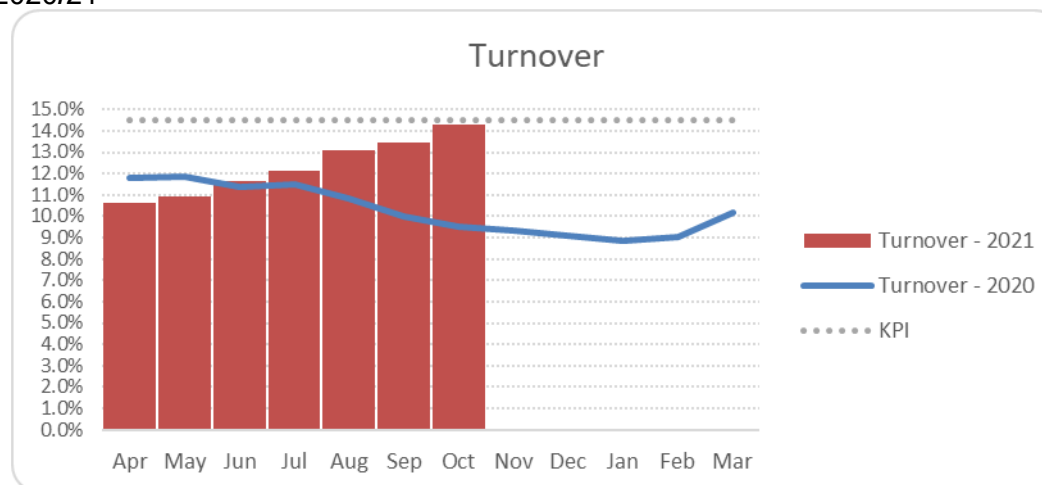
Sum of FTE (Calculated)		Less than 12 Months		Grand Total
Month	Staff Group	More than 12 Months	Less than 12 Months	
2021 / 10	Add Prof Scientific and Technic	3.91	1.00	4.91
	Additional Clinical Services	1.77	2.92	4.69
	Administrative and Clerical	8.30	3.60	11.90
	Allied Health Professionals	1.60		1.60
	Nursing and Midwifery Registered	11.39	1.41	12.80
<b>2021 / 10 Total</b>		<b>26.97</b>	<b>8.93</b>	<b>35.90</b>
<b>Grand Total</b>		<b>26.97</b>	<b>8.93</b>	<b>35.90</b>

## By Leaving Reason

Business Unit	(All)
Service	(All)

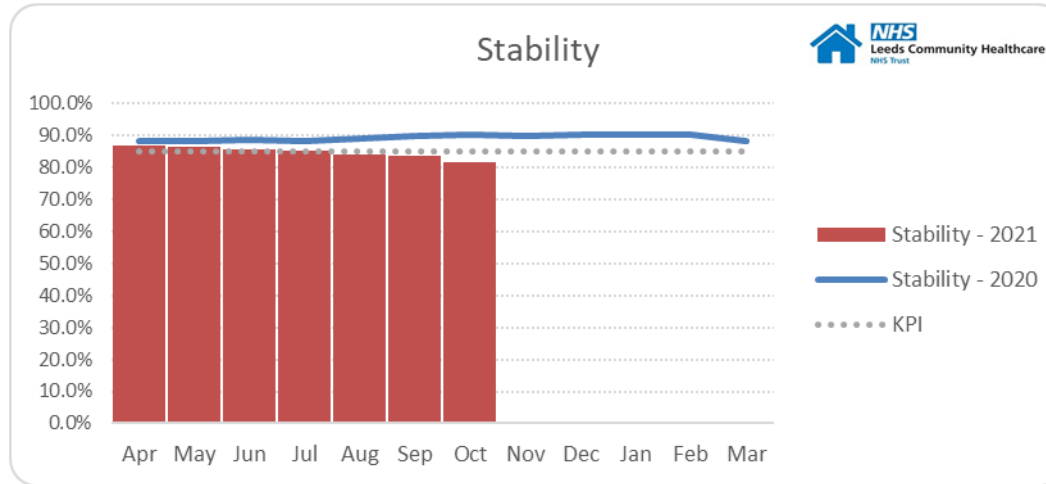
Month	Leaving Reason	Less than 12 Months More than 12 Months	Less than 12 Months	Grand Total
2021 / 10	Dismissal - Capability	0.32		0.32
	Retirement Age	3.05		3.05
	Voluntary Early Retirement - with Actuarial Reduction	1.00		1.00
	Voluntary Resignation - Better Reward Package	2.60		2.60
	Voluntary Resignation - Health	1.00		1.00
	Voluntary Resignation - Other/Not Known	3.03	4.01	7.05
	Voluntary Resignation - Promotion	6.80	1.00	7.80
	Voluntary Resignation - Relocation	4.44	1.00	5.44
	Voluntary Resignation - To undertake further education or training	1.00		1.00
	Voluntary Resignation - Work Life Balance	3.72	2.32	6.04
	Voluntary Resignation - Adult Dependants		0.60	0.60
<b>2021 / 10 Total</b>		<b>26.97</b>	<b>8.93</b>	<b>35.90</b>
<b>Grand Total</b>		<b>26.97</b>	<b>8.93</b>	<b>35.90</b>

Overall Trust wide turnover rates for 2020/21





Overall Trust wide stability rates for 2020/21



Overall Trust wide turnover rates for staff with < 12 months service - 2020/21

## Appendix 2 – October 2021

### Detailed Financial Data Tables



Leeds Community  
Healthcare  
NHS Trust

Table 1 Income & Expenditure Summary	October Plan WTE	October Actual Contract WTE	YTD Actual £m
<b>Income</b>			
Contract Income			(106.5)
Other Income			(6.5)
<b>Total Income</b>			<b>(113.0)</b>
<b>Expenditure</b>			
Pay	3,120.3	2,875.1	75.5
Non pay including reserves & non recurrent			35.4
<b>Total Expenditure</b>	<b>3,120.3</b>	<b>2,875.1</b>	<b>111.0</b>
<b>EBITDA</b>	<b>3,120.3</b>	<b>2,875.1</b>	<b>(2.0)</b>
Depreciation			1.1
Public Dividend Capital			0.4
Profit/Loss on Asset Disp			0.0
Impairment			0.0
Interest Payable			0.0
Interest Received			0.0
<b>Retained Net Surplus</b>	<b>3,120.3</b>	<b>2,875.1</b>	<b>(0.5)</b>
	<b>Variance =</b>	<b>(245.2)</b>	

Table 2 Month on Month Pay Costs by Category	April £k	May £k	June £k	July £k	August £k	September £k	October £k	YTD Actuals £k
Directly employed staff	9,829	9,978	9,620	9,720	9,687	11,326	9,965	70,125
Seconded staff costs	263	283	283	258	260	250	292	1,889
Bank staff	330	227	276	237	250	264	242	1,826
Agency staff	155	227	308	230	233	243	309	1,705
<b>Total Pay Costs</b>	<b>10,577</b>	<b>10,714</b>	<b>10,486</b>	<b>10,445</b>	<b>10,430</b>	<b>12,083</b>	<b>10,809</b>	<b>75,545</b>

Table 3 Year to Date Non Pay Costs by Category	YTD Plan £k	YTD Actual £k	YTD Variance £k	Last Month YTD Variance £k
Drugs	473	544	71	73
Clinical Supplies & Services	13,225	12,899	(326)	(182)
General Supplies & Services	2,849	2,916	66	28
Establishment Expenses	4,202	3,655	(547)	(415)
Premises	8,668	7,775	(893)	(782)
Other non pay	430	1,372	942	538
<b>Total Non Pay Costs</b>	<b>29,848</b>	<b>29,160</b>	<b>(688)</b>	<b>(739)</b>

Table 4 Savings Schemes M01-M06	2021/22 YTD Plan £k	2021/22 YTD Actual £k	2021/22 YTD Variance £k
Estates savings	265	265	0
Non Recurrent pay savings	133	133	0
<b>Total Efficiency Savings Delivery</b>	<b>398</b>	<b>398</b>	<b>0</b>

Capital Scheme	YTD Plan £m	YTD Actual £m	YTD Variance £m	Annual Plan £m	Forecast Outturn £m	Forecast Variance £m
Estate maintenance	0.4	0.1	(0.3)	0.7	0.7	0.0
Seacroft Estates	0.6	0.0	(0.6)	1.6	1.6	0.0
Clinical Equipment	0.1	0.0	(0.1)	0.3	0.3	0.0
IT Equipment	0.4	(0.0)	(0.5)	0.7	0.7	0.0
Electronic Patient Records	0.2	0.2	(0.0)	0.4	0.4	0.0
e Rostering & e Jobs	0.1	0.0	(0.0)	0.1	0.1	0.0
<b>Totals</b>	<b>1.8</b>	<b>0.3</b>	<b>(1.5)</b>	<b>3.7</b>	<b>3.7</b>	<b>0.0</b>

Statement of Financial Position	Plan 31/10/21 £m	Actual 31/10/21 £m	Variance 31/10/21 £m
Property, Plant and Equipment	31.6	30.2	(1.4)
Intangible Assets	0.2	0.2	(0.0)
<b>Total Non Current Assets</b>	<b>31.8</b>	<b>30.4</b>	<b>(1.4)</b>
<b>Current Assets</b>			
Trade and Other Receivables	8.1	10.6	2.5
Cash and Cash Equivalents	37.3	44.8	7.5
<b>Total Current Assets</b>	<b>45.4</b>	<b>55.4</b>	<b>10.0</b>
<b>TOTAL ASSETS</b>	<b>77.2</b>	<b>85.8</b>	<b>8.6</b>
<b>Current Liabilities</b>			
Trade and Other Payables	(16.9)	(23.9)	(7.1)
Provisions	(0.7)	(1.8)	(1.0)
<b>Total Current Liabilities</b>	<b>(17.6)</b>	<b>(25.7)</b>	<b>(8.1)</b>
<b>Net Current Assets/(Liabilities)</b>	<b>27.8</b>	<b>29.7</b>	<b>1.9</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>59.6</b>	<b>60.1</b>	<b>0.5</b>
Non Current Provisions	0.0	0.0	0.0
<b>Total Non Current Liabilities</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>TOTAL ASSETS LESS LIABILITIES</b>	<b>59.6</b>	<b>60.1</b>	<b>0.5</b>
<b>TAXPAYERS EQUITY</b>			
Public Dividend Capital	0.8	0.8	(0.0)
Retained Earnings Reserve	26.1	26.6	0.5
General Fund	18.5	18.5	0.0
Revaluation Reserve	14.2	14.2	(0.0)
<b>TOTAL EQUITY</b>	<b>59.6</b>	<b>60.1</b>	<b>0.5</b>

BPPC Measure	Performance YTD	Target	RAG
NHS Invoices			
<i>By Number</i>	99%	95%	G
<i>By Value</i>	100%	95%	G
Non NHS Invoices			
<i>By Number</i>	98%	95%	G
<i>By Value</i>	98%	95%	G



**Public Board Meeting held in public: 3 December 2021**

**Agenda item number: 2021-22 (90)**

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

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**Category of paper:** for assurance

**History:** Senior Management Team 17 November 2021

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**Responsible director:** Chief Executive

**Report author:** Risk and Safety Manager / Company Secretary

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

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

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

### *Board Assurance Framework*

The Board Assurance Framework (BAF) summary at Appendix A gives an indication of the current assurance level for each strategic risk, based on sources of assurance received and evaluated by the committees. This informs the Board about the likelihood of delivery on its strategic objectives, as do the risk register themes.

Levels of assurance have been provided to the Board for sixteen out of the 20 strategic (BAF) risks during September and October 2021, with reasonable assurance given to fifteen strategic risks and limited assurance given to one risk. The Board should note that BAF Risk 2.4 (maintaining the security of IT infrastructure) received only limited assurance that the strategic risk was being managed.

### *Risk themes*

The strongest theme found across the whole risk register is staff capacity, the second strongest theme related to staff safety concerns and the third is Information Technology (IT) systems.

### *Risk movement*

There is one risk that has been escalated to a score of 15 or more (extreme):

- Risk 1057 Inability to deliver service at WYOI due to reduced staffing levels

There are 15 risks scoring 12 (very high). Two of these have been recently added to the risk register and details are given in this report:

- Risk 1070 Capacity pressures in Neighbourhood Teams impacting ability to deliver full range of clinical supervision and annual appraisals
- Risk 1067 Introduction of female children into the Secure Estate

## **Recommendations**

The Board is recommended to:

- For new and escalated risks, consider whether Board is assured that planned mitigating actions will reduce the risk
- Seek additional assurance against Board Assurance Framework BAF strategic risks that are linked to the strong themes identified in this report
- Seek additional assurance against BAF Risk 2.4 (maintaining the security of IT infrastructure) which received only limited assurance at Audit Committee

## **1 Introduction**

- 1.1 The risk register report provides the Board with an overview of the Trust's material risks currently scoring 15 or above after the application of controls and mitigation measures. It describes and analyses all risk movement, the risk profile, themes and risk activity.
- 1.2 The Board's role in scrutinising risk is to maintain a focus on those risks scoring 15 or above (extreme risks) and to be aware of risks currently scoring 12 (high risks).
- 1.3 The report provides a description of risk movement since the last register report was received by the Board (October 2021), including any new risks, risks with increased or decreased scores and newly closed risks.
- 1.4 The report seeks to reassure the Board that there is a robust process in place in the Trust for managing risk. Themes identified from the risk register have been aligned with BAF strategic risks in order to advise the Board of potential weaknesses in the control of strategic risks, where further action may be warranted.

## **2 Background**

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

## **3 Board Assurance Framework Summary**

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

### Definitions:

- Strategic risks are those that might prevent the Trust from meeting its strategic objectives (goals)
  - A control is an activity that eliminates, prevents, or reduces the risk
  - Sources of assurance are reliable sources of information informing the Committee or Board that the risk is being mitigated ie success is been realised (or not)
- 3.2 Directors maintain oversight of the strategic risks assigned to them and review these risks regularly. They also continually evaluate the controls in place that are managing the risk and any gaps that require further action.
  - 3.3 The Audit, Quality and Business Committees review the sources of assurance presented to them and provide the Board (through the BAF process) with positive or negative assurance.
  - 3.4 Levels of assurance have been provided to the Board for sixteen out of the 20 strategic (BAF) risks during September and October 2021, with reasonable assurance given to fifteen strategic risks and limited assurance given to one risk. Details of the committees' commentary about specific risks is provided at Appendix A (please also refer to the Chairs' assurance reports in the Board papers pack).



3.5 The Board should note that BAF Risk 2.4 received limited assurance from the Audit Committee because when it reviewed the relevant sources of assurance presented at the meeting for this risk (sources included the Cyber Security Report and Information Governance Group minutes) it agreed that overall, there was only limited assurance that the risk was being managed. BAF Risk 2.4 is 'If the Trust does not maintain the security of its IT infrastructure and increase staffs' knowledge and awareness of cyber-security, then there is a risk of being increasingly vulnerable to cyber-attacks causing disruption to services, patient safety risks, information breaches, financial loss and reputational damage'.

## 4 Risks by theme

4.1 For this report, the 64 risks currently on the risk register (the 'here and now' risks) have been themed where possible according to the nature of the hazard and the effect of the risk and then linked to the strategic risks on the Board Assurance Framework. This themed approach gives a more holistic view of the risks on the risk register and will assist the Board in understanding the risk profile and in providing assurance on the management of risk.

4.2 Themes within the current risk register are as follows:

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

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

Specifically:

Seven risks are concerned with vacancies including difficulties recruiting to posts<sup>1</sup>

Six risks are related to staff capacity due to an increase in service demand<sup>2</sup>

Three risks are related to services being paused in response to COVID 19, resulting in an increased workload and increased waiting times<sup>3</sup>

The second strongest risk theme is related to staff safety risks due to COVID, transporting oxygen cylinders, working environment (Leeds CES), lone working and violence and aggression (WYOI)<sup>4</sup>

There is also a risk theme relating to Information Technology (IT) systems which are not sufficient to meet the requirements of the Trust or the services which use them<sup>5</sup>

4.3 Risk alignment with strategic objectives

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

Percentage of risks aligned with each strategic objective:

Deliver outstanding care: 26% (previously 19%)

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

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<sup>1</sup> 1074,1070,1057,1015,979,836,772

<sup>2</sup> 1047,987,957,913,904,877

<sup>3</sup> 1036,1021,984

<sup>4</sup> 1011,1002,986,902,840

<sup>5</sup> Risks: 1041 1040 1017 961

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

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

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

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

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

***Risk register theme: Staff capacity***

BAF Risk 3.1 having suitable and sufficient staff capacity and capability and reduced levels of sickness

BAF Risk 2.2 delivering contractual requirements

***Risk register theme: Staff safety***

BAF Risk 3.1 having suitable and sufficient staff capacity and capability and reduced levels of sickness

BAF Risk 3.5 developing and embedding a health and safety management system

***Risk register theme: Information Technology (IT) systems***

BAF Risk 1.3 maintaining and continuing to improve service quality

BAF Risk 2.4 maintaining the security of IT infrastructure

BAF Risk 2.6 investing and creating the capacity and capability to respond to the increasing dependency on digital solutions

It should be noted that most, if not all strategic risks, if not managed well will ultimately put the primary strategic objective of 'Delivering outstanding care' at risk.

**5 Risk register movement**

- 5.1 There is one risk scoring 15 (extreme) or above on the risk register as of 9 November 2021 (see section 6.2)

**6 New or escalated risks (scoring 15+)**

- 6.1 There are no new risks scoring 15+ that have been added to the risk register since October 2021

6.2 One risk has been escalated to a score of 15+ since October 2021:

**Escalated Risk 1057:** Inability to deliver service at Wetherby Young Offenders' Institute (WYOI) due to reduced staffing levels

Previous score 12 (high)  
Current risk score 16 (extreme)

**Description:** As a result of five out of twelve nursing posts being vacant at WYOI the required staffing levels are not in place. There is a risk that Primary Care will not be able to deliver a full service. This could result in a potential for missed care because of uncoordinated responsive healthcare delivery, performance indicators not being met, increased staff turnover or sickness levels, and possible reputational damage.

**Reason for escalation:** The service has received further resignations (50% vacancy factor) and expect a further three in the next month, which will increase the nursing vacancy factor to 80%. The service has attempted to mitigate with agency and bank staff; however, they are not getting a return on this. Recruitment to substantive posts has been unsuccessful, although attempts to recruitment continue. The service continues to scope agency for Nurses and Paramedics to mitigate the risk and are looking at redeployment into the service within the Trust.

**Expected date to reach target:** 30/11/2021

**Risk Owner:** Head of Healthcare/Head of Service (Operational, Wetherby YOI and Adel Beck Secure Children's Home, Primary Care and CAMHS)

**Lead Director:** Executive Director of Operations

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

7.1 No risks have been de-escalated below 15 since 1 October 2021

## 8 Summary of risks scoring 12 (high)

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

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

ID	Description	Rating (current)
874	Sickness levels – Neighbourhood Teams	12
877	Risk of reduced quality of patient care in Neighbourhood Teams due to an imbalance of capacity and demand	12
913	Increasing numbers of referrals for complex communication assessments in Integrated Children's Additional Needs Service (ICAN)	12
954	Diabetes service waiting times	12
957	Increased demand for the Adult Speech and Language Therapy service	12

979	Resourcing for the 0-19 service	12
982	Provision of Educarers in Specialist Inclusion Learning Centres	12
1006	Concern with ongoing patient safety incidents within one of the Neighbourhood Teams	12
1017	Delay to improving the Electronic Patient Record system (EPR)	12
1036	Delayed delivery of immunisation programme to children and young persons (0-19 Public Health Integrated Nursing Service)	12
1041	PCMIS (patient information system) used by LMWS does not have the functionalist to run a system capture of all safeguarding cases	12
1047	Increased volume of callers into the Leeds Sexual Health appointment line due to no walk-in service	12
1067	Introduction of female children into the secure estate (WYOI)	12
1070	Capacity pressures in Neighbourhood Teams impacting on ability to deliver full range of clinical supervision and annual appraisals	12

## 9 New or escalated risks (scoring 12)

9.1 Two new risks scoring 12 have been added to the risk register since 1 October 2021, and details of these risks have been provided to the Quality and Business Committees for scrutiny:

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**Risk 1070** Capacity pressures in Neighbourhood Teams impacting ability to deliver full range of clinical supervision and annual appraisals

Initial risk score 25 (extreme)

Current risk score 12 (high)

Target risk score 2 (low)

**Description:** As a result of available capacity in clinical and non-clinical roles in Neighbourhood Teams there is a risk that the full range of clinical supervision and annual appraisals will be not be delivered in a timely way including addressing the backlog of appraisals resulting from COVID-19 service impact, impacting staff morale, staff health and wellbeing, staff retention, and impacting on safe service delivery.

### Controls in place:

Clinical Supervision:

- Revised policy for Clinical Supervision in place
- Daily handovers and safety huddles
- Involvement in investigation, incident review meetings, mortality reviews, daily Virtual Ward (Frailty) MDT meetings, Gold Standards Framework meetings with Primary Care
- Community Matron supervision from Geriatricians

Appraisals

- Team level plans to schedule appraisals with staff who are due/overdue
- Reorientation of NT Service Managers with one person taking a lead on staff health and wellbeing including recovery of the appraisals position

Review of both Clinical Supervision and appraisal rates in monthly Quality and Performance Meetings with escalation to Senior Ops Performance Panel as required.

**Actions include:**

- Work in progress with Workforce to improve reporting process
- Sourcing additional support via Corporate Teams to address backlog

**Date to reach Target:** 31/03/2022

**Risk Owner:** Executive Director of Nursing and AHPs

**Lead Director:** Executive Director of Nursing and AHPs

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**Risk 1067** Introduction of female children into the Secure Estate (Wetherby Young Offenders' Institute (WYOI))

This is a joint risk with SWYFT

Initial risk score 25 (extreme)

Current risk score 12 (high)

Target risk score 2 (low)

**Description:** At WYOI a decision has been taken by the Ministry of Justice to provide a 12 bedded unit for girls aged 15 – 18 with complex and high-risk needs. This environment is not within the control of the service nor is the service involved in pre arrival assessment as a decision maker. Due to the increase in demand on the service and the introduction of differing gender specific needs, there is a risk that there will not be sufficient suitably trained staff to manage the new and current children's needs. As a result, there could be increased waiting times, a potential for increased self-harm incidents, and potential damage to the organisations reputation.

**Controls in place:**

- Existing policies and procedures in place to support meeting the health needs of the children.
- Healthcare Team identified to work with individual females in service (2) – Care Navigator, Occupational Therapy, Primary Care Named Nurse, and Psychology.
- ANP in Self Harm identified for consultation and intervention as clinically required.
- Handover of care from previous custodial or community provider to Wetherby healthcare.
- Care plans and risk assessments formulated.
- Integrated Care/Formulation based approach from admission.
- Multi-disciplinary team approach in place with the Prison to ensure joined up approach, risk management, information sharing and clear communication.
- ACCT process in place to support management of self-harm.
- Holistic Health screening completed, including Physical Health, Mental Health, Neuro-disability, Substance misuse, Health promotion.

- Prison Management oversight of staffing and workforce skill mix for the Unit that the females are residing on to ensure gender aligned and responsive to identified need.
- Identification of specialist experience and skills within the workforce to meet the needs of the female population. Both within the Prison workforce and Health service, identification of staff who have experience of working with females to work on the Unit and as part of the children's Multi-disciplinary team.
- 12 Beds identified specifically for females on single spur. All rooms are en suite and female orientated in décor.
- Identification of one Prismatic cell on the Unit to be used as clinically indicated, should risk to self-increase and there be an identified need for higher level observations

**Actions include:**

- Female specific processes to be implemented and transferred across from existing service at Adel Beck i.e. Reproductive Health, Pregnancy.
- Ongoing review of clinical demand and impact on staffing resource.
- Consideration of how individual safety of the females can be managed should there be a requirement for more than 1 prismatic cell to support enhanced observations and risk management.
- Any female specific policies/ standard operating procedure's to be identified and reviewed for implementation i.e. – female genital mutilation, pregnancy, reproductive health, female specific Self Harm.
- Escalation flow chart to be developed in relation to compromised care.
- Multi-disciplinary team review with Prison to ensure clear communication channels on existing position of female service and any potential changes that may impact on the service and workforce capacity.
- Needs analysis and workforce review
- Consideration of protected additional resource to meet the individual needs of females as the service expands – Primary Care Nurse, Psychology, Nursing (Learning Disability & Mental Health), Occupational Therapy, Psychiatry
- Consideration of training opportunities to upskill the Prison and Health workforce.
- Development of female service specific standard operating procedure
- Escalation with NHS England and Youth Custody Services to support decision making in relation to female service and support future service development.

**Date to reach Target:** 25/11/2021

**Risk Owner:** Executive Director of Nursing and AHPs

**Lead Director:** Executive Director of Nursing and AHPs

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## 10 Risk profile - all risks

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

## Risk profile across the Trust

	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Almost Certain	Total
5 - Catastrophic	0	0	0	0	0	0
4 - Major	0	2	2	1	0	5
3 - Moderate	2	15	14	13	0	43
2 - Minor	1	3	9	1	2	16
1 - Negligible	0	0	0	0	0	0
<b>Total</b>	2	20	25	15	2	64

## 11 Impact:

### 11.1 Quality

Risks recorded on the Trust's risk register are regularly scrutinised to ensure they remain current. Risk owners are encouraged to devise action plans to mitigate the risk and to review the actions, risk scores and provide a succinct and timely update statement.

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

### 11.2 Resources

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

## 12 Recommendations

The Board is recommended to:

- For new and escalated risks, consider whether Board is assured that planned mitigating actions will reduce the risk
- Seek additional assurance against Board Assurance Framework BAF strategic risks that are linked to the strong themes identified in this report
- Seek additional assurance against BAF Risk 2.4 (maintaining the security of IT infrastructure) which received only limited assurance at Audit Committee

## Appendix A. Board Assurance Framework levels of assurance

Details of strategic risks (description, ownership, scores) +B3:I12								Level of Assurance				
Strategic Goal	Risk	Risk ownership		Risk score			Risk score movement	Committee agreed level of assurance				Additional Information
		Responsible Director	Responsible Committee	Likelihood	Consequence	Risk Score		No	Limited	Reasonable	Substantial	
Provide high quality services	<b>RISK 1.1</b> If the Trust does not have effective systems and processes for assessing the quality of service delivery and compliance with regulatory standards then it may have services that are not safe or clinically effective.	SL	QC	3	4	12			✓		* The Committee agreed that this assurance level could be enhanced with a health equity lens applied to the data and quality improvement plans.	
	<b>Risk 1.2</b> If there are insufficient clinical governance arrangements put in place as new care models develop and evolve, the impact will be on patient safety and quality of care provided.	RB	QC	3	3	9			✓			
	<b>RISK 1.3</b> If the Trust does not maintain and continue to improve service quality, the impact will be diminished safety and effectiveness of patient care leading to an increased risk of patient harm.	SL	QC	2	4	8			✓		*Substantial assurance from sexual health spotlight. However other areas including SLT and Diabetic foot ulcer update specifically require further information to provide more robust assurance around both the detail of the challenge and the plans to address these.	
	<b>RISK 1.4</b> If the Trust does not engage patients and the public effectively, the impact will be that services may not reflect the needs of the population they serve.	SL	QC	4	3	12			✓		*Request to ensure overlap with health inequalities work to be more explicit and include patient stories in future updates	
	<b>RISK 1.5</b> If, as a result of the Trust's altered capacity due to the Covid-19 pandemic, the Trust cannot deliver services in a timely and equitable manner, then the impact will be further increases to waiting lists, sub-optimal outcomes for patients and complaints to the Trust.	RB	QC	4	3	12			✓		*Committee acknowledged mitigations were in place, this was an evolving position and all questions raised were fully responded to and provided reasonable assurance.	
	<b>RISK 1.6</b> If the Trust does not optimise its services to reduce the impact of health inequalities, and allow appropriate data capture to understand and address this, there will be a negative impact on patient outcomes, the Trust's resources and reputation.	RB	TB	4	3	12						
Provide sustainable services	<b>RISK 2.1</b> If there is insufficient resource across the Trust to deliver major change programmes and their associated projects, then it will fail to effectively transform services and the positive impact on quality and financial benefits may not be realised.	SP	BC	3	3	9			✓			
	<b>RISK 2.2</b> If the Trust does not deliver contractual requirements, then commissioners may reduce the value of service contracts, with adverse consequences for financial sustainability.	SP	BC	2	3	6			✓			
	<b>RISK 2.3</b> If the Trust does not improve productivity, efficiency and value for money and achieve key targets, supported by optimum use of performance information, then it may fail to retain a competitive market position.	BM	BC	3	3	9			✓			
	<b>Risk 2.4</b> If the Trust does not maintain the security of its IT infrastructure and increase staffs' knowledge and awareness of cyber-security, then there is a risk of being increasingly vulnerable to cyber attacks causing disruption to services, patient safety risks, information breaches, financial loss and reputational damage.	BM	AC	3	4	12		✓			*The Committee reviewed the sources of assurance presented at the meeting for this risk (sources included the Cyber Security Report and Information Governance Group minutes) and agreed that overall, the Committee had received only limited assurance that the risk was being managed.	
	<b>RISK 2.5</b> If the Trust does not deliver key financial targets agreed with NHS England through the ICS financial framework then it will cause reputational damage and raise questions of organisational governance	BM	BC	2	3	6			✓			
<b>RISK 2.6</b> If the Trust does not invest and create the capacity and capability to respond to the increasing dependency on digital solutions then systems may be unreliable, under developed, not used effectively, lack integrity or not procured. The impact will be on the delivery of patient care and on staff resources and wellbeing	BM	BC	4	3	12			✓		*The Trust is investing in staff and IT equipment. The Committee agreed that this is not yet where it needs to be but was improving.		



Recruit, develop and retain the staff we need now and for the future	<b>RISK 3.1</b> If the Trust does not have suitable and sufficient staff capacity and capability (recruitment, retention, skill mix, development, and a low level of sickness absence) then it may not maintain quality and transform services.	JA/LS	BC	4	3	12			✓		*Pressure on staffing due to demand and capacity. This is a very high risk however the Committee was assured by the mitigation plans presented.
	<b>RISK 3.2</b> If the Trust does not create and embed a culture of equality and inclusion, then it will fail in its duty to attract and retain a diverse workforce that is representative of the communities it serves, and will not reap the benefits of diverse thinking and representation.	JA/LS	TB	3	3	9			✓		
	<b>RISK 3.3</b> If the Trust does not fully engage with and involve staff then the impact may be low morale and difficulties retaining staff and failure to transform services.	TS	BC	3	3	9			✓		
	<b>RISK 3.4</b> If the Trust does not invest in developing managerial and leadership capability then this may impact on effective service delivery, staff retention and staff wellbeing.	JA/LS	BC	3	3	9			✓		
	<b>Risk 3.5</b> If the Trust does not further develop and embed a suitable health and safety management system then staff, patients and public safety maybe compromised, leading to work related injuries and/or ill health. The Trust may not be compliant with legislation and could experience regulatory interventions, litigation and adverse media attention.	BM	BC	4	3	12			✓		
	<b>Risk 3.6</b> If the Trust is unable to maintain business continuity in the event of significant disruption, there is a risk that essential services will not be able to operate, leading to patient harm, reputational damage, and financial loss	SP	BC	3	4	12			✓		*The Committee recognised the difficult and challenging situation but was assured that the Trust has robust planning in place for various scenarios
Work in partnership to deliver integrated care and care closer to home	<b>RISK 4.1</b> If the Trust does not play an active part in the collaboration across the health and care system (ICS and ICP), then the system may not achieve better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources.	TS	TB	2	4	8					
	<b>RISK 4.2</b> If the Trust does not ensure there are robust agreements and clear governance arrangements when working with complex partnership arrangements, then the impact for the Trust will be on quality of patient care, loss of income and damage to reputation and relationship.	BM	BC	3	3	9					

**Trust Board meeting held in public: 3 December 2021**

**Agenda item number: 2021-22 (91)**

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**Title: Quarter 2 Report 21.22 of the Guardian of Safe Working Hours**

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**Category of paper: For assurance**

**History: Nil**

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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)**

### **Purpose of the report**

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

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

### **Main issues for consideration**

- CAMHS ST rota issues and impact of CAMHS inpatient unit move to Red Kite View unit on junior doctors' safe working
- The progress made with paediatric junior doctors' engagement and feedback
- Improved engagement with Junior Doctors in the Junior Doctor Forum (JDF)

### **Recommendations**

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

- Receive this assurance regarding Junior Doctor rotas and working conditions within the Trust
- Support GSWH with the on-going work related to CAMHS ST rota cover and work related to Junior doctor non-resident on call cover for new CAMHS inpatient unit based at Red Kite View unit.
- Note the progress made in regard to the longstanding concerns regarding loss of training opportunities for trainees on the paediatric oncall rota.

## 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
<b>Adults</b>	0		LCH contract
<b>CAMHS</b>	2	ST	LCH contract
	2	ST	Honorary contract
	4	CT	Honorary contract
<b>Community Paediatrics</b>	3	ST Level 1	Honorary contract
	2	ST Level 2/ Grid trainee	LCH contract
<b>Sexual Health</b>	1	ST	LCH contract
<b>GP</b>	3	GPSTR	LCH contract
<b>Obstetrics</b>	1		Honorary contract
<b>Dental Services</b>	0		Honorary contract

## QUARTERLY OVERVIEW

Vacancies		There are two vacancies in CAMHS Specialty Trainee (ST) establishment.					
Rota Gaps (number of night shifts needing cover)		September 2021		October 2021		November 2021	
		CT	ST	CT	ST	CT	ST
	Gaps	n/a	9	n/a	12	n/a	15
	Internal Cover	n/a	9	n/a	12	n/a	15
	External cover	n/a	0	n/a	0	n/a	0
	Unfilled	n/a	0	n/a	0	n/a	0
Exception reports (ER)		0	0	0	1	0	0
Fines		None					
Patient Safety Issues		None					
Junior Doctor Forum		Due 12 <sup>th</sup> October 2021					

### 3.1 Rota gaps and CAMHS ST rota

The current CAMHS ST rota vacancy (due to long term vacancy and gap in view of LTFT staff) is staffed by a combination of internal and external Locum. Internal locum cover is cover from Junior doctors who have worked for the Trust in the past and Junior doctors who are currently on the rota. There is now a system in place to check and ensure the Locum shifts picked up by Junior doctors (who are currently on the rota) do not breach the Junior doctors' terms and conditions. This is currently been checked by CAMHS medical lead and DME but will soon be taken over by senior CAMHS admin staff with experience in managing CAMHS consultant rota.

GSWH has worked with the Medical Director, CAMHS medical lead, HR, BMA and relevant LYPFT team to address the concern that was raised in April 2021 by another Trust regarding whether the CAMHS Junior Doctors on-call rota is compliant with Junior Doctor contract T&Cs. There has been progress made with clear plan for work schedule for each of the junior doctor on CAMHS ST rota and potential use of software programme for rota development.

There is uncertainty with regards to non-resident oncall working for Junior doctors on CAMHS ST rota when the current inpatient unit moves from Little Woodhouse hall to the new Red Kite View unit. This is in view of potential increase in the intensity of workload as this is a larger unit with an increased

capacity and a PICU. This has been raised as a concern by LCH team to LYPFT who will be managing the Red Kite View unit and to the deanery to ensure a safe system is in place for Junior doctors covering this resident on-call. Ongoing conversations are taking place between the Trusts with involvement and awareness from the GSWH, DME and CAMHS Medical Lead.

### 3.2 **Exception reports**

One exception report was filed during this Quarter. This was filed on 12/10/21 by CAMHS ST Junior doctor. The exception report was due to workload intensity due to busy on-call and staff sickness meaning the Junior doctor was not able to get adequate rest during non-resident on-call. The issue was brought to the attention of clinical supervisor and GSWH and the Junior doctor took the time off as expected. This was an isolated event due to staff sickness and workload on that particular shift.

### 3.3 **Fines**

No fines levied by the GSWH.

### 3.4 **Feedback from trainees**

Junior Doctors Forum (JDF) was held on 12/10/2021. The date was selected as an outcome from doodle poll based on the date and time with maximum number of trainee's availability. This was another successful JDF with better attendance and engagement from Junior doctors. The Head of Medical Education updated trainees around the plans for use of the remainder of Fatigues and Facilities funding for additional laptops and shared that a new software named Doctors toolbox has been funded by Health Education England. This will be a good addition to streamline the induction process and information sharing and admin support for Junior doctors.

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

BMA has shared news regarding Junior Doctor leadership charter and Doctors' Wellbeing Checklist and guidance at JNC meeting held on 08/11/21. This will be presented and explored in detail with all Junior doctors at next JDF planned for Jan 2022.

## 4.0 **Impact**

### 4.1 **Quality**

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

## 4.2 **Community Paediatric Training**

GSWH conducted a feedback interview for Junior doctors in community paediatrics to capture data related to missed educational opportunities. There has been a lack of exception report filing for missed educational activities. This was well received and Junior doctors and LNC junior doctor representative contributed to the feedback. GSWH presented the feedback and suggestions to Paediatric college tutor and Medical Lead in Departmental medical meeting held on 18/10/2021. A plan is in place to incorporate the suggested changes to improve training opportunities.

## 5.0 **Recommendations**

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

- Receive this assurance regarding Junior Doctor rotas and working conditions within the Trust
- Support GSWH with the on-going work related to CAMHS ST rota cover and work related to Junior doctor non-resident on call cover for new CAMHS inpatient unit based at Red Kite View unit.
- Note the progress made in regard to the longstanding concerns regarding loss of training opportunities for trainees on the paediatric oncall rota.

**Trust Board Meeting held in public: 3 December 2021**

**Agenda item number: 2021-22 (92)**

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**Title: Health Equity Strategy update**

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***Category of paper: For assurance***  
***History: none***

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***Responsible director: Medical Director***  
***Report author: Health Equity Lead***

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

Our Health Equity Strategy is LCH's response to how we address unfair and avoidable differences in the health of different groups and communities, by working with communities and partners to create equitable care and pathways.

This paper provides an update on work to deliver this since the last update in July 2021, following approval of the strategy in May 2021, as well as planned activity to March 2022.

### *Recommendations*

Board is recommended to:

- Receive the report and progress update (Appendix 1) and note activity to be updated in next progress report in March 2022

## Health Equity Board update, December 2021

### 1. Background

Our Health Equity Strategy is LCH's response to how we address unfair and avoidable differences in the health of different groups and communities, by working with communities and partners to create equitable care and pathways.

Since the strategy was approved in May 2021, the first 6 months of delivery have been focussed on:

- Taking forward priority actions, particularly with regard to data and analysis
- Engagement with partners and policy makers at local, regional and national levels to ensure our work is consistent with strategic drivers and approaches
- Putting an equity and inclusion lens on our service delivery and associated corporate functions in order to continue to raise the profile and understanding of the need to identify and address inequity and support actions to address it

### 2. External context

LCH's commitment to taking action to address inequity sits within a local, regional and national context where health equity continues to be high on the agenda, with a range of strategic drivers, tools and initiatives influencing how we undertake this work.

2.1 **NHS operational planning guidance** (October 2021 to March 2022) continues the focus on addressing inequalities through recovering services and addressing care backlogs. There is a commitment to continuing focus on five priority areas to address inequalities:

- Restore NHS services inclusively
- Mitigate against digital exclusion
- Ensure datasets are complete and timely
- Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes
- Strengthen leadership and accountability

To support this, there was a commitment to improving the quality and presentation of health inequalities data and a request that all NHS Board performance reports include reporting by deprivation and ethnicity.

2.2 The draft **Core20PLUS5** initiative from NHS England (consultation ended 19 November 2021) focusses ICS activity for targeted health inequalities improvements in the following areas:

- Core 20 – Targeting the most deprived 20% of our population (lowest Index of Multiple Deprivation (IMD) quintile areas).
- PLUS – adding other population groups as identified by local population health data, for example, ethnic minority communities, health inclusion groups
- 5 – and targeting five key clinical areas of health inequalities: Cardio Vascular Disease, Cancer (early diagnosis), Respiratory, Maternity, and Mental Health (including Children and Young People)

Leeds has so far focussed on the 10% most deprived populations, and LCH has therefore followed suit with data analysis being undertaken by IMD decile. Should the national requirement to focus on 20% continue, then our data can be aggregated to consider IMD quintiles to fulfil this expectation whilst still working with partners in Leeds with a focus on the 10% most deprived nationally (now 26% of the Leeds population).

# REDUCING HEALTHCARE INEQUALITIES

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement

**CORE20**  
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



20%

**PLUS**  
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

## CORE20 PLUS 5

Key clinical areas of health inequalities



**1 MATERNITY**  
ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups



**2 SEVERE MENTAL ILLNESS (SMI)**  
ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)



**3 CHRONIC RESPIRATORY DISEASE**  
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations



**4 EARLY CANCER DIAGNOSIS**  
75% of cases diagnosed at stage 1 or 2 by 2028



**5 HYPERTENSION CASE-FINDING**  
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

## 2.3 Leeds Joint Strategic Assessment (JSA)

The production of a Joint Strategic (Needs) Assessment (JSA) on a three-yearly cycle is a joint responsibility between Leeds City Council and NHS Leeds CCG to inform the Health and Wellbeing Strategy. Specifically, the JSA aims to shape priorities, inform commissioners and guide the use of resources as part of the commissioning strategies and plans for the city, by understanding the core drivers of health and wellbeing. This year, the approach to the JSA goes beyond a narrow health needs assessment (although this remains a vital component), by extending the analysis to incorporate the wider determinants of health and wellbeing, and by default informing the ‘three key pillars’ of the city’s overarching ambition – Health and Wellbeing, Inclusive Growth, and Climate Change.

The 2021 JSA takes a life-course approach to the analysis, structuring it through the lens of Starting Well, Living Well, Working Well and Ageing Well. The headline findings will drive our future Place Based Partnership plans and all have a connection to health equity, which our work in LCH should respond and contribute to.

JSA headline	Examples of LCH connections to this area of work
While holistic analysis of the effect of <b>Covid-19</b> is not yet possible in many respects, overall it is clear that the national narrative of exacerbated inequalities, disproportionate impact on older people, and emerging mental health challenges across all ages are absolutely reflected in Leeds.	<ul style="list-style-type: none"> <li>• Long-Covid service</li> <li>• LOCOMOTION long-Covid research</li> <li>• Vaccination programme, including work with 3<sup>rd</sup> sector partners and community groups</li> <li>• Making Every Contact Count mental health</li> </ul>
A range of complex and inter-related demographic trends continue to shape our population, with a <b>growing number of older people</b> , the <b>profile of young people becoming more diverse and focused in communities most likely to experience poverty</b> , population growth focused in inner-city areas and continued uncertainty on post-exiting the EU patterns of immigration.	<ul style="list-style-type: none"> <li>• Neighbourhood provision</li> <li>• Frailty</li> <li>• Children’s services</li> </ul>

<p>Covid-19 has had a profound impact on the health and wellbeing of <b>children and young people</b>, with the disruption to their education perhaps most obvious. This impact is set against longer-term challenges regarding educational attainment, particularly of more disadvantaged children, the incidence of child poverty and wider concerns regarding the mental health of children and young people</p>	<ul style="list-style-type: none"> <li>• Children’s services, particularly mental health and schools provision</li> </ul>
<p>Tackling <b>poverty</b> and inequality is central to our approach to health and wellbeing, with the ambition to improve the health of the poorest fastest. The pandemic has exacerbated inequalities, driven by a combination of underlying health conditions, limited scope to follow healthy living opportunities, and exposure to the virus. Poverty is the common factor in all these drivers.</p>	<ul style="list-style-type: none"> <li>• Data analysis by deprivation</li> </ul>
<p>The pandemic is likely to have also intensified inequalities highlighting weaknesses in our <b>community resilience</b> and rising experiences of <b>loneliness</b>, but it has also shown the best of Leeds communities with people supporting one another and increased collaboration between institutions and stakeholders. How do we hold on to this stronger sense of neighbourliness to overcome underlying challenges and add further support for our established strengths-based approaches?</p>	<ul style="list-style-type: none"> <li>• 3<sup>rd</sup> sector partnerships addressing loneliness</li> <li>• Self-management facilitators supporting achievement of person-centred goals around access to social activities</li> <li>• Engagement in LCP priorities</li> </ul>
<p><b>Climate change</b> remains the single greatest challenge to global health and Leeds is not immune from its impacts. Achieving net zero carbon ambitions will be incredibly challenging and efforts should focus on four fundamental issues for health: minimising air pollution, improving energy efficiency to reduce fuel poverty, promoting healthy and sustainable diets, and prioritising active travel and public transport.</p>	<ul style="list-style-type: none"> <li>• LCH declaring climate emergency with potential to address air quality in our most deprived communities</li> <li>• Self-management links to fuel poverty resources, particularly the need to ensure these are available in a range of languages</li> <li>• Culturally appropriate and easy-read nutrition information</li> </ul>
<p>Covid-19 has had obvious impacts on the city’s <b>economy and labour market</b> with the rapid expansion of home working and acute impacts on hospitality, retail, and local consumer services. The consequences were felt most by young people, women and low earners. However, the city has strong foundations from which to recover, experiencing economic growth and expansion over the last two decades with a diverse economy, though longer-term concerns regarding low productivity and the nature of recent job growth remain</p>	<ul style="list-style-type: none"> <li>• Anchor Institution community engagement and employment work</li> <li>• Links to Workforce strategy objective around financial wellbeing of staff</li> </ul>
<p>Our <b>older population</b> is growing and becoming more diverse, as the wider demographic trends are increasingly reflected in our older generation. Although perhaps too early to be definitive, the socio-economic profile of our older population may also be changing, with house-ownership less dominant, and people working longer over a more varied career pattern. Older people from diverse ethnicities, cultures and communities of interest who have a particular identity or experience can also face specific challenges as their established networks and support diminish over time.</p>	<ul style="list-style-type: none"> <li>• Neighbourhood Transformation programme</li> <li>• Frailty</li> </ul>
<p>Specific needs of communities of interest, highlighting some specific areas for future focus, including <b>asylum seekers, sex workers and people who are homeless or sleeping rough</b>.</p>	<ul style="list-style-type: none"> <li>• Homeless Health Inclusion Team</li> <li>• Partnership project with Basis, supporting the inclusion of sex workers</li> <li>• Working to achieve Sanctuary Award in Health</li> </ul>

## 2.4 Tackling Health Inequalities Group (THIG)

THIG presented to the Health and Wellbeing Board in September 2021 about how health and care organisations are working together in Leeds to tackle health inequalities. This included sharing the draft tackling health inequalities toolkit (available at <https://bit.ly/healthinequalityestoolkit>), which contains information and links to resources to support a focus on health inequalities across roles and organisations. It aims to increase understanding, inform thinking and decision-making, outline shared goals and themes, and guide action.

Having received support from all partners for this approach and implementation of the toolkit from Health and Wellbeing Board, THIG's next action is to firm up the priorities for action (below) and establish with each partner how they will take this forward in their organisation.

**Priorities for action - All organisations will go beyond national requirements to tackle health inequalities through...**

<p><b>1. Co-designed and community-led solutions</b></p> <ul style="list-style-type: none"><li>• Through LCPs, all organisations use community building/asset based approaches to work with local people to contribute to local plans for tackling inequalities within their neighbourhoods</li><li>• All organisations are able to detail co-production with relevant/appropriate people who are experiencing the greatest health inequalities, from the inception of a project and throughout all levels of decision making</li><li>• Devolve decision making on the use of resources as close to individuals and communities as possible to achieve outcomes to reduce health inequalities</li></ul>	<p><b>2. Accessible and person-centred, integrated care</b></p> <ul style="list-style-type: none"><li>• Establish core shared datasets accessible by the whole health and care system, with a focus on recording and sharing: communications preferences; ethnicity; and 'what matters to me' for of everyone in contact with the health and care system</li><li>• Review, re-design and restart services to be inclusive and accessible to meet the needs of those experiencing health inequalities; ensuring digital and financial inclusion, reducing DNAs, managing waiting lists, and exceeding the Accessible Information Standard</li><li>• Ensure care for people experiencing inequalities in health is person-centred and co-ordinated across primary, secondary and community services</li><li>• Accelerate a greater emphasis on both proactive and preventative approaches, ensuring that all programmes across populations in the majority of settings are focused a minimum on 60% proactive and 60% preventative.</li></ul>	<p><b>3. Well-functioning organisations delivering social value</b></p> <ul style="list-style-type: none"><li>• Target resources, using Proportionate Universalism, to those most at risk of experiencing health inequalities, and publish annual assessments on where inequalities are, for who and what actions have been / will be taken to mitigate them</li><li>• All organisations reflect the diverse communities we serve and implement person-centred training programmes that support the workforce to champion addressing health inequalities at all levels</li><li>• All organisations deliver initiatives that reflect their role as local employers and staff wellbeing, Anchor Institutions, and Community Anchors, with a role in addressing the wider determinants of health</li></ul>
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Consistently establish robust and regular peer to peer support / challenge, also working with the Communities of Interest Network, to share commonalities and hold each other to account. Use improvement methodologies to identify action and drive positive change, working collaboratively on these things wherever possible.

In LCH, this is being taken forward by the newly appointed Consultant in Public Health for LCH, LTHT and GP Confederation and LCH's Health Equity Lead, both of whom are representatives at THIG, which is being established as an Expert Advisory Group within the newly emerging place-based structures.

## 3. Internal context

Health equity is an essential component of providing the best possible care to every community, and as such there is significant mutual support between work to address inequity and other key internal strategies and drivers. In particular:

- 3<sup>rd</sup> sector strategy, gaining insight about the health needs of specific communities and how we can improve their access, experience and outcomes, along with partnerships that deliver improved services to Communities of Interest.
- Learning Disability standards (2024)
- Ongoing work to fully implement and embed Accessible Information Standards
- Business Intelligence and an approach to data-informed decision-making
- Workforce aims around inclusive leadership, diversity of workforce and health and wellbeing, including financial wellbeing of staff

- Declaration of a climate emergency that has the potential for action to improve air quality in our most deprived communities

Within these strategic priorities, the trust continues to deliver care during the ongoing pandemic, in the context of reduced capacity and increased demand and complexity within our services. Staff continue to engage with the health equity work, drawing on personal and professional commitment to address inequity. The challenge of this continues to be how we take and sustain action for such a long-term goal as equity, while addressing immediate challenges and demands.

Staff have shared feedback that where they have been able to take specific actions that have improved care for individuals and/or populations this has bolstered their motivation and satisfaction in the work they do. Building on this and ensuring we have the conditions in place where staff are supported to take action and celebrate successes will support sustainable change.

#### **4. Moving from intent to action**

LCH's health equity strategy identified principles for the way we would work, including that we consider inequity a serious and avoidable harm to our communities and where we identify it, we will act; and that we will listen and act where there are differences in diverse communities' access, experience and outcomes in our services and apologise where we have had this information and not yet acted. The approval of the strategy in May 2021, supported by learning from our baseline change stories, indicated a more coordinated approach in moving from intent to action.

To make this organisational shift from intent to action, work includes:

- Individual and team roles in addressing inequity (specific remit for health equity, balance with other responsibilities)
- The conditions for making change (what's important and to what extent these are already in place)
- The need for change (understanding of the level of inequity in different populations and how much activity is being put into addressing health inequity related to these)
- Stories of change (what is already being done that can be learned from / shared elsewhere)

##### **4.1 Individual and team roles in addressing inequity**

Embedded cultural change of the sort we are working towards for health equity is supported both by specific roles focussed on addressing inequity and by raising the profile and activity within other remits so that it becomes "everybody's business". The newly appointed Public Health Consultant for LCH, LTHT and GP Confederation has a remit for driving programmes of work that address health inequalities across the three organisations to make the biggest impact. Along with capacity through the Health Equity Lead and some specific equity and inclusion roles within services (eg LMWS), there is a growing group of staff as part of the Health Equity Group who have health equity as part of their remit. This includes representation from:

- Business Units
- QPD
- Business Planning
- Partnerships
- Clinical Outcomes
- Workforce Diversity & Inclusion team

A further connection is also being made through the zero tolerance for discrimination and abuse work, started in ABU and expanding across the organisation. While legislated under the Equality Act (2010) rather than being health equity-driven, this connects the provision of best possible care for every

community with how we work with fairness and dignity for all our patient, carers, partners and staff, in that: our staff are part of our communities and their health, wellbeing and experience of working in LCH are all impacted by experiences of discrimination and abuse; getting it right for our staff increases our staff and communities' confidence and trust in LCH; communities who trust us engage with us, improving access to healthcare where there is currently inequity and; communities who trust us want to work for us – increasing the diversity of our workforce so that it reflects our diverse communities improves access, experience and outcomes of those communities.

Individuals and teams all have a responsibility around addressing discrimination and abuse, and these connections strengthen the focus on fairness for all our diverse communities and action to be taken to achieve that equity.

## 4.2 Conditions for change

Change literature, engagement with stakeholders and the work of Kings Fund for the Race Health Observatory identify a range of conditions to enable inequity to be addressed:

- **Individual** factors (personal/professional interest, health equity and/or change management training or education, defined responsibilities around health equity)
- **Organisational and team** factors (commitment from board, senior leadership, direct manager, wider team)
- **Wider system** factors (commitment and expectations of commissioners, local partners, Place Based Partnership and WY ICS, national bodies, policy makers, regulators and professional bodies)
- **Resources** (service-based and corporate, data, funding, training, peer support)

A survey has been developed to further understand perceptions of the importance of these conditions for change and the extent to which they are already in place. To avoid overlap with the staff survey and responding to feedback from teams about the value of a more engaging, reflective approach this has instead been developed into a set of discussion tools that can be used online or face-to-face. The results of this engagement with services, teams and in other forums where health equity forms part of the work will inform priorities for the second half of the year.

In particular, we are interested in which factors raise interest or awareness and which factors stimulate change. For example, lack of data is often cited as a barrier to change and yet there is a risk that data encourages 'paralysis by analysis' or that action is inappropriately deferred in favour of ever-increasing amounts of data. LCH's health equity strategy includes principles for the way we work to address inequity, including that we consider inequity a serious and avoidable harm to our communities and where we identify it, we will act; and that we will listen and act where there are differences in diverse communities' access, experience and outcomes in our services and apologise where we have had this information and not yet acted.

Learning from the Population Health Management programme in Leeds was that data stimulated change when:

- It made people curious
- It was seen as only part of the context, alongside people's and staff experience
- It was discussed as part of a multi-agency group
- Permission and support for resulting actions were given within a clear, agreed framework

Building on these strands of insight into how data can be a factor that stimulates change, focus is therefore recommended to continue on:

- Using analysis of the newly developed sources of quantitative data alongside 'what we already know' in terms of qualitative data and insight from people, communities and the organisations that support them

- Transparency and ‘just culture’ – that we recognise and value vulnerabilities of individuals, teams and the organisation in being courageous to speak out about inequities they identify and commit to an open and fair culture, where inequities identified are addressed through changes in processes, procedures, training, design or environment rather than blame
- Governance of resulting actions – following up on actions agreed, either to address inequity that has been identified or as mitigation for potential risk of inequity, to ensure they have had the desired impact and to share learning

These approaches are also supportive of the conditions for change in the Leeds Tackling Health Inequalities Toolkit about how we understand, plan, act and evaluate with leadership and accountability to create cultures that focus on tackling health inequalities.

### **4.3 The need for change: what the data tells us so far**

There are now 3 standard reports available across SystmOne services that help us understand our current position in terms of inequity:

- Accepted referrals by ethnicity and IMD decile
- Visit/appointment completion rates, DNA, cancelled by patient and cancelled by unit rates by ethnicity, IMD decile, language spoken and interpreter requirements
- Main language spoken and interpreter need of open referrals

These are being developed from their current spreadsheet format into PIP reports for teams to run themselves, and which will be updated bi-annually.

#### **4.3.1 Notes on data**

- Leeds demographic data in our analysis is taken from the 2011 census. There have been changes to the demographics in Leeds since then (see JSA highlights in section 2.3). The original planned release date for 2021 census-based LA estimates was March 2022, but the government’s official statistics announcement is now provisionally given as between May and June 2022.
- In accordance with the Data Set Coding Notice last issued to NHS organisations in 2001, we use the 17 ethnicity categories consistent with Census 2001. The differences between this and the 2011 census data we use for comparison are that the Chinese ethnic group moved from the ‘Other’ ethnic group (in 2001 Census) to the ‘Asian’ ethnic group (in 2011 Census) and that there were no ‘Gypsy or Irish Traveller’ or ‘Arab’ groups listed in the 2001 census and therefore NHS data set coding notice.
- There has not been an updated guidance on ethnicity coding being issued to the NHS since the Data Set Coding Notice of 2001. NHS Digital is considering changing the categories to reflect the 2021 Census but there this is not yet confirmed.

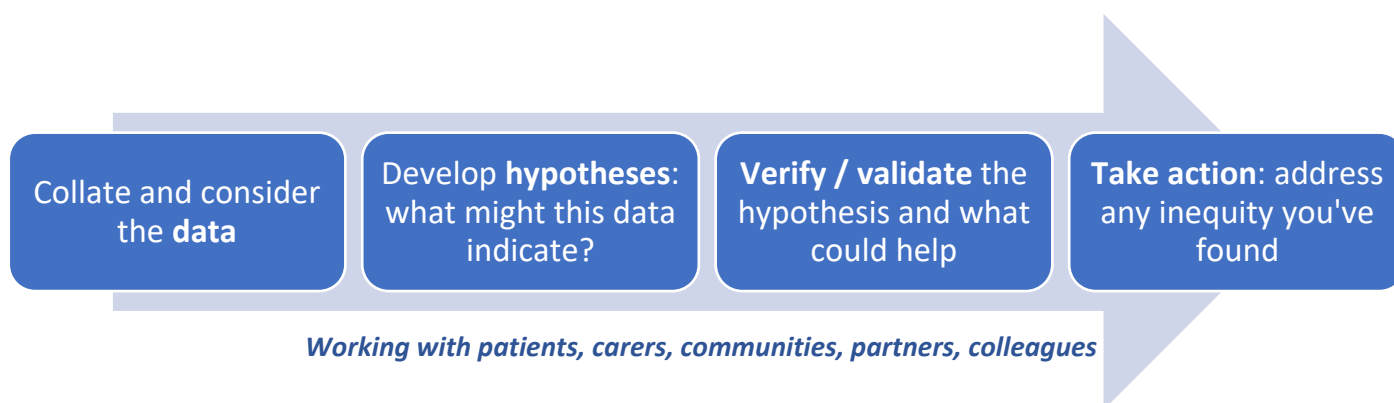
Analysis of this data across services using SystmOne has identified:

#### **4.3.2 Equitable access in terms of referrals by ethnicity**

- Since 2019, referrals of Asian or Asian British people are 7.6% (n=25,454) and proportion of Leeds population is 7%
- Black or Black British referrals 4.3% (n=14,232) and in Leeds population is 3.4%.
- Disaggregating these broad ethnicity groups some small inequity can be seen in referrals for the Chinese population (0.2%, n=792 referrals but 0.5% Leeds population) and Irish population (0.7%, n=2442 referrals but 0.9% Leeds population). Due to the small numbers, further work is required to understand the statistical significance in order to avoid the risk of misrepresentative analysis arising from small changes in numbers.



- 4.3.3 Inequity in finish rates** (ie attended and not cancelled by patient or unit) by ethnicity)
- **Finish rates** for all Black, Asian and minority ethnic groups are lower (Asian or Asian British 85.4%, n=143,685; Black or Black British 87.4%, n=100,357; Mixed 82.5%, n= 43,072; other minority ethnic groups 83.5%, n=26,689) than finish rates for white ethnicity (90.4%, n=2.9m).
  - **Cancelled by patient** rates are higher for Black or Black British (3.9%, n=4,469), Asian or Asian British (4.8%, n=8,112) Mixed ethnicity (5.5%, n= 2,890) and other minority ethnic groups (5.5%, n=1,591) than White ethnicity (3.3%, n=106,154)
  - **DNA rates** are higher for Black or Black British (4.1%, n=4,684), Asian or Asian British (4.4%, n=7,454), other minority ethnic groups (5.6%, n=1,793) and Mixed ethnicity (6.4%, n= 3,339) than White ethnicity (1.5%, n=48,700)
  - DNA rates in Bangladeshi community are highest (8.7%, n=495) and any other mixed background (7.4%, n=835)
  - Finish rates overall are lowest in Bangladeshi community (78.1%, n=4,457)
- 4.3.4 Inequity in data for people of mixed ethnicity:**
- Finish rate 82.5% (n=43,072) is lowest
  - DNA rate 6.4% (n=3,339) is highest
  - Cancelled by patient rate 5.5% (n=2,890) is highest
- 4.3.5 Equitable access in terms of referrals by deprivation**
- Referrals of people in IMD decile 1 are 29.8% (n=109,898) but 23.8% of population
  - Finish rates (ie attended and not cancelled by patient or unit) are within 1 percentage point between IMD1 and IMD10 (88.9%, n=950,358) IMD1, compared to 89.6% IMD10 (n=178,949), but more significantly DNA rates are 3.1% IMD1 (n=33,122) to 1% (n=1,986) IMD10



**4.3.6 Analysis of the data has developed both hypotheses (considering the WHY?) and further work to identify appropriate actions:**

- Is the higher rate of DNA appointments/visits by Black, Asian and Minority Ethnic communities due to services not meeting their needs or not having appropriate information to access the service?
- Understanding the difference in access and experience of people of mixed ethnicity which could lead to higher DNA rates and higher rates of cancelled by patient
- Consider the impact of intersectionality, for example the Bangladeshi population living in areas of high deprivation
- Could the higher DNA rate of people living in deprivation be addressed through providing more choice / influence over appointment times so that there is less impact on attendance at work /school, or is it

linked to the cost of attending appointments or linked to literacy levels and the accessibility of communication about appointments and how to access the service?

It is important to note that these are working hypotheses and without further data, such as overlaying with main language spoken and interpreter requirements, and engagement with stakeholders there is a risk that that premature actions could be ineffective or even make inequities worse. There are also potential intersectional issues where people are for example both from a minority ethnic community, experiencing poverty and have a learning disability. It is the interrelationship between these characteristics that often lead to the greatest inequity.

#### **4.3.7 In addition to analysis of the trust as a whole, analysis and development of actions is also being undertaken around specific services:**

- CAMHS
- Neighbourhood Teams
- Rehab (LTCs including long-Covid)
- Podiatry
- Pain Clinic (MSK)

As analysis of the data is undertaken, this enables us to begin to unpick where differences lie and shift our focus and activity as appropriate, providing a basis for quality improvement. For example: access measures from referrals to finish rates; additional focus on main language and interpreter requirement as well as ethnicity. Further work with partners as part of the new population health and care boards will also allow us to consider the whole pathway or group of services care groups and populations receive in relation to addressing health inequalities.

#### **4.4 Stories of change: sharing and celebrating our change stories**

4.4.1 Recognising that people with mental health problems may struggle to access or remain engaged with services and that people with mental health problems tend to have worse health outcomes and poorer physical health, podiatry has highlighted mental health in the podiatry risk matrix as an increased risk to the lower limb. This means that this patient group are not discharged if they do not attend an appointment or miss a telephone consultation, without follow up telephone call. There is also an escalation process to the Mental health specialist podiatrist for any concerns prior to discharge.

4.4.2 ICAN have developed new easy-read continence and constipation care plans to support adults with learning disabilities care for their children. They are developing a suite of graphics and tools that will support staff to engage with parents, and in turn improve the health and care of the children.

4.4.3 Leeds Sexual Health has improved access to treatments by increasing patient choice. The new option for treatments to be posted can benefit people living in poverty by removing the cost of travel to clinic, the option to collect treatments from clinics without appointment have improved access for people with chaotic lifestyles or without a fixed address, for whom the postal option or appointment was not preferred. A new clinic for sex workers and other vulnerable groups offers TB screening, Covid vaccination and can also fit IUD contraception as well as sexual health assessment and treatment.

4.4.4 A new partnership role between Basis and LCH has been funded through NHS Charities Together and will increase awareness and good practice within LCH services around the needs of sex workers and people who are sexually exploited. Within this community, there is intersectionality with vulnerable migrants, including people who are trafficked. Priority health needs that have been identified include mental health, trauma-informed practice in all services and continence/colorectal as well as continued engagement and partnership working with Leeds Sexual Health.

4.4.5 The Cardiac Activity Programme has been redeveloped to offer increased choice to patients in both delivery method and location. They have changed from a 6-week exercise and education programme that, while it evaluated well by people who attended, identified through feedback from people who did not access the course that waiting times were too long, timings and location of sessions were not flexible, and the groups were not always appropriate for different people specifically in relation to age, gender and ethnicity. The new offer is a menu-based approach including: personalised home activity programmes with the option of easy-read information for the exercises; digital myheart app with the option to provide tablet devices to address digital exclusion and; flexible, personalised face-to-face physical activity sessions in local leisure centres (reduces time and cost of travel) of an activity to be chosen by the individual. Due to the change in delivery from group to a one-to-one basis, carers can now also be included and on completion of the sessions, patients are re-assessed and invited to continue their preferred activity at a discounted rate, which they can then continue with their carer or other social contacts.

4.4.6 The Homeless Health Inclusion Team are working in partnership with LYPFT, Safer Leeds, Leeds Housing Options, Mental health housing and Bevan Healthcare to provide out-of-hospital care for people experiencing or at risk of homelessness. They provide 9 beds/placements for people with physical ill health who are likely to also have a history of mental health problems and substance misuse and who need more treatment and support than is available in hostels, or are sufficiently well to be discharged from hospital but who are not well-enough or strong enough to be discharged to the street or to temporary accommodation. The team works with the person to improve self-management of long-term conditions and achieve their goals, also actively working to support digital inclusion. The scheme is inclusive of people with no recourse to public funds. It provides care and support for vulnerable and marginalised people who have high frailty markers but, due to their young age, do not meet the criteria for geriatrician-led care.

4.4.7 Equity and Quality Impact Assessments brought to panel are reviewed to understand potential impact on communities of interest and what action will be taken to mitigate risk of adverse impact or address existing inequity. A recurring theme among these is about increasing choice and access to services, which is of particular benefit to people living in poverty and people with disabilities. A workshop at QAIG in December will review any patterns across all changes in the first 6 months of the new process and follow up on actions taken to understand if they are having the desired impact and to identify learning to be shared across services.

## **5 Next steps**

Specific activity to be undertaken in the next reporting period until March 2022 is noted in Appendix 1. Of particular note are:



- Verification of hypotheses from data analysed to date and identification of actions to address the identified inequity
- Review of cumulative impact of changes brought through EQIA process
- Dissemination of THIG toolkit within LCH, ensuring the priority actions are being taken forward
- Continued focus on our partnership role to be a strong voice for health equity work within the city


## **6 Recommendations**



Board is recommended to:



- Receive the report and progress update (Appendix 1) and note activity to be updated in next progress report in March 2022.

## Appendix 1: progress update


Objectives		Year 1 focus	Update (November 2021)	Planned work to March 2022
 <p>Data</p>	<p>Increase understanding of health equity in our services</p>	<p>We will improve the recording of diversity and inclusion data, starting with ethnicity, postcode and communication requirements. We will then review the data that tells us about the access, experience and outcomes of Communities of Interest, starting with ethnicity and deprivation. We will increase the meetings and reports where health equity is considered and use our analysis to plan year 2 priorities.</p>	<p>There are now 3 standard reports available across SystmOne services that help us understand our current position in terms of inequity:</p> <ul style="list-style-type: none"> <li>• Accepted referrals by ethnicity and IMD decile</li> <li>• Visit/appointment completion rates, DNA, cancelled by patient and cancelled by unit rates by ethnicity, IMD decile, language spoken and interpreter requirements</li> <li>• Main language spoken and interpreter need</li> </ul> <p>Bespoke reports for:</p> <ul style="list-style-type: none"> <li>• LD</li> <li>• Mortality</li> <li>• Services that do not use SystmOne (eg LMWS, CAMHS)</li> </ul> <p>Data is being used both reactively to put an equity and inclusion lens on existing areas of work (Quality Committee, EQIA) and proactively to identify inequities across a service, group of services or particular demographic (main language &amp; interpreter requirement/use, NT transformation and frailty, LTCs and rehab, LMWS and CAMHS).</p>	<ul style="list-style-type: none"> <li>• Further development work to review data quality, presentation and analytical tools and then to develop the reports from their current spreadsheet format into PIP reports for teams to run themselves, and which will be updated bi-annually.</li> <li>• Increased recording of main language and interpreter requirement on communications template</li> <li>• Using data and insight from people, communities and the organisations that support them to validate hypotheses and identify and implement actions to address inequities.</li> </ul>
 <p>Partnerships</p>	<p>Work in partnerships</p>	<p>Delivering our 3<sup>rd</sup> sector strategy, including health equity priorities. Supporting delivery of LCPs health equity projects and Synergi mental health projects. Engagement with THIG and WYH health equity programmes and communities of practice. Taking part in the EDS2 partner review and</p>	<ul style="list-style-type: none"> <li>• THIG – draft toolkit supported at Health and Wellbeing Board</li> <li>• New partnership projects started with BID around improvements for people with sensory impairments and Basis around improvements for sex workers and people who are sexually exploited.</li> <li>• Ongoing engagement with WY ICP health inequalities and communities of practice, including development of plans to achieve Sanctuary Award in Health and the Health Equity Fellowship.</li> </ul>	<ul style="list-style-type: none"> <li>• Roll-out THIG toolkit, including agreed citywide essential actions, within LCH</li> <li>• Continue BID and Basis partnerships and share learning across services</li> </ul>

		achievement of Sanctuary Health award with provider partners.		
 <p>Tools and resources</p>	Develop tools and resources	<p>In year 1, our tools and resources to support leaders, staff, partners and communities to work together to identify and address inequity will include: Equity and Quality Impact Assessment process, Review Panel and EIA information sessions; Health Equity MS Team channel and intranet pages; document outlining principles and minimum standards for understanding and using data; Communities of Interest insight documents.</p>	<ul style="list-style-type: none"> <li>• Health Equity Group continues to meet monthly supporting leadership and spread of health equity agenda and activity across LCH.</li> <li>• LCH health equity virtual community is live and being launched in early December. Following feedback from staff, it is a space for people with a commitment to taking action to address inequity to come together, share ideas and problem solve about health equity. As well as general health equity chat, meeting and shared files functions, there are specific channels (virtual spaces) around key equity areas of work and communities of interest.</li> <li>• Tools have been developed around a hypothesis model and Opportunities for Change model to support services to identify and act on inequities.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing use and development of LCH health equity virtual community to support learning and action</li> <li>• Test out tools for identifying inequity and action within services</li> <li>• Review of cumulative impact of changes brought through EQIA process, including actions taken</li> </ul>

 <p>Quality and safety</p>	<p>Focus on equity in quality and safety</p>	<p>Analysis by ethnicity and deprivation to understand and act on inequity in mortality, pressure ulcers and other incidents, complaints and concerns. Consider equity in our proactive approaches to quality, including research, evidence-based guidance and outcomes. Develop an equity assessment process in the development of clinical policies and protocols.</p>	<ul style="list-style-type: none"> <li>• Mortality data continues to be reviewed by IMD decile, ethnicity and age at time of death. Equity consideration is now embedded as part of mortality reviews.</li> <li>• Work underway to align incident reporting (Datix) datasets with SystmOne datasets to be able to put an equity and inclusion lens on all patient safety reports</li> <li>• There is a commitment to addressing inequalities in the new NHS patient safety strategy and this is reflected in our patient safety work in LCH, for example in the development of the new patient safety partners.</li> </ul>	<ul style="list-style-type: none"> <li>• Complete alignment of equity and patient safety datasets to enable analysis by ethnicity, deprivation and main language spoken.</li> <li>• Development of equity and inclusion lens within patient safety partners</li> <li>• Shared learning from citywide Palliative and End-of-Life Care equality and inclusion group, including links to actions arising from analysis of mortality data.</li> </ul>
 <p>Person-centred care</p>	<p>Address inequity through person-centred care</p>	<p>Support 100% Digital inclusion projects and share learning within LCH service delivery Support delivery of self-management activity that improves health equity Develop awareness and identify actions to address inequity through shared decision-making, health literacy and personalised care planning and support.</p>	<ul style="list-style-type: none"> <li>• Leeds principles for person-centred care have now been agreed.</li> <li>• Person-centred care has a dedicated channel on the new LCH health equity virtual community, with planning to embed developments around person-centred care, AIS/reasonable adjustments, shared decision-making, health literacy and shared decision-making within Quality agenda.</li> <li>• Continued support of 100% digital inclusion projects, and charitable funds provision of tablets to carers, linking to services who identify digital needs through the communications template.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop coordinated approach to person-centred care, AIS / reasonable adjustments, shared decision-making, health literacy and shared decision-making.</li> <li>• Embed Leeds principles for person-centred care within LCH.</li> <li>• Identify and implement actions to address inequity around self-management and shared decision-making for people whose main language is not English and/or who require an interpreter.</li> </ul>

 <p>Different ways of working</p>	<p>Test different ways of working</p>	<p>Identify and implement solutions to inequity in long-Covid, mental health and frailty. Review learning from delivery to plan broader testing in year 2.</p>	<ul style="list-style-type: none"> <li>• Mental health: LMWS and CAMHS continue individual service approaches to identifying and implementing actions to address inequity. In addition to this, our actions to address inequity in mental health also link to provision of Making Every Contact Count (mental health) training for physical health services and the development of trauma-informed practice. This also responds to feedback around inequity in key groups, as well as evidence around the impact of Covid on mental health</li> <li>• Long-Covid learning and improvements form part of the broader Long-Covid research. Alongside work to improve equity within LCH clinics, following feedback and evidence around multiple LTCs and Covid as well as multiple LTCs and health inequity, focus is also being given to improvements in equity across rehab, linking Long-Covid, diabetes, respiratory and heart conditions, and the mental health support available to support rehab in LTCs</li> <li>• Frailty work to identify and address inequities initially focused on Virtual Frailty Ward. This work is now included within the Neighbourhood Team transformation model to ensure broader consideration</li> </ul>	<ul style="list-style-type: none"> <li>• Development of shared insight and learning around equity across age groups, mental health provision, trauma-informed practice, SEND and physical health service connections to mental health, particularly around LTCs</li> <li>• Identification of similarities in inequities across LTCs and shared actions that can be tested out to benefit people with multiple LTCs</li> <li>• Validation of hypotheses around inequities in DNA and cancelled by patient rates within Neighbourhood Teams and actions to address inequity</li> </ul>
 <p>Sharing</p>	<p>Share successes and progress</p>	<p>1<sup>st</sup> edition of LCH change stories shared with services and partners to prompt further engagement, with additional change stories shared through Midday Briefing and Health Equity intranet and further editions of LCH Change Stories collated, analysed and shared in Board reports. Other opportunities to share progress including Quality</p>	<p>For specific examples, please see section 3.4 of the Board paper: sharing and celebrating our change stories</p> <ul style="list-style-type: none"> <li>• Success and progress continue to be shared internally in engagement with services and partnerships, through social media and <a href="#">My LCH Awards and Thank You Hub</a></li> <li>• Examples of progress in addressing inequity shared externally informally in communities of practice and through Health and Wellbeing Board update paper (September 2021)</li> </ul>	<p>Ongoing sharing and learning across networks, plus specific opportunities including:</p> <ul style="list-style-type: none"> <li>• Analysis of change stories and comparison with baseline to inform Year 2 planning</li> <li>• Development of #LCHlearns repository</li> <li>• EDS2 review with partners (being rescheduled from December)</li> <li>• Results of Thank You Event nominations</li> </ul>



		Account and Thank You event.		
	Understand the difference we are making	Support citywide exploration of ways of measuring impact and progress on health equity, such as social value or social return on investment and population health. Use this knowledge to develop an evaluation framework which helps us to understand the impact we are having and make changes or take additional action where required.	<ul style="list-style-type: none"> <li>• Supporting the development of system-wide approaches to understanding impact, for example through social value.</li> <li>• Discussions are ongoing to understand the relative merits of an organisational framework with the potential to specify LCH’s impact, and system thinking around organisational boundaries in understanding and evaluating impact being artificial and unnecessary.</li> </ul>	<ul style="list-style-type: none"> <li>• Development of approach to understanding impact, supported by role and expertise of public health consultant working across LCH, LTHT and GP Confederation.</li> <li>• Testing models of understanding in LCH, for example AHP Health Inequalities Framework, Ford et al (2021) “Framework for unpacking health inequalities” and Chris Bentley “implementation decay” model.</li> </ul>



**Trust Board Meeting held in public:** 3 December 2021

**Agenda item number:** 2021-22

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**Title:** Annual Workforce Equality and Diversity report (1 November 2020 – 31 October 2021)

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**Category of paper:** Information and Assurance  
**History:** SMT

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**Responsible director:** Director of Workforce, OD & System Development  
**Report author:** ED&I Lead

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## Executive summary

At LCH, Equality, Diversity & Inclusion (ED&I) is an important aspect of our work, evidenced in particular through the high priority it is given by the Trust Board as well as its prominence in the previous and new LCH Workforce Strategies.

The Trust Board receives this annual update on progress made and future actions planned around ED&I in order that they can be assured that the workforce-related requirements of the Equality Act 2010 Public Sector Equality Duties (PSED) and the NHS Standard Contract are being met.

We are proud of progress we have made in particular areas of the ED&I agenda, over the previous 12 months (1 November 2020 – 31 October 2021). Highlights include:

- A slow but steady increase in the proportion of Black, Asian & Minority Ethnic employees in the LCH workforce
- Successful Allyship and Reverse Mentoring programmes; the former being so well-regarded that a neighbouring Trust has engaged LCH's programme leads to deliver the programme for their own staff
- The strengthening of employee voice across a number of protected characteristics, with the introduction of a new ED&I Forum and the ongoing development of existing Network and Group forums
- The achievement of national "Disability Confident Leader" accreditation – one of only 22 NHS organisations to be accredited at this level; and one of <400 Disability Confident Leader organisations out of the total of 20075 organisations who have joined the Disability Confident scheme.

As well as highlighting further actions and progress from the past 12 months, the paper describes some of our continued challenges and aims, as we strive to ensure that LCH can be a truly inclusive place to work. There is still much to do, as we seek to identify, understand and address disparity of experience; and continue to work on achieving better representation in our workforce across a range of underrepresented communities.

**\*We have refrained from re-circulating the referred to appendices A-D (Workforce Race and Disability Equality Standards reports) as these were received at the October 2021 Board meeting where they were considered and discussed. However, we can if requested, recirculate them to Board members.**

Appendix E: Gender Pay Gap report is attached.

## Recommendations

The Trust Board is recommended to:

- Note the progress made over the last 12 months and the assurance provided by this report that the workforce-related requirements of the Equality Act 2010 Public Sector Equality Duties (PSED) and the NHS Standard Contract are being met.



**LCH Annual Workforce Equality and Diversity report**  
*1 November 2020 – 31 October 2021*

## 1. Introduction

- 1.1 This report outlines progress made over the last 12 months 1 November 2020 – 31 October 2021 in meeting the Public Sector Equality Duty (PSED) a requirement of the Equality Act 2010.
- 1.2 The PSED is a general duty set out in the Equality Act 2010, which applies to public bodies and others that carry out public functions. It ensures that public bodies consider the needs of all individuals in their day-to-day work in shaping policy, in delivering services, and in relation to their own employees.
- 1.3 The PSED has 3 aims, which requires public bodies such as the Trust to have due regard to the need to:
  - eliminate unlawful discrimination, harassment, victimisation, and any other conduct prohibited by the Equality Act 2010
  - advance equality of opportunity between people who share a protected characteristic and people who do not share it
  - foster good relations between people who share a protected characteristic and people who do not share it
- 1.4 The 9 protected characteristics covered by the Equality Act 2010 are:
  - age
  - disability
  - gender reassignment
  - marriage and civil partnership (but only in respect of eliminating unlawful discrimination)
  - pregnancy and maternity
  - race – this includes ethnic or national origins, colour, or nationality
  - religion or belief – this includes lack of belief
  - sex
  - sexual orientation
- 1.5 Due regard for advancing equality involves:
  - Removing or minimising disadvantages suffered by people due to their protected characteristics.
  - Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
  - Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

- 1.6 The PSED is supported by 2 specific duties which require public bodies such as the Trust to:
- publish information by 31 January each year, to show their compliance with the PSED
  - set and publish equality objectives, at least every 4 years
- 1.7 At the December 2015 Trust Board meeting, in order to meet statutory and contractual reporting requirements, it was agreed that an annual update would be provided at each December Board meeting and would contain progress on the equality objectives and NHS Equality Delivery System2 (EDS2)
- 1.8 This process (1.7) meets the requirement of the PSED to share progress with the public on the 31 January 2022
- 1.9 The Trust continues to aspire to be an inclusive employer and provider of services to every community it serves, the content of this report lays out the activity, achievements, and continuing challenges that the Trust faces to become a truly inclusive place to work and receive treatment.

## **2. Background**

- 2.1 During the reporting period we have experienced a degree of success in the Trust with the introduction of initiatives such as Black, Asian, and Minority Ethnic (BME) Reverse Mentoring and the BME Allyship Programme. The resulting heightened understanding and acknowledgement of issues and experiences linked to diversity and inclusion is crucial and will continue to be a central plank of the Trust Equality, Diversity & Inclusion (ED&I) programme.
- 2.2 This year has seen us conclude the previous Workforce Strategy and objectives within that, which has resulted in some increase in representation of our workforce. In October 2021, we brought in a new Workforce Strategy 2021-25, which was approved by the Trust Board and includes two themes with strong ED&I links: Inclusion and Wellbeing. This will see the Trust move increasingly to targeted action in core areas of recruitment, development and health and wellbeing, to improve both the representation levels and experiences in work of underrepresented groups. In particular we will ensure that the voices and views of representatives from those groups are actively involved in the design and scrutiny of our ED&I programme of work; and seek to ensure the long-term sustainability of dedicated ED&I resource as part of our core business.

- 2.3 Key to the success of the Workforce Strategy 2021-25's Inclusion theme, *We are much more representative of our communities. Disparities in employee experience have substantially reduced; with remaining disparity actively tackled*, is local ownership and action on the ED&I agenda from services and operational leaders.
- 2.4 The new Trust ED&I Forum, as well as existing governance routes, will have key roles to play in ensuring this ownership and action. Local ownership and action will also be driven through the objectives below as well as those appearing under other themes in this Strategy, particularly the Leadership theme.

### 3. Race

- 3.1 The Race Equality Network (REN) continues to grow in both membership and influence, the input from the REN has been invaluable during the reporting period.
- 3.2 Members of the REN staff network continue to be integral in the recruitment and selection process for senior manager appointments, demonstrating the Trusts commitment to the WRES and transparency in the recruitment and selection process. This has resulted in growing confidence by Black, Asian and Minority Ethnic (BME) staff that the Trust is committed to the WRES & BME staff, through increased membership of the REN and positive verbal feedback from BME colleagues to the network Chair.
- 3.3 During the reporting period the REN has been key in the *Vaccine Hesitancy* work that the Trust has been delivering for colleagues and patients, by offering to have cultural and confidential conversations with staff who feel unsure about the vaccine or want to find out more information about the vaccine. .
- 3.4 The current WRES performance was reviewed and the WRES action plan, co-produced with the REN, which was approved at the Trust Board meeting on the 1 October 2021. The full WRES report and action plan are contained in **\*Appendices A and B**.
- 3.5 Over the reporting period, the Trust has made measureable progress in the overall representation of Black, Asian and Minority Ethnic (BME) staff in the Trust which has increased from 10.7% to 11.9%, whilst acknowledging that this is still some way off the the mid-term population census estimate of 19% BME in the city of Leeds. There is a number of actions in the WRES action plan, **Appendices B\*** designed to improve this position
- 3.6 Work is currently underway to explore ways of addressing underrepresentation in Allied Health Professional roles in the Trust.

3.6 The Trust acknowledged that our current workforce did not represent the communities that we serve and made a commitment, to set aspirational goals to increase Black, Asian and Minority Ethnic (BME) representation across all Agenda for Change grades to 14% by 2023 and 18% by 2028. This came into effect from April 2021, and is reported to the Business Committee, which is a sub committee of the Board. These figures will be reviewed once the ONS Census 21 data is made available in later 2022.

3.7 The Trust recognised that one of the avenues to start to change the culture of the organisation was through Allies. Allyship is about building relationships of trust, consistency, and accountability with marginalised individuals and/or groups of people. We are pleased to report that, the 3<sup>rd</sup> cohort of the Trust's Black Asian and Minority Ethnic (BME Allyship Programme), is due to conclude early in 2022 and Cohort 4 will be promoted shortly to start in early 2022. Some quotes from the current cohort;

*That it is brilliant space for developing awareness and trying to understand the challenges faced by people of colour and how your behaviour and attitudes can (unwittingly or not) contribute to this. It is an open, safe space where you can air views, ask questions and be constructively challenged. It is a must for everyone to be given the opportunity to take part. Cohort 3 delegate*

*It's an amazing opportunity, and I highly recommend joining. It is eye opening, some of the topics are difficult but it's things we need to know and be open to discussing if we want to make a change. The program will increase awareness of what constitutes racism in our current society, that it exists but the allyship is a way of developing our understanding of this, understanding white privilege as barrier to this, but that the allyship is a way of development my own personal confidence in addressing racism in and out of work, to therefore support my friends/colleagues and family. To understand how to improve our services for our BME patients and reduced health inequality. Cohort 3 delegate*

3.8 Being part of the Trusts BME Allyship Programme is a continuous process in which someone with white privilege and power seeks to first learn about the experiences of BME groups (as a whole), empathise with their challenges and build relationships with them, adding your voice to that of your other than White colleagues. The 12 week programme consists of 6 x facilitated sessions, with the opportunity for Allies to interact in between the sessions by way of "virtual" informal coffee/learning with BME members of staff, to enhance their experience. ([REN MyLCH page](#))

3.9 Delegates are provided with *tools and skills* to assist them become *influencers* for real racial equality in their teams, services and ultimately the Trust. To assist in providing support and continuous learning, an Allies Forum has been established, facilitating the linking of each of the cohorts and so growing the Allies network and influence, current membership stands at 34.

3.10 In May 2021, the Trust Board and members of the Race Equality Network took part in a discussion about 'white privilege' and heard from a number of Black, Asian and Minority Ethnic allies about the impact of the BME Allyship Programme on them personally and their working environment.

- 3.11 As a result of the success of the Trusts Black, Asian and Minority Ethnic (BME) Allyship Programme, the Trust was approached by our Intergrated Care System (ICS) partners, Harrogate and District NHS Foundation Trust to deliver the BME Allyship Programme to help improve their BME colleagues experience and oportunities.
- 3.10 During the autumn, the Trusts 3<sup>rd</sup> Reverse Mentoring cohort was completed, plans are in place to celebrate the learning. Cohort 4 will be promoted in December 2021.

## 4. Disability

- 4.1 The current WDES performance was reviewed and the WDES action plan, co-produced with the Health & Wellbeing Group, which was agreed at the Trust Board meeting on the 1 October 2021. The WDES annual report and action plan are contained in **Appendices C & D\***.
- 4.2 Overall, 5% of the Trusts workforce has declared a disability through the NHS Electronic Staff Record (ESR), this figure is above the NHS national average declaration rate of 3.5%. We are working on improving the equality declaration data relating to disability.
- 4.3 The Trust's WDES data states staff with a disability are less likely to enter formal capability process than those without a disability.
- 4.4 In recognition of progress made in this space and future commitment to the agenda we are pleased to announce that we have just been informed that we have, after significant investment, been accredited, at the highest level by the Dept of Work and Pensions and are now a Disability Confident Leaders organisation. To put it in context we are one out of only 22 NHS organisations and a total of 383 organisations who are Disability Confident Leaders, out of the total of 20075 organisations who have joined the Disability Confident scheme.
- The award of the Disability Confident Leader accreditation demonstrates to current and future colleagues we are committed to this agenda.





#### 4.5 Health and Wellbeing

We recognise that there are many factors which influence people's health and wellbeing that extend beyond the immediate workplace, with social and external influences impacting on people's ability to cope. During the Covid-19 Pandemic, we responded to this by setting up a range of support groups, which included:

- Support Group for Staff Who are Clinically Extremely Vulnerable from Covid-19 (this is a closed group available to those who are/have been shielding)
- Race Equality Network (REN)
- Men's Health group
- Clinical Weekly Drop-in
- Working Parents Group

4.6 A Health and Wellbeing Group evolved during the COVID-19 pandemic, consisting of representation from Staffside, management, ODI, staff with a disability and those who have a passion for making a difference to staff's health and wellbeing. As we move towards the recovery phase of the Covid-19 pandemic, there is a great need to build on this, and with the appointment of a Non- Executive Wellbeing Guardian, we will be revisiting and responding to the HWB needs of our staff now, with the focus developing to more of preventative approach rather than reactive, but flexible enough to respond to changing needs.

4.7 We are pleased to have successfully been nominated to take part in the NHS E&I HWB Framework Trailblazer pilot, which gives us the opportunity to be one of a few Trusts to participate and take the journey through the newly evolved framework, before its official launch to the wider NHS.

## 5. Sexual orientation

5.1 The Trust has over 600 colleagues visibly showing, through the wearing of the NHS Rainbow badge are saying they are supportive of people who identify as Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Asexual, Ally (LGBTQA+) and will do their best to get support if it is needed.

5.2 The Rainbow Badge initiative, started by Evelina Children's Hospital in London, has made a real impact on staff, as well as the children, young people, and families. It was set up to make a positive difference by showing that the wearer is part of an open, non-judgemental, and inclusive place for people that identify as LGBTQA+ as many young LGBTQA+ people say that they do not have an adult they can turn to or confide in.

*“I love my badge and wear it with pride. I’ve had a conversation about my badge when travelling on the bus to do a home visit. An older man asked why there were rainbows for the NHS everywhere. I commented that the rainbow was to show support for LGBT+ patients and staff. We then had a long discussion how things have changed in society since he was a young man. It was an enriching discussion for both of us.” Specialist Speech and Language Therapist.*

5.3 On the 10 September 2021, a number of the Trusts Rainbow Ambassadors enjoyed the glitz, glamour, disco music, and home-made animated Pride parade at the second NHS virtual pride event.

5.4 The Trust continues to promote LGBTQA+ equality through the inclusion of the NHS Rainbow badge on social media platforms, NHS jobs and personal electronic signatures. The Rainbow Ambassadors forum has met on 3 occasions in the reporting period and has actively promoted LGBTQA+ awareness events. The Rainbow Ambassadors will be contributing to the E,D&I Forum agenda on the 16 February 2022.

5.5 NHS England commissioned a collaboration, consisting of the LGBT Foundation, Stonewall, the LGBT Consortium, the Brighton & Hove Switchboard and GLADD, to develop and deliver a NHS Rainbow Badge Phase II Pilot.

5.6 The NHS Rainbow Badge Phase II is moving from a *pledge-based* system towards an *assessment model* (Bronze, Silver, Gold). All Trusts were invited to submit an expression of interest in being part of this next phase with only 40 places available. We are pleased to announce that on the 24 November 2021 we were informed that the Trust has been successful in our application. An inaugural meeting will take place on the 9 December 2021 with the NHSE/I LGBTQA+ lead to plan how we will demonstrate our ongoing commitment to reduce barriers to healthcare, experience and opportunity for LGBTQ+ people.

5.8 As part of the next phase the current NHS Rainbow Badge will be replaced in due course by the progressive NHS Rainbow Badge. This redesign incorporates trans pride flag to bring focus on inclusion and progress within the community. While retaining the common six-stripe rainbow design as base, the "Progress" variation adds a chevron along the hoist that features black, brown, light blue, pink, and white stripes to bring those communities (marginalized people of colour, trans individuals, and those living with HIV/AIDS and those who have been lost) to the forefront; "the arrow points to the right to show forward movement, while being along the left edge shows that progress still needs to be made."



5.9 The Trust has renewed its membership of the Stonewall Diversity Champions Programme and has provided a submission to the Stonewall Workplace Equality Index. This is our first submission of three which is part of a wider three-year improvement programme to provide equality of opportunity and experience for LGBTQA+ colleagues.

## 6. Gender (See appendix E for further detail)

- 6.1 For a second year, in partnership with Stonewall, the Trust promoted the International Pronouns Day on the 21 October 2021. Knowing and using a person's correct pronouns fosters inclusion, makes people feel respected and valued, and affirms their gender identity
- 6.2 The Men's Health Forum continues to meet monthly providing peer to support to its members and contributes to Men's Health promotion events within the organisation.
- 6.3 The Trust has met the Gender Pay Gap reporting requirements for 2020 data and narrative has been published on the Trust's external website, the Gender Pay Gap Report 2020 is contained in Appendix E. The Gender Pay Gap Report for 2021 is not due to be published until the 30 March 2022.
- 6.4 The Mean gender pay gap for the UK in 2020 was 15.5% in favour of males. At LCH the Mean gender pay gap is much smaller (better) than the UK average, at 9.8%.
- 6.5 It should be noted, however, that the Mean gender pay gap for the Trust did increase from 7.8% in 2019 to 9.8% in 2020. The change in gap looks to be attributable to an increase in the number of male employees in Quartile 3 and a decrease in men in quartile 1 and 2. This is not the same as saying women and men are being paid differently for doing the same job (which would be an equal pay issue). Reducing our Mean gender pay gap implies either increasing the proportion of men in lower grades or increasing the proportion of women occupying the most senior roles.
- 6.6 Local analysis suggests the increased Mean gap is not indicative of a trend at this point. The Gender Pay Gap data for 2021 is due for imminent analysis, and we will be carefully looking at any continuation or changes.
- 6.7 The Mean gender pay gap at LCH should be considered in the context of LCH's 0% Gender Pay Gap in Median pay, which is indicative of men and women carrying out equivalent roles in LCH being paid the same for those roles.

## 7. Next steps for 2021/22

7.1 Equality, Diversity, and Inclusion (ED&I) continues to be a key priority for the Trust, the key workstreams listed below provide targeted action in core areas of recruitment, development and health and wellbeing, to improve both the representation levels and experiences in work of underrepresented groups.

- Delivery of WDES and WRES actions plans
- Meet the requirements of the Gender Pay Gap Report
- Deliver the Disability Confident Leaders action plan
- Provide a comprehensive Stonewall Workplace Equality Index submission.
- Implementation of the NHS Rainbow Badge assessment framework.

7.2 The workstreams listed in 7.1 will contribute to the delivery of the Workforce Strategy 2021-2025 equality objectives listed below

- We will identify the Leeds communities most under-represented in our workforce and work alongside them to understand and reduce barriers to working at the Trust, particularly in leadership roles, through improvements to our recruitment and selection processes
- As an anti-racist organisation, we will consider how we use appraisal processes, to emphasise the personal responsibility each of us has for calling out and reporting racist or discriminatory behaviours
- We will identify and tackle areas of the organisation with most disparity in employee experience, by protected characteristic, between those with and without particular protected characteristics, focusing on Race, Disability and Sexual Orientation; and working with those areas to develop targeted action plans to reduce those disparities

- We will work with our existing and emergent Staff Groups, Forums and Networks to better understand and incorporate their lived experience and diverse employee needs into our organisational approaches and policies
- We will build on the success of the Allyship and Reverse Mentoring Programmes to continue our journey towards a compassionate and inclusive organisational culture, enabling every employee to feel that #@LCHICanBeME
- We will seek sustainable funding streams to maintain the Trusts ED&I programme in order to achieve its stated objectives
- We are much more representative of our communities. Disparities in employee experience have substantially reduced; with any remaining disparity actively tackled.

## 8. Conclusion

- 8.1 A significant amount of work on the ED&I agenda has taken place in the previous 12 months and the Trust has seen some positive achievements in increasing the representation of its workforce, its cultural programmes and strengthening of the staff's voice across a number of protected characteristics.
- 8.2 As we move towards the next phase of the pandemic, many staff will be reflecting and making important decisions about where they want to work and what they want to do. A key factor in this is likely to be a workforce that feels that their employer cares about them, celebrates diversity and welcomes their differences – which is the bedrock of our “I can be me” campaign – where everyone bring their whole self to work.
- 8.3 Whilst we celebrate the achievements of the past 12 months, we know that there is much work still to do on our ED&I organisational journey. The coming 12 months offer an opportunity to further develop our EDI work and increasingly tackle disparities in experience still existing in our workforce and continuing to increase representation.

## 9. Recommendations

- 9.1 The Trust Board is recommended to note the progress made over the last 12 months and the assurance provided by this report; that the workforce-related requirements of the Equality Act 2010 Public Sector Equality Duties (PSED) and the NHS Standard Contract are being met.

**Title: Gender Pay Gap reporting 20/21 reporting year**

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**Main points**

- The mean Gender Pay Gap at LCH has increased from 7.8% to 9.8% in favour of males. The Mean gender pay gap for the UK in 2020 was 15.5%
- The change in gap looks to be attributable to an increase in the number of male employees in Quartile 3 and a decrease in men in quartile 1 and 2; and is offset by the 0% Gender Pay Gap in Median pay. Local analysis suggests the increased Mean gap is not indicative of a trend at this point.
- The median Gender Pay Gap is considered to be particularly useful to indicate what the “typical” situation in an organisation is, as it is not distorted by very high or low hourly pay (or bonuses).

# Gender Pay Gap reporting 20/21 reporting year

(which uses a snapshot date of 31 March 2020)

## 1 Background

- 1.1** Leeds Community Healthcare NHS Trust takes the issues of fairness, rights and equality very seriously. We recognise the value of our colleagues and their diversity, and work to ensure that the workforce is representative of the communities we serve. There is recognition of the societal issues facing females in the workforce and the long-term focus required to address the gender pay gap.
- 1.3** The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 came into force on 31 March 2017. These regulations underpin the Public Sector Equality Duty which requires all public and private sector bodies with a workforce of more than 250 members of staff to publish details of any gender pay gap within their organisation. The data must be published annually on its public website by 30 March and is a snapshot of pay taken on 31 March in the preceding year. This must then be submitted electronically onto the [government viewing website](#).
- 1.4** (For the purposes of the analysis in this report, the snapshot date is 31 March 2020. Due to the continuing impact of the Coronavirus (COVID-19) pandemic, the Equality and Human Rights Commission (EHRC) extended the deadline for employers to report their gender pay gap information to 5 October 2021)
- 1.5** LCH employs approximately 3600 staff in a range of roles within the medical and dental, allied health, nursing and administrative and clerical functions. All staff other than very senior managers (VSM's) are on Agenda for Change or Medical and Dental national pay-scales and these ensure all staff are paid equally regardless of their gender.
- 1.6** The gender pay gap is the difference in average pay between men and women in an organisation and highlights any imbalances that exist between the average hourly earnings of women compared with men. This is not to be confused with Equal pay which covers the difference in pay between men and women who carry out 'like work' – work that is the same or broadly similar, work rated as equivalent or work of equal value<sup>1</sup>.
- 1.7** For the purposes of gender pay gap reporting, the definition of who counts as an employee is defined in the Equality Act 2010 and includes:
- Employees (with a contract of employment)
  - Workers
  - Self-employed people where they have to personally perform the work

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<sup>1</sup> ACAS – Equal Pay - <http://www.acas.org.uk/index.aspx?articleid=1811>

## Data Used to Calculate Gender Pay Gap Figures

1.8 There are 6 key indicators against which an employer must publish its calculations. The following information must be provided and the figures as at 31/3/20 are shown in brackets below:

- **Mean gender pay gap** – The difference between the mean hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees. (9.8%)
- **Median gender pay gap** – The difference between median hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees. (0%)
- **Mean bonus gender pay gap** – The difference between the mean bonus pay paid to male relevant employees and that paid to female relevant employees. (22.3%)
- **Median bonus gender pay gap** – The difference between the median bonus pay paid to male relevant employees and that paid to female relevant employees. (0%)
- **Bonus proportions** – The proportion of males and females receiving a bonus payment. (A total of 7 females and 5 males which is 0.3% and 1.2% of the whole workforce)
- **Quartile pay bands** – The proportion of males and females in each of the four pay quartiles for 2020 and 2019 is shown below.

	Female Headcount	Male Headcount	Female %	Male %	Female £	Male £	Mean Pay Gap (%)
<b>1 (Lowest)</b>	662	113	85.4	14.6	10.27	9.94	-3.3%
	(616)	(113)	(84.5)	(15.5)	(10.0)	(9.720)	(-3.3)
<b>2</b>	648	77	89.4	10.6	13.74	13.84	0.7%
	(632)	(85)	(88.1)	(11.9)	(13.05)	(12.91)	(-1.1%)
<b>3</b>	699	82	89.5	10.5	17.79	17.66	-0.7%
	(673)	(69)	(90.7)	(9.3)	(16.92)	(16..88)	(-0.3%)
<b>4 (Highest)</b>	680	142	82.7	17.3	24.26	28.83	15.9%
	(604)	(126)	(82.7)	(17.3)	(23.45)	(25.43)	(8.00%)

(See table below)

### 2019 data in brackets

1.9 In addition, a written statement, authorised by an appropriate senior person, who confirms the accuracy of the calculations must be provided This is contained in Appendices A, *Assurance and Supporting Statements*.

*\*Clinical excellence awards will be regarded as bonus pay, as well as any other payments above the level of ordinary pay for performance or expertise such as performance related pay for very senior managers and others.*

## 2.0 Methodology



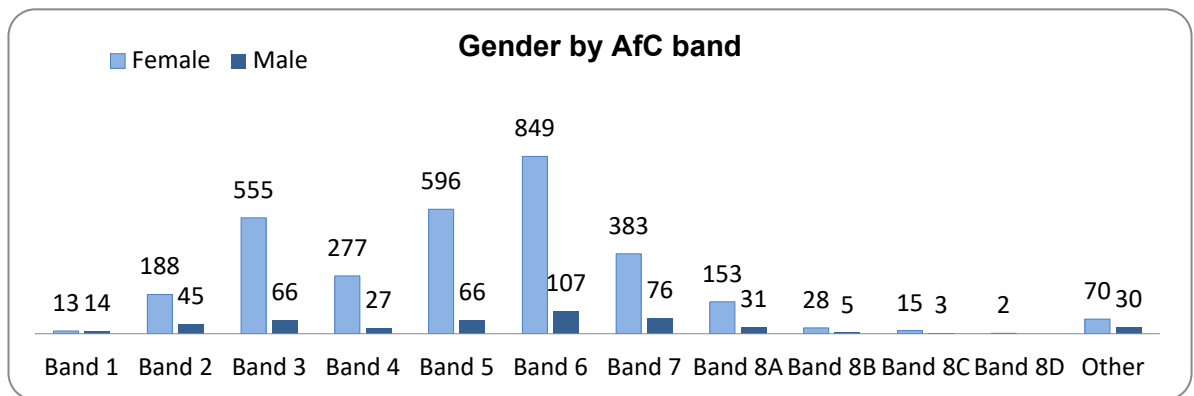
The data produced in this report has been generated using the Electronic Staff Record (ESR) report designed specifically for gender pay gap reporting.

The report is based on rates of pay as 31<sup>st</sup> March 2020 and bonuses paid in the year 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020 and is based solely on the agreed data sets held on ESR.

### 3.0 Results for LCH

Like most NHS Trusts, LCHT has a significantly higher proportion of females in its workforce to males. In LCHT females make up 87% (3129 female members of staff) of the workforce, significantly higher than the 77% of females in the overall NHS workforce (NHS Digital)

Graph 1



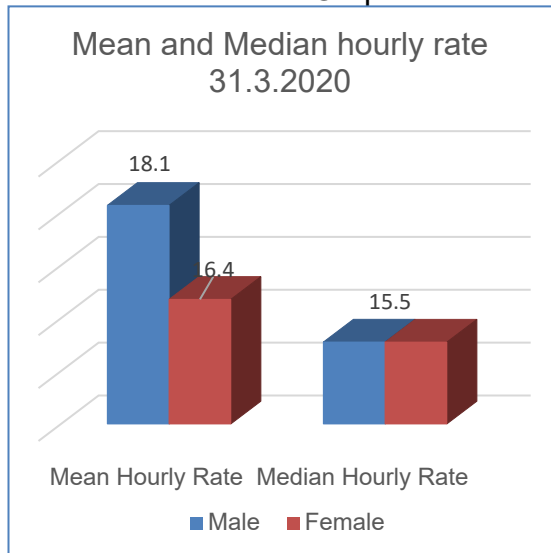
### 3.1 Mean and Median gender pay gap

Graph 2 represents the Mean and Median hourly rates of pay for men and women for 2020. It illustrates there is a gender pay gap of £1.70 in the mean hourly rate of pay, which means for every £1 a man earns a woman will earn 90p. There is however no gender pay gap in the median hourly rate of pay.

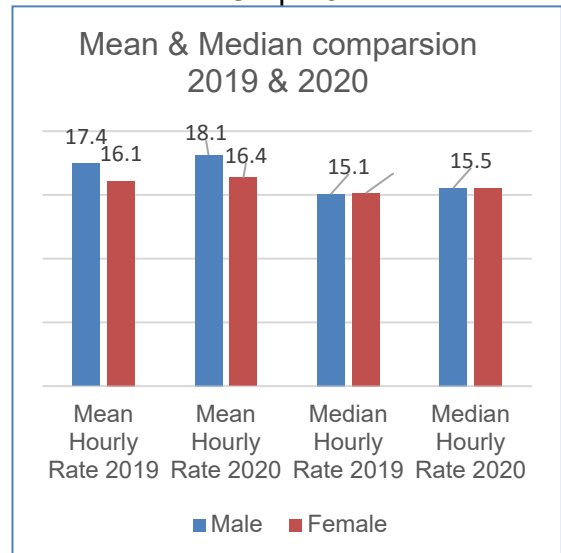
The median gender pay gap using hourly rates is useful to indicate what the “typical” situation is as they are not distorted by very high or low hourly pay (or bonuses).

<https://www.gov.uk/guidance/making-your-gender-pay-gap-calculations>

Graph 2



Graph 3



Graph 3 offers a comparison of this year's figures against those reported for 2019. The figures show a slight widening of the mean gender pay gap hourly rate from £1.30 to £1.70. (Further detail below in section 3 explains why this might be).

### 3.2 Proportion of Males and Females in each Pay Quartile

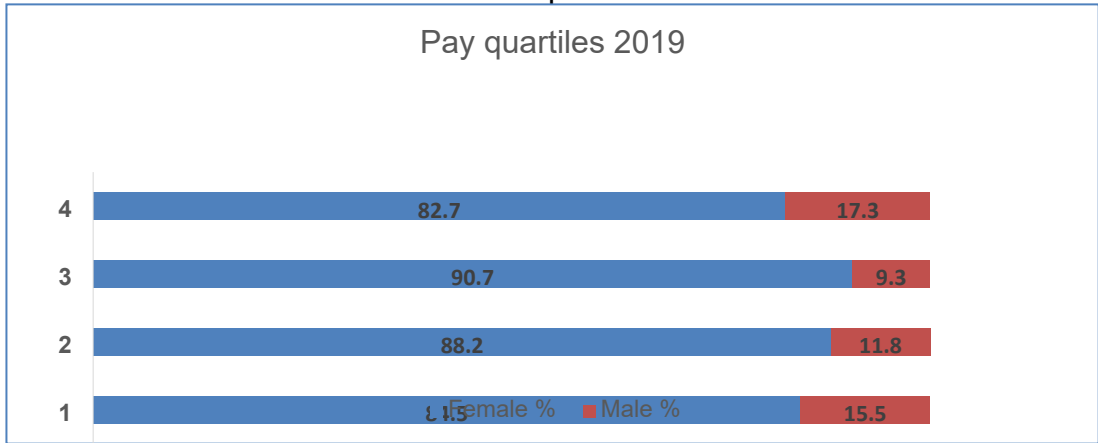
**3.2.1** A pay quartile represents a quarter of the workforce ranked by pay. That 25% is then categorised based on gender to illustrate the proportion of females and males in each quartile. Graphs 4 and 5 below compare the percentage of females and males in each quartile for 2019 and 2020.

**3.2.2** The positive news is that female representation in quartile 4 has remained static.

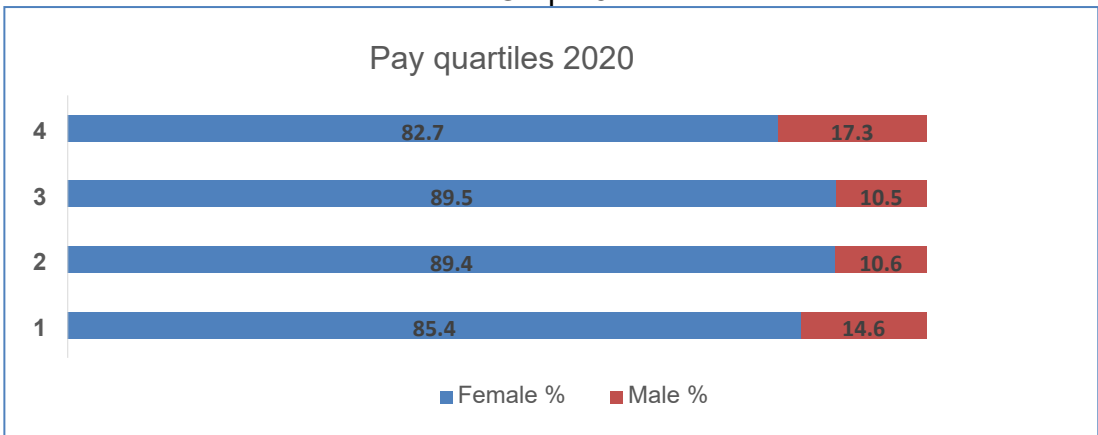
There has been a marginal increase of males (1.2%) in quartile 3 and a decrease in male representation in quartiles 2 and 1 (A decrease of 1.2% & 0.9% respectively), which could be one possible reason for the overall increase in the meant gender pay gap.

**3.2.3** Except for quartile 4 the remaining quartiles are broadly representative of the overall workforce where 87% are female and 13% are male.

Graph 4

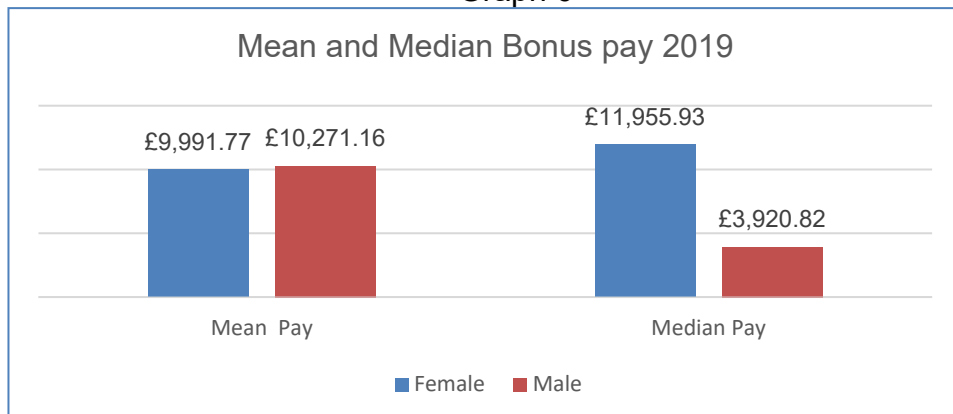


Graph 5

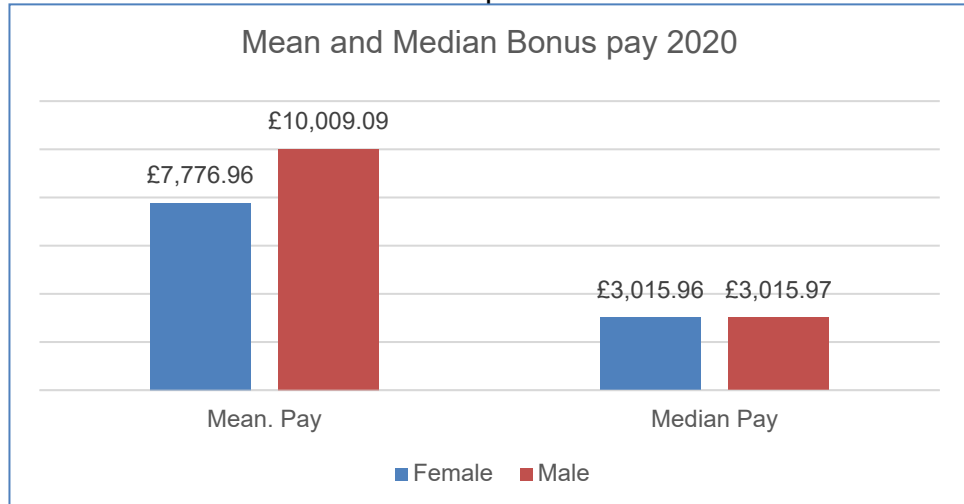


#### 4.0 Mean and Median gender Bonus Pay Gap

Graph 6



Graph 7



The bonus payment percentages are intended to reflect the distribution of bonus payments made to men and women who were paid a bonus in the preceding 12 months. This is based on the number of men and women who are “eligible” and then go on to actually receive a bonus.

The Gender Bonus Pay Gap within LCHT has increased from 10.7% in 2019 to 22.30% in 2020 in favour of males, which whilst significant, this links to a small cohort of Medical and Dental consultants who are eligible to apply for CEA and were successful in being awarded a CEA, which disproportionately impacts on the figures.

It is worthy of note that proportionately men are more likely to receive a bonus than women and for LCHT the proportion of males receiving a bonus payment is 1.2% and the proportion of females receiving a bonus payment is 0.3% of the whole workforce. More encouragement of females to apply for CEA needs to take place to address this imbalance.

In addition to local CEA there are National CEAs which are determined externally and administered by the Department of Health and periodically reapplied for and as such are categorised as bonus payments. This forms part of a Consultants national terms and conditions, and again further encouragement to support more women to apply for these should take place.

## 5 What the data is telling us?

### Gender Pay Gap

Whilst there is a gender pay gap in Mean hourly pay, which means that on average for every £1 a man earns a woman earns 90p, analysis suggests that this is not indicative of a trend or undue concern. The change in gap looks to be attributable to an increase in the number of male employees in Quartile 3 and a decrease in men in quartile 1 and 2; and is offset by the 0% gap in Median pay.

As Gender Pay Gap data for the NHS is not available, to provide some context, the table below shows LCHT comparison with the mean UK Gender pay is shown below:

	2019	2020
UK Gender Pay Gap	17.8%	15.5%
LCHT Gender pay Gap	7.8%	9.8%

Female representation in Quartile 4 has remained static since 2019.

The Gender Bonus Pay Gap is based on the number of men and women who are “eligible” and then actually receive a bonus. (At LCHT this is due to CEA). This has increased from 10.7% in 2019 to 22.30% in 2020 in favour of males, which is attributable to CEA payments. These are paid to a small number of eligible medical staff, with a higher proportion of males, and therefore small variations show up as greater impact on figures. The proportion of males receiving a bonus payment is 1.2% and the proportion of females receiving a bonus payment is 0.3% of the whole workforce.

## 6.0 Conclusion

The LCHT Gender Pay Gap overall has increased slightly from 7.8% in 2019 to 9.8% in 2020,

The change in gap looks to be attributable to an increase in the number of male employees in Quartile 3 and a decrease in men in quartile 1 and 2; and is offset by the 0% Gender Pay Gap in Median pay. Local analysis suggests the increased Mean gap is not indicative of a trend at this point.

The positive news is that the % of female representation within quartile 4 has remained static.

Whilst the Gender Bonus pay Gap has increased, this can be attributable to the payment of CEA awards to a section of the workforce which has proportionately more men than women, and therefore not a cause for concern. Further encouragement to support female doctors in applying for CEA will take place.

As the next Gender Pay Gap for the reporting year 2021/22 is due to be published and uploaded by 31 March 2022 (taking a snapshot of 31 March 2021), we will continue to ensure that gender equality is part of our overall diversity and inclusion workstreams, to ensure that the workforce is representative of the communities we serve.

## 7.0 Recommendations

- Note the LCH Gender Pay Gap figures and analysis
- Note that the figures were reported to the YouGov website and Appendices A on the LCH website by 5 October 2021

## **Appendix A**

### **Assurance and Supporting Statements**

Leeds Community Healthcare NHS Trust fully supports gender pay gap reporting across both private and public sector organisations. The Trust is fully committed to equality of opportunity within our workforce and recognises the societal issues facing women in the workforce and the long-term focus required to address the gender pay gap. Gender equality is part of our overall diversity and inclusion workstreams, to ensure that the workforce is representative of the communities we serve.

Our data shows that whilst the mean gender pay gap overall has increased, the median gender pay gap is static and neutral. Analysis suggests that the increase is attributable to an increase in the number of males in Quartile 3 and decrease in males in Quartiles 1 and 2.

The data has been drawn directly from our financial records and the pay-roll system. The information has been analysed using the NHS national gender pay gap business intelligence reporting programme produced by the national Electronic Staff Records (ESR) team. This therefore provides assurance on the data gathering and analysis process and the controls to support the data quality within this report.

Jenny Allen & Laura Smith

Director of Workforce, OD & System Development  
Leeds Community Healthcare NHS Trust

4 October 2021

**Public Board Meeting: 3 December 2021**

**Agenda item number: 2021-22 (94)**

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**Title:** Climate Emergency declaration

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**Category of paper:** for approval (ratification)  
**History:** N/A

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**Responsible director:** Executive Director of Operations  
**Report author:** Sustainability and Environmental Manager

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## **Executive summary**

At the 5 November 2021 Board workshop the Board heard how the benefits of a more sustainable way of working would not only reduce the Trust's carbon output but would have long term financial benefits and most importantly would improve patient care and general health of the population.

The Board was presented with the results of three sustainability audits which indicated that the Trust has made good progression in a number of key regions such as: procurement, recycling and senior management representation. However, there were areas which required development moving forward into the new year if the Trust was going to keep up with other major influential institutes across Leeds. One such area was for the Board to declare a climate emergency.

The Board was advised that the declaration of a climate emergency was a key performance indicator in all three audits and was seen as important across the sector. The declaration would highlight to staff, patients and other stakeholders that the Trust acknowledged and recognised climate change. It would send a strong message that the organisation understood the direct impact it had on the environment and how those impacts had implications for its service users and the wider population. Declaring a climate emergency added weight and urgency to action and could be used to inspire individuals to make changes which could lead to dramatic influence.

In May 2019 the government set the target for the country to be carbon neutral and achieve net zero by 2050. Taking into account the NHS is the largest employer within the UK and contributes to 5% of the UK's carbon emissions, the NHS would need to take innovative and drastic actions to enable the government to achieve its goal.

Work had already commenced through the formulation of the Trust's first Sustainability Development Management Plan (SDMP), which outlines the key areas throughout the trust which need input and focus on from the sustainability manager.

There are 4 main areas throughout the Trust that have been highlighted as high carbon emitters throughout the organisation: procurement, travel, buildings and waste. The SDMP outlines methods and projects for the Trust to decrease its overall carbon output and it would act as a live adaptable document which will likely change throughout the Trust's journey to net zero. Specifically, regarding climate emergency and becoming a carbon neutral institution by 2040, initial goals and initiatives have been formulated with a view to be finalised in January 2022 at the next Board workshop.

Having reviewed the information presented at the Board workshop, the Board members in attendance agreed that the Trust should declare a climate emergency and that the decision should be ratified at the next formal Board meeting in Public.

## **Recommendations**

The Board is asked to ratify the decision made at the November 2021 Board workshop to declare a climate emergency.



**Trust Board Meeting held in public: 3 December 2021**

**Agenda item number: 2021-22 (95)**

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**Title: Draft Annual General Meeting minutes 2021 – 14 September 2021**

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**Category of paper: for approval**  
**History:**

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**Responsible director: Chief Executive**  
**Report author: Board Administrator**

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## Attendance

<b>Present:</b>	Brodie Clark CBE Thea Stein Richard Gladman Professor Ian Lewis Helen Thomson Alison Lowe Khalil Rehman Bryan Machin Sam Prince Dr Ruth Burnett Steph Lawrence	Trust Chair Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Executive Director of Finance and Resources Executive Director of Operations Executive Medical Director Executive Director of Nursing and Allied Health Professionals
	Jenny Allen	Director of Workforce, Organisational Development (OD) and System Development (JA)
	Laura Smith	Director of Workforce, Organisational Development (OD) and System Development (LS)
<b>In Attendance</b>	Rachel Booth Diane Allison	Associate Non-Executive Director Company Secretary

## Apologies:

<b>Minutes:</b>	Liz Thornton	Board Administrator
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## Observers:

<b>Members of the Staff and public:</b>	72 members of staff and members of public attended
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## **Item 2021-22 (1)**

### **Discussion points:**

#### **Welcome and introduction**

The Trust Chair welcomed everyone to the Leeds Community Healthcare Annual General Meeting (AGM) for 2021. He explained that the meeting was being held online to respect social distancing guidelines. He made attendees aware that an audio record of the meeting would be made available on the Trust's website following the meeting. No objections were made to the recording of the event. The Trust Chair also advised that, as the Annual General Meeting was a formal meeting of the Leeds Community Healthcare NHS Trust Board, it would be minuted in the same way as all Board meetings, the minutes would be published on the Trust's website in the papers for the Board meeting on 3 December 2021.

He began by expressing a profound 'thank you' to the staff of the Trust; to partners and to those within the Community who had supported the Trust during this period. It had been a challenging time, and nobody had escaped the pressures, the disruption, the risks, and the harms of this period.

The focus on delivering high quality services; the complex organisational juggling to ensure that high priorities were at the front of the queue; the responsiveness and the resilience of the organisation had all been outstanding. From the frontline community facing staff through to the administration teams, the technical and financial support teams, middle management, and senior management teams all had shown resilience and spirit, which was a credit to the Trust, but more importantly on the City of Leeds.

The priority focus for the last 12 months had been:

- playing a full part in the ongoing response to Covid-19, and being prepared for further surges, and, very significantly, in leading the delivery of the City vaccination programme,
- building services back up to full strength, but even better quality, including a stronger focus on prevention, self-management, and proactive care,
- promoting, supporting, and caring for the health and wellbeing of staff,
- working actively and directly towards reducing health inequalities across the city.

He spoke about visiting the vaccination centres as the strength of partnership grew. He had seen the military; the private sector, the voluntary sector, various NHS trusts, primary care and pharmacists all working as one and witnessed the extraordinarily impressive collective output and signing off the millionth jab a few weeks ago.

The Trust's partnerships were moving away from that world of traditional competitive provider relationships to one of collaboration to allow easier accessibility for patient. Some examples of this joint work were:

- The Long Covid Community Rehabilitation Service – a remarkable and highly challenging work programme, jointly developed and delivered with Teaching Hospital Colleagues and research work with Leeds University.
- The partnership working with primary care into care homes notably in the Seacroft/Crossgates area during COVID and continuing positively and successfully across those and many other care homes within the City. This was making an important difference.
- The 'Virtual' wards, respecting the wishes of patients to be treated out of hospital and providing some notable relief to colleagues within acute services.
- The Mental Wellbeing Service, working directly with Primary Care clinical lead colleagues and equally alongside eight great partners, including Touchstone, Community Links, Northpoint, Women's Counselling, Homestart all demonstrating the importance of playing to the strengths of partners and undoubtedly, through them, improving uptake within and across the diverse communities of this city.
- The Third Sector Strategy which outlined the Trust's ambition and desire to work in partnership with third sector colleagues as a matter of routine.
- The key partnership with patients, with communities and with carers where to listen, support and encourage.

The Trust would continue to look for partnerships that made health care in the community simpler, more accessible, and more relevant to circumstances.

The learning from Covid had led to new ways of delivering services; using digital and telephony where appropriate to provide quicker, easier access to services; taken services around the city with healthcare 'buses'; delivering services in mosques and church halls, into village halls and within busy shopping centres and even football grounds.

He said that the contribution of staff must never be underestimated or taken for granted. Many were tired; many have felt liberated and inspired; all are committed, and Leeds should be proud of their contribution.

Finally, in looking forward three things were key:

- To continue to build positively on partnerships – with communities, with providers and with the voluntary sector.
- To support and work with the new design arrangements for the Trust and the NHS – in the interests of Leeds and of West Yorkshire and so fully participate *with conviction* on making new organisational and governance models work.
- To *deliver* those early and ambitious stages of the health inequality agenda to ensure and achieve the promise of providing an even greater relevance and accessibility of community healthcare for the people of Leeds.

He said that there were some strong challenges ahead and with the fine staff within the organisation and with its outstanding leadership, he took great confidence that it would be achieved.

#### **Item: 2021-22 (2)**

##### **Discussion points**

##### **Chief Executive's presentation: reviewing 2020/21, and discussing the year ahead**

The Chief Executive presented a review of the previous 12 months. She said that to talk about the year's uniqueness, its extraordinary impact on everyone, to describe what it has felt like to be part of the health service during this time, to be part of Leeds Community Trust Leeds itself felt impossible to describe.

The Trust Chair had already talked of the way in which the organisation had risen to the challenge during the past 18 months and the importance of the working across the City to strengthen the partnerships with existing organisations, form new relationships and new teams. How the Trust supported staff and each other and focussed relentlessly on serving the public.

The Trust had always strived to be a kind and compassionate organisation caring for each other and caring for its patients with pride in its commitment to social justice, to tackling health inequalities across all the communities, to listening to each other and to treating everyone in the organisation and everyone it served in the community with respect and dignity. The Trust was proud to win the HSJ's award for speaking up organisation of the year this year - a signal of its commitment to openness and honesty at all levels.

At the AGM last year the Trust's Race Equality Network leaders talked about their work during the pandemic and the importance of the "@LCH I can be me" campaign. A campaign demonstrating the commitment to everyone's voice and everyone's experience to listening and supporting all patients individually and personally – not just "a leg to bandage" – but rather a whole person.

The Chief Executive said that this year she was proud to stand alongside members of the Network with colleagues across Leeds and launch the anti-racism campaign in Leeds.

For the annual Thank You Awards the Trust invites applications across a range of areas from Colleague of the Year to Project of the Year. This year the Trust was inundated with applications for Team of the Year with virtually every team in the organisation nominated and often nominated with others making super large teams. She said that the temptation was to award the whole organisation Team of the Year and in a way, this was done when every member of the organisation was sent a certificate and badge commemorating the year and simply saying 'Team LCH'.

Team of the Year was won by the Personal Protective Equipment (PPE) Team. The team that co-ordinated the deliveries, ensured there was flow across the bases which kept us all safe. A new team undertaking a task which had never done before and doing it magnificently. It summed up so much about the year.

The Chief Executive introduced a film which was accompanied by a poem written and read out by Fiona Johnson, Associate Community Matron called 'Today I cried' which was addressed to the citizens of Leeds and described how it felt to be working in community during the pandemic. The film reflected on the year and about preparations for the year to come. It included not only the faces of frontline clinical staff but receptionists who kept buildings open, IT, communications, finance, and estate colleagues without whom work would not have continued. Members of the senior team - rarely mentioned but who were exceptional and many more. All of whom together made up the complete frontline.

Finally, the Chief Executive said that there was a tough winter ahead and this would continue to be really challenging in ways we already know but no doubt with some new surprises. She said that she could not imagine a better team 'Team LCH' or a better city full of amazing partners to face this with together.

### **Item: 2021-22 (3)**

#### **Discussion points**

#### **Annual report and accounts 2020/21: explaining the finances**

The Executive Director of Finance and Resources presented an overview of the Trust's annual report and accounts for 2020/21.

In the report on the Trust's 2019/20 financial performance in last year's Annual Report the reflections had been on the changes that had already been introduced for the 2020/21 NHS financial regime due to the pandemic. It was right that financial performance took a back seat as staff responded to the pandemic and for the first six months of the year NHS England provided the Trust with the income to match its expenditure; effectively a break even position.

In the second six months the Trust was allocated a resource within which to manage its 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 the Trust in the second half of the year were sufficient to meet all 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 the Trust recorded a £1.5m surplus. This was a financial result specific to 2020/21 resulting from the financial regime in operation. It did not provide any guide to the Trust's underlying financial position which would be heavily dependent on the resources available to the NHS as recovery from the pandemic took place.

He presented a table that showed the Trust underspent the 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, significant progress was made on reducing backlog maintenance issues in some buildings as well as providing replacement clinical equipment. There had been a significant investment in information technology to enable staff to continue to do their jobs remotely, be that delivering digital consultations with patients or providing support roles from home.

In summary he said that he had been proud to write about the Trust's financial performance in ten Annual Reports. He hoped that this presentation reflected the critical importance of all Trust staff and managers in working to deliver the best possible care each year whilst meeting financial targets and he thanked 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 did however provide the opportunity to reflect on how hard staff had worked, often in new and challenging ways, to provide care to patients and had looked after each other.

**Item: 2021-22 (3)**

**Discussion points**

**Question and answer session**

The Trust Chair opened this section of the meeting by inviting questions and comments. He said that Trust Board members were in attendance and would assist in answering questions.

A member of the public had submitted a question asking whether the Trust could think about some reusable shopper bags with the Trust logo or small umbrellas as giveaways to push the logo and raise the profile of the Trust's services.

The Executive Director of Operations agreed that raising the profile of the Trust was important but must be balanced against the cost of sourcing promotional items and their sustainability. She agreed to reflect on the suggestion and to ask an operational group to consider whether it was appropriate to pursue it further.

There were no further questions.

**Item:2021-22 (4)**

**Close of the 2021/22 Annual General Meeting**

The Trust Chair thanked everyone for joining and closed the formal part of the meeting.

He the invited attendees to remain to listen to the Trust's Executive Director of Nursing and Allied Health Professionals speak about the work of the Leeds Community Healthcare Charity.

**Date, time, and venue of the Leeds Community Healthcare NHS Trust**

**2021/22 Annual General Meeting:**

**To be confirmed**

Version 5: 24 11 2021

Topic	Frequency	Lead officer	3 December 2021	4 February 2022	31 March 2022	27 May 2022	5 August 2022	7 October 2022	2 December 2022
<b>Preliminary business</b>									
Minutes of previous meeting	every meeting	CS	X	X	X	X	X	X	X
Action log	every meeting	CS	X	X	X	X	X	X	X
Committee's assurance reports	every meeting	CELS	X	X	X	X	X	X	X
Patient story	every meeting	EDN&AHPS	Staff story X	X	X	X	X	X	X
<b>Quality and delivery</b>									
Chief Executive's report	every meeting	CE	X Inc system pressures update	X	X	X	X	X	X
Performance Brief	every meeting	EDFR	X	X	X	X	X	X	X
Performance brief: Measures for inclusion in the performance brief	Annual	EDFR			X				
Performance Brief: annual report	Annual	EDFR				X			
Significant risks and risk assurance report	every meeting	CS	X	X	X	X	X	X	X
Care Quality Commission inspection reports	as required	EMD							
Quality account	annual	EDN&AHPS				X			
Mortality report	4 x Year	EMD	X -blue box	X -blue box		X plus annual report 2021-22	X -blue box		X -blue box
Staff survey	annual	DW			X				
Safe staffing report	2 x year	EDN&AHPS		X -blue box			X -blue box		
Seasonal resilience	annual	EDO						X	
Business Continuity Management Policy	As required	EDO							
Serious incidents report	2 x year (Feb and August)	EDN&AHPS		X -blue box			X -blue box		
Patient Safety Report	2 x year (Feb and August)	EDN&AHPS		X -blue box			X -blue box		
Patient experience: complaints and concerns report	2 x year (Feb and August Annual report)	EDN&AHPS		X Six monthly report			X Blue box Annual report		
Freedom to speak up report	2 x year (Feb and Aug)	CE		X			X Annual report		X
Guardian of safe working hours report	4 x year	EMD	X		X	X Quarterly report x Annual report 2021-22	X		X
<b>Strategy and planning</b>									
Organisational (Trust) priorities position paper	Annual	EDFR			X 2022-23 new				
Trust priorities update	4x year	EDFR/EDN&AHPS	XQ2 blue box	XQ3		x End of year report	X -Q1 blue box		XQ2 blue box
Third Sector Strategy	2x year (Feb and Aug)	EDO		X -blue box			X -blue box		
Estate Strategy	2x year (March and October)	EDFR		X				X	
Digital Strategy	2x year	EDFR			X -blue box			X -blue box	
Engagement Strategy	2 x year (Mar & Oct from 2020)	EDN&AHPS			X -blue box			X -blue box	
Patient Safety Strategy	March/October	EDN&AHPS			X			X	
Health Equity Strategy	3 x year (March, August and December in 2022)	EMD	X		X		X		X
Quality Strategy	annual	EDN&AHPS			X				
Workforce Strategy	2x year	DW		X	X		X	X	
Research and Development Strategy	annual (August)	EMD					X		
<b>Governance</b>									
Medical Director's annual report	annual	EMD					X		
Nurse and AHP revalidation	annual	EDN&AHPS					X		
Well-led framework	as required	CS							
Annual report	annual	EDFR				X			
Annual accounts	annual	EDFR				X			
Letter of representation (ISA 260)	annual	EDFR				X			
Audit opinion	annual	EDFR				X			
Audit Committee annual report (part of corporate governance report)	annual	CS				X			
Standing orders/standing financial instructions review (part of corporate governance report)	annual	CS					X		
Annual governance statement (part of corporate governance report)	annual	CS				X			
Going concern statement (part of corporate governance report)	annual	EDFR			X				
NHS provider licence compliance	annual	CS				X			
Committee terms of reference review	annual	CS				X			
Board and sub-committee effectiveness	annual	CS				X			
Register of sealings	annual	CS				X			
Declarations of interest/fit and proper persons test (part of corporate governance report)	annual	CS			X				
Procurement report	2x year	EDFR				X			X
Corporate governance update	as required	CS							
<b>Reports</b>									
WDES - annual report and action plan	annual							X	
WRES - annual report and action plan	annual							X	
Equality and diversity - annual report	annual (Dec)	DW	X						X
Safeguarding - annual report	annual	EDN&AHPS					X		
Health and safety compliance report	Annual	EDFR					X -blue box		
Infection prevention control assurance framework	2x year (October and March)				X -blue box			X -blue box	
Infection prevention control annual report	annual	EDN&AHPS				X May from 2022			

**Key**

- CE Chief Executive
- EDFR Executive Director of Finance and Resources
- EDN Executive Director of Nursing
- EDO Executive Director of Operations
- EMD Executive Medical Director
- DW Director of Workforce
- CELS Committees' Executive Leads
- CS Company Secretary

- = received
- = deferred to another meeting
- = not required

**Trust Board meeting held in public: 3 December 2021**

**Agenda item number: 2021-22 (99)**

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**Title: Mortality Report Quarter 2 2021-2022**

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**Category of paper: For assurance**  
**History: None**

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**Responsible director: Executive Medical Director**  
**Report author: Deputy Medical Director**

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

### **Purpose of this report:**

To provide the Board with assurance regarding the Mortality figures and processes within LCH NHS Trust in Quarter 2 2021-2022.

### **Main points to note:**

- Quality Assurance & Improvement (QAIG) Group have met regularly and are quorate. The last meeting was the 19<sup>th</sup> of October 2021.
- The Adult Business Unit mortality review meetings, combined with the Specialist Business Unit, and the Children's Business Unit Learning from Deaths meetings have taken place regularly, and have been quorate throughout the quarter.

### **Adults & Specialist**

- Themes –
  - The clinically difficult task of identifying when the last days of life starts
  - Improved escalation action plans would enhance care
- NICE updated the End-of-Life care for adults Quality Standards<sup>1</sup>. Review showed existing processes were already in place addressing each modified and the new standards.
- Ethnicity data since Apr 2019 shows no notable health inequalities in whether patients achieve their Preferred Place of Death (PPD)<sup>2</sup>. We will continue to monitor this routinely.
- Deprivation data still requires further analysis to understand how services might need to be realigned<sup>3</sup>
- Trend for increased numbers of patients choosing to die at home continues<sup>4</sup>
- Review started of our approach to include primary care colleagues in mortality reviews
- Review of EPR ongoing but to include improvements to enable easier recording of conversations
- 5% of deaths in services that aren't subject to formal review are included
- Citywide EPaCCS 2021/22 Q1 report shows a significantly increased use of ReSPECT and also the increase in people dying at home<sup>4</sup>

### **Children**

- Mortality in children has not shown any significant deviation from numbers expected over the course of Q2 or the preceding year
- LCH NHS Trust remains actively involved in the Child Death Overview Panel (CDOP) and Sudden Unexpected Death in Children (SUDIC) process
- Chair of LCH Child Death Review Group in the process of being appointed
- Death notification process being explored to improve the timeliness of all relevant parties being aware
- COVID death in non-vaccinated child who was eligible – city wide response taken to increase awareness and support available taken.
- One case involved identification that a sudden decrease in engagement of a previously very engaged parent, now considered to be a flag for potentially required increased input

**Recommendations:**

- The Board is recommended to receive this assurance regarding Trust mortality processes during Q2 of 21.22
- Note the ongoing contribution to improving data quality within the Trust and city, and the continuous work to ensure surveillance and learning is optimal

1. **End of life care for adults** National Institute for Health and Care Excellence (NICE); 2021.  
<https://www.nice.org.uk/guidance/qs13> [In September 2021, this quality standard was updated and replaced the previous version published in 2011. The topic was identified for update following the annual review of quality standards. The review identified changes in the priority areas for improvement and new NICE guidance on end-of-life care for adults and supporting adult carers.] A meeting of the senior leadership of ABU/SBU reviewed the standards in the context of our current approach and agreed that processes were already in place addressing each modified and new standards.

Quality statements

*Statement 1 Adults who are likely to be approaching the end of their life are identified using a systematic approach. [2011, updated 2021]*

**Statement 2 Adults approaching the end of their life have opportunities to discuss advance care planning. [new 2021]**

*Statement 3 Adults approaching the end of their life receive care that is coordinated between health and social care practitioners within and across different services and organisations. [2011, updated 2021]*

*Statement 4 Adults approaching the end of their life and their carers have access to support 24 hours a day, 7 days a week. [2011, updated 2021]*

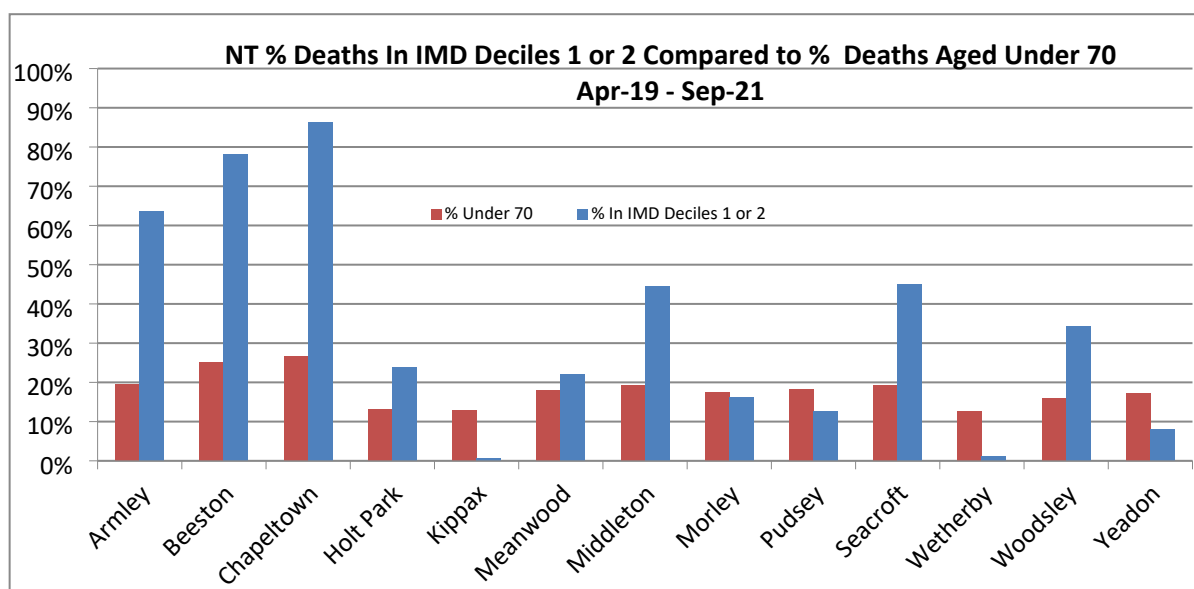
**Statement 5 Carers providing end of life care to people at home are supported to access local services that can provide assistance. [new 2021]**

2. **PPD Ethnicity data** Apr 19 – Sep 21

The achieved PPD Ethnicity data shows no obvious discrepancies other than a suggestion that Mixed heritage people are less likely to achieve their PPD. The current year 21-22 has numbers too small to make any comparison. The two previous years below, show a definite improvement, however.

Neighbourhood Team PPD Achievement 2019-2021					
Ethnicity	2019-2020		2020-2021		PPD Change 19-20 to 20-21
	Total number deaths	PPD Achievement	Total number deaths	PPD Achievement	
Asian or Asian British	29	76%	49	86%	10%
Black or Black British	14	57%	32	91%	34%
Mixed	8	50%	20	70%	20%
Not known	26	81%	35	77%	-4%
Not stated	39	79%	67	87%	8%
Other Ethnic Groups	6	50%	9	78%	28%
White	1531	78%	1899	81%	3%
Total NT Deaths	1653		2111		

### 3. Deprivation & Deaths under 70 years as % total deaths Apr 19 to Sep 21



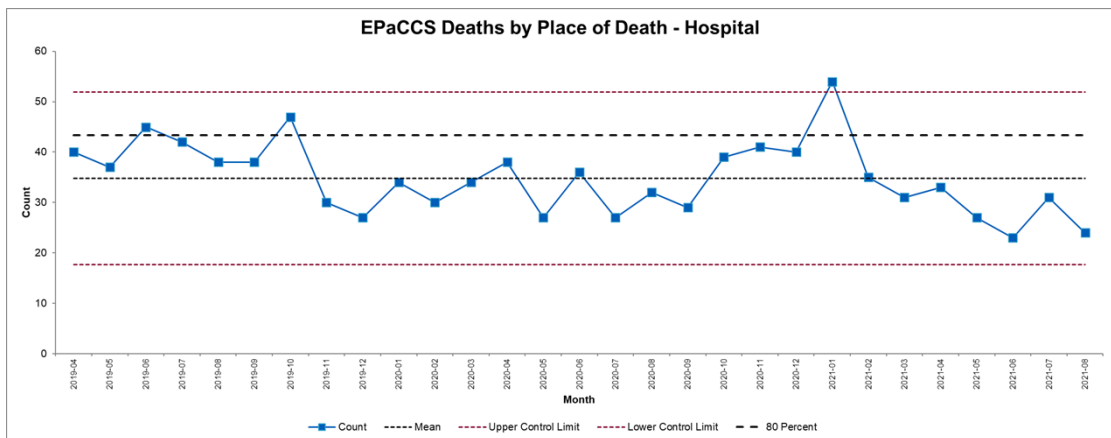
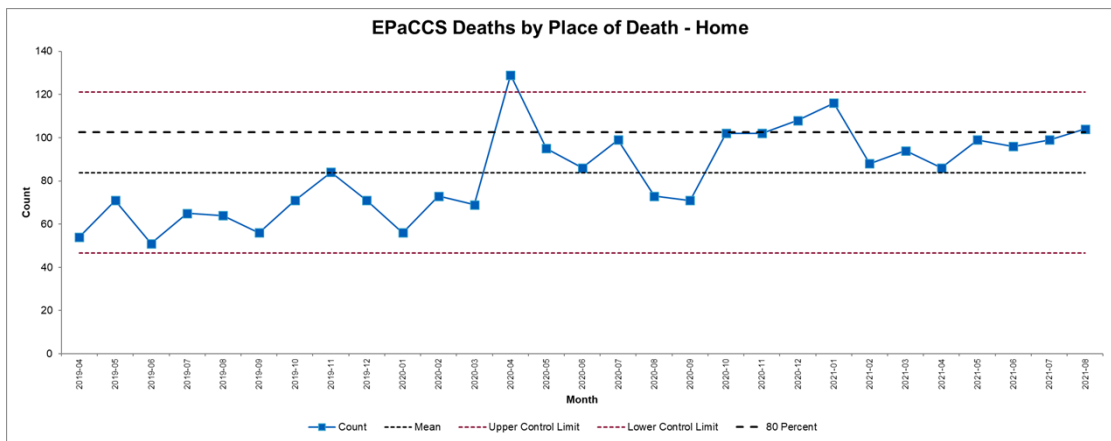
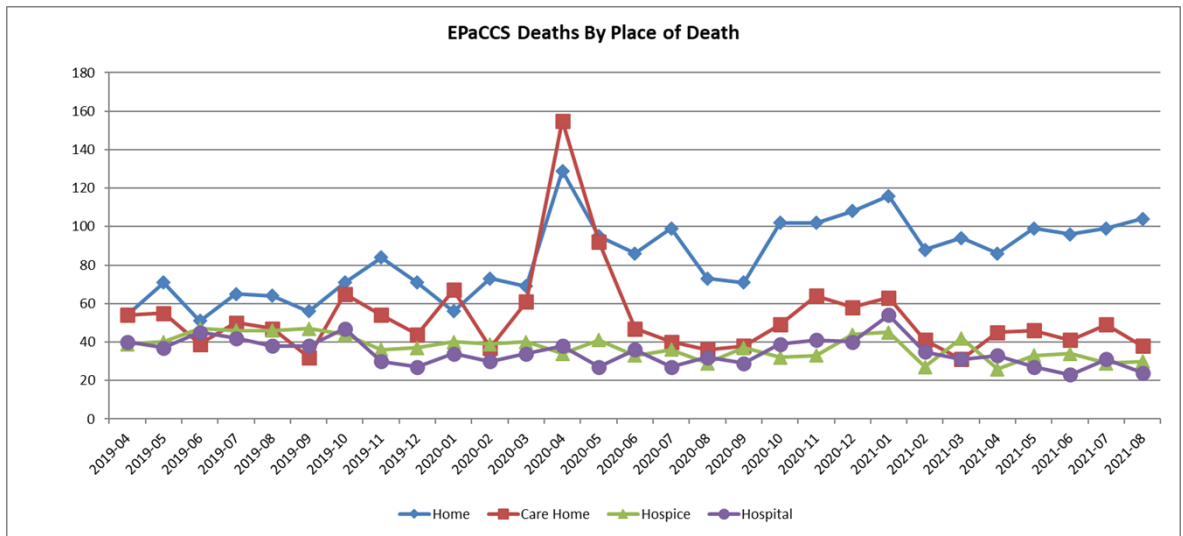
We're working to add the baseline level 1 or 2 of the overall population in that area, to try to then be able to compare different NT areas. It seems unusual that Kippax has no or minimal deaths of people in deciles 1 or 2.

#### Neighbourhood Team PPD Achievement post Apr-2019 IMD Deciles

IMD decile	2019-2020		2020-2021		2021-2022 Q1-2		PDD Change 19-20 to 21-22
	Total number deaths	PPD Achievement	Total number deaths	PPD Achievement	Total number deaths	PPD Achievement	
1	401	77%	500	80%	209	82%	5%
2	162	76%	179	83%	92	83%	7%
3	154	77%	185	81%	73	79%	2%
4	51	71%	64	83%	30	87%	16%
5	127	81%	200	81%	69	80%	-1%
6	160	78%	230	80%	101	76%	-2%
7	236	79%	303	83%	118	78%	-1%
8	120	73%	178	84%	76	79%	6%
9	128	79%	146	84%	66	86%	7%
10	113	89%	126	78%	59	68%	-21%
Total NT Deaths	1652		2111		834		

Further analysis of this data is being undertaken. Current year seems to be trending with a fall back from the gains in 20-21

4. Supporting the assertion that more people are dying at home, it can be illustrated with the EPaCCS data. The is also the opposite trend / change with deaths in hospital



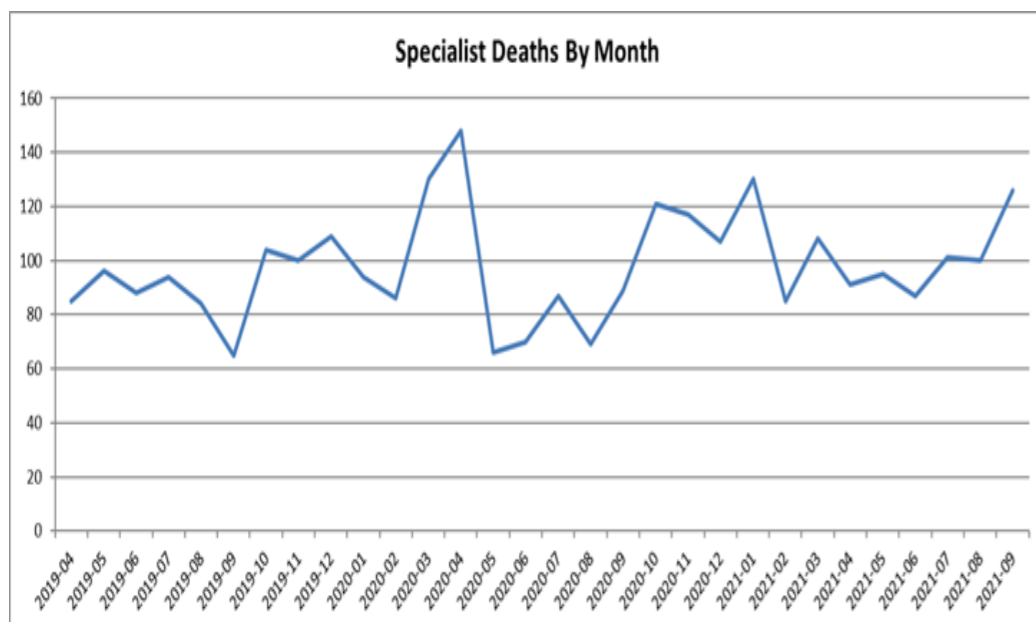
Key findings from the citywide 2021/2022 EPaCCS (Q1) report:

- 48% people died with an EPaCCS record, similar to 2020/21
- 79% people achieved their Preferred Place of Death, similar to 2020/21
- 71% died outside hospital, similar to 2020/21
- a reduction (47% from 54%) of people dying with an open EPaCCS greater than 3 months

- a slight worsening (14% compared to 13% previously) deaths with no actual place of death recorded
- People with a ReSPECT code has significantly increased (48% from 10% in Q1 2020/21)
- Deaths at home have significantly increased (38% - 2020/21 Q1 28%, Q2 35%, Q3 33% Q4 34%)

It is a considerable achievement the proportion of patients being supported in their preferred place has been maintained along with the overall proportion of people with an EPaCCS record. This marks a sustained improvement on 2016-2017 when 33% of adults who died had an EPaCCS record.

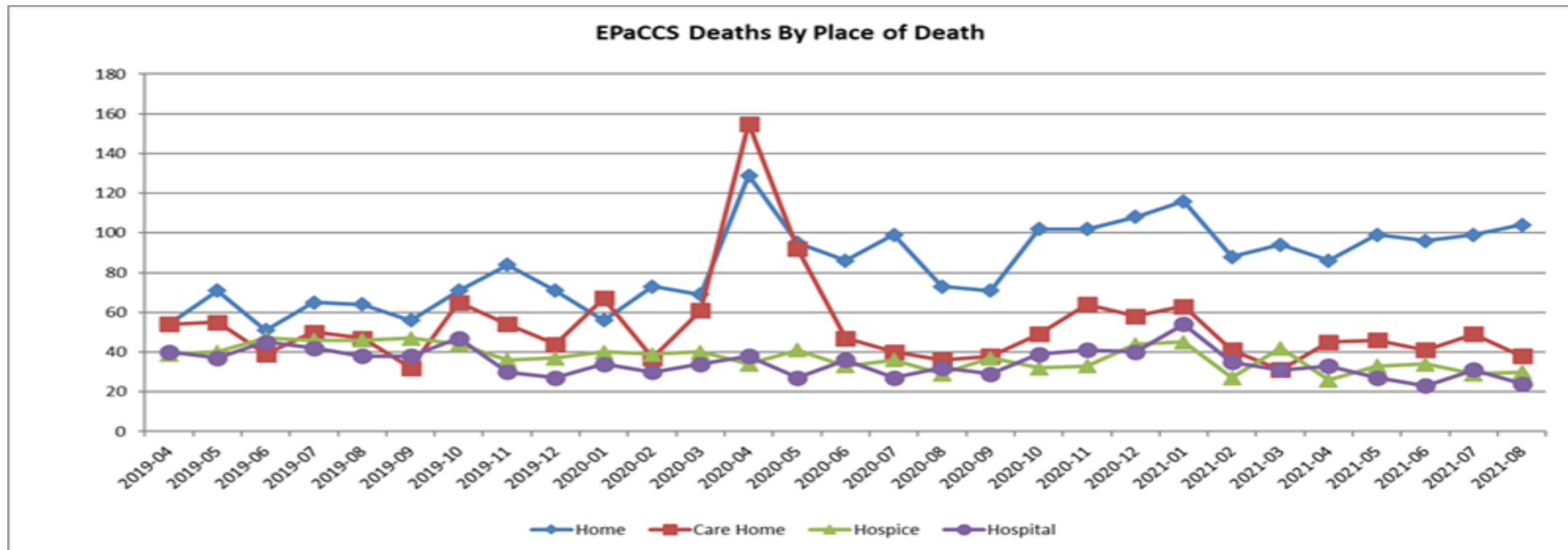
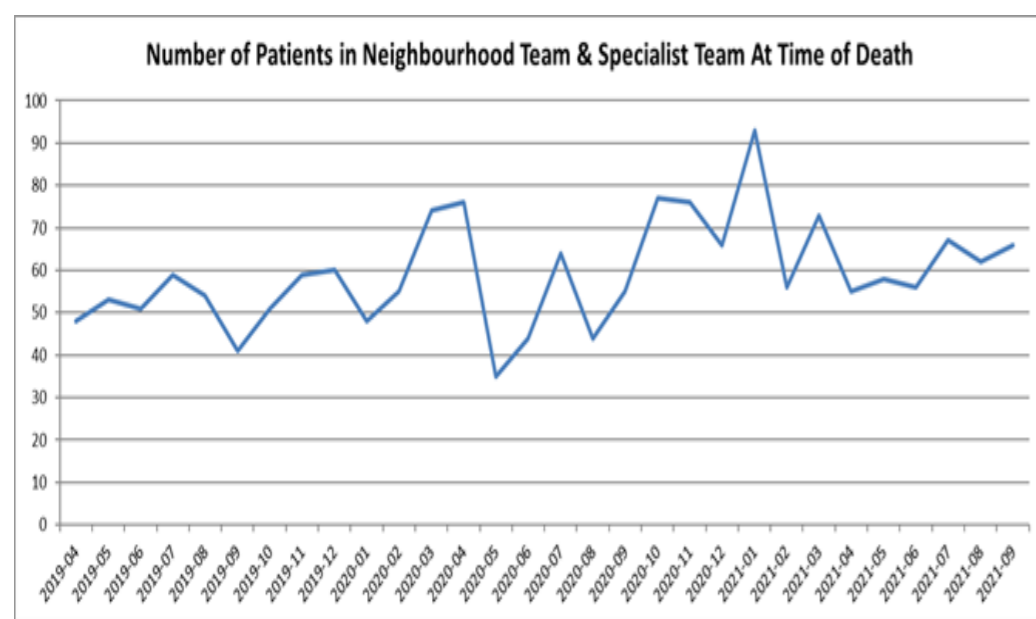
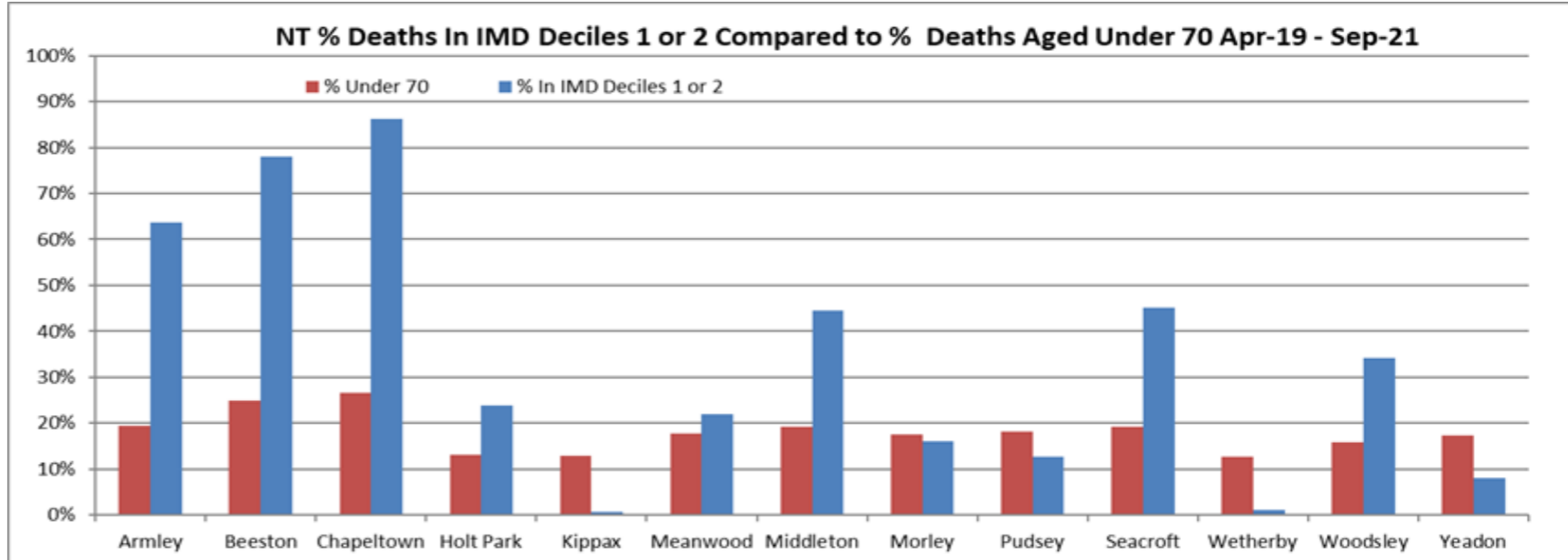
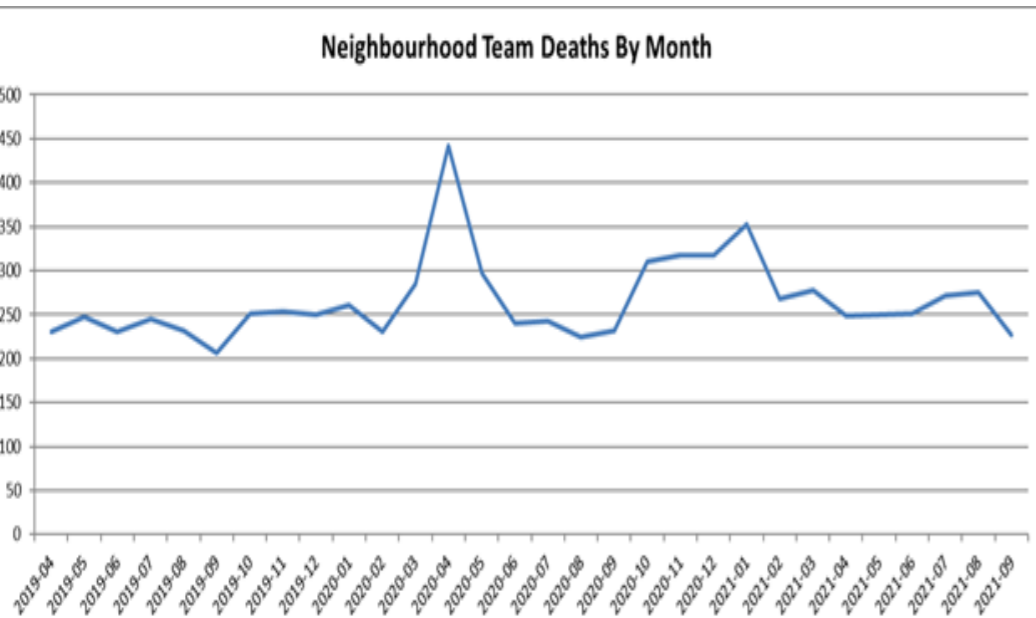
Note: data for the EPaCCS report is collated from all providers in the city and therefore captures all deaths in the city.



### Jul - Sep 21 Mortality Figures for NTs & Selected Specialist Services

Deaths	Jul-21	Aug-21	Sep-21	Q1
Total	306	313	287	906
NT	272	275	227	774
Specialist	101	100	126	327
Specialist not in NT	34	38	60	132
In NT & Specialist	67	62	66	195
Specialist Deaths in Multiple Units	19	12	10	41

Adult Data	Q1	Q2	Q3	Q4
Level 1	987	581		
Level 2	290	116		
Unexpected deaths	78	77		
Expected deaths	352	498		
Alliance CCB deaths		1		
Virtual Ward deaths	8	4		
LeDeR	8	7		
Serious Mental Health	0	0		





### Analysis

- ◆ Total Adult deaths in Q2 = 906 .There has been an overall 13% rise seen in Q2 . (11% ABU, 31% SBU)
- ◆ Adult business unit deaths Q2 = 774 Specialist Business unit deaths =132 . 132 deaths were in Specialist services only and 195 ( 28% increase from 152 Q2) in both Neighbourhood and Specialist teams.
- ◆ 77 deaths in Q2 were reported as unexpected (78 Q1)
- ◆ 7 patients died who had a learning disability
- ◆ 4 patients died whilst receiving care on the virtual ward for frailty (50% reduction from Q1)
- ◆ 59% increase in patients dying in their own homes ( Further 13% increase from Q1)
- ◆ 78% of patients achieved their 1st choice for preferred place of death and 83% achieved either 1st or 2nd choice. ( Data is consistent with levels seen in Q1)
- ◆ 71% of patients had a verification of expected death completed in their own home . This is a slight reduction from the previous quarter which was 79% and is thought to be likely due to reduction in staffing/resource and increase in demand.
- ◆ **Equity** — Armley, (64%) Chapeltown (86%) &Beeston(78%) and covid rehab pathway(75%) noted to have high percentage of patients referred from deciles 1&2 . TB and homeless services also high but to be expected. Beeston and Chapeltown have 25% and 27% respectively deaths <70yrs. No trends re age band seen for SBU.
- ◆ 5% of deaths for excluded services ( SBU) were audited as per agreed process . MSK ( 4) Podiatry ( 26) Sexual health (1) . No Lapses in care identified for deaths reviewed.
- ◆ 3 deaths reported within 30 days of hospital discharge for SBU - Accurate data for ABU to be included in Q3 report.
- ◆ 1 death is subject to coroners for SBU. 3 cases jointly reviewed by NT's and LTHT learning from incidents poster

### Contribution to Making Stuff Better

- ◆ We have widened our network for sharing learning from mortality reviews to include all other hospitals that refer into LCH services. Significant learning from mortality cases in SBU will now be included. New secure email has been established with LTHT to enable a direct referral by relevant Quality lead for mortality cases within 30 days of hospital discharge where there is a concern .
- ◆ Working with admin team to create a digital solution to manage and streamline the mortality process remains ongoing . Need to look at PPD SBU.
- ◆ We now have an established and robust data set provided by BI team which enables deeper analysis and facilitates better understanding of mortality trends and the impact on quality .
- ◆ Respiratory Virtual Ward has been added to datix to separate from ABU virtual frailty ward
- ◆ EMD & DMD continue to support improving GP attendance and input to involvement in mortality reviews and shared learning.

### Themes

- ◆ There are always difficulties identifying transition to last days of life and subsequent escalation of care, which is particularly evident under current system pressures.
- ◆ Citywide data supports shows increased use of ReSPECT
- ◆ Significant reduction in numbers of Covid deaths seen in the community in Q2
- ◆ Effectively demonstrating a greater level of co working and joint pathways for reviewing and monitoring all adult deaths which is a positive achievement.
- ◆ Emerging theme of increasing numbers of both deaths in the under 65 age band and those patients with multiple co-morbidities and complex needs.
- ◆ 1 case reviewed in CCB with an additional case referred due to safeguarding concerns for a death not in CCB.

### Risks

- ◆ Due to ongoing wider system issues , concerns relating to availability of equipment to support the large increase of patients being cared for at end of life in their own homes. ( 4 month delay for harvest pressure relieving cushions)
- ◆ Significant increase in agency staff undertaking end of life care due to system pressures—increased difficulty in providing continuity of care due to high numbers of different providers.







EPaCCS Outcome Report

NHS Leeds CCG

2021/22 Report (Q1) - CCG Level

Data Source :            SystmOne and EMIS

Data Provided by :    Health Care Hub (Leeds), Leeds Community Healthcare, St Gemma's Hospice, Sue Ryder  
Wheatfields Hospice and Data Quality Team (NHS Leeds CCG)

Report Compiled by :    Business Intelligence Team, NHS Leeds CCG

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### EPaCCS Outcome Report

The Electronic Palliative Care Coordination System (EPaCCS) is an electronic record that supports advance care planning conversations and improves the coordination of care for people approaching the end of life.

It provides a summary of key recommendations, preferences and information essential to the high quality care for patients with palliative care needs and those choosing to plan ahead, irrespective of prognosis. Local and national data shows that when patients are given the opportunity to discuss and share their preferences they are more likely to achieve their end of life care goals.

This is a 2021-22 (Q1) Leeds EPaCCS report, combining SystemOne and EMIS data for patients registered from all the practices across Leeds.

To ensure a comprehensive view of advance care planning it collates EPaCCS data entered by all relevant care providers: Leeds Community Healthcare community services, hospice services, community palliative care teams in addition to primary care.

These EPaCCS reports have been produced to enable you to reflect on end of life care in your practice.

#### Key findings of the 2021/22 Report (Q1) report are:

- ◆ **48% (in Q1)** of adults who died in Leeds had an EPaCCS record which is at par with previous year.  
(EPaCCS Deaths / All Deaths) **2021/22:** Q1 (679/1415)  
(EPaCCS Deaths / All Deaths) 2020/21: Q1 (1074/2072), Q2 (675/1308), Q3 (850/1917) and Q4 (802/1811)
- ◆ **79%** achieved their preferred place of death in current reporting period compared to 80% for the previous year; with 71% dying outside of hospital (same for previous year).
- ◆ The proportion of patients whose EPaCCS record was started more than 3 month before they died is at 47% in current reporting period compared to 54% the previous year.
- ◆ The proportion of patients without an actual place of death recorded has slightly increased to 14% from 13% last year.
- ◆ Percentage of patients who died and had a RESPECT Code recorded on the system:  
**2021/22:** Q1 (48%)  
2020/21: Q1 (10%), Q2 (19%), Q3 (17%) and Q4 (31%)
- ◆ Deaths at home has significantly increased in the current reporting period  
2021/22: Q1 258 deaths (38%)  
2020/21: Q1 306 deaths (28%), Q2 233 deaths (35%), Q3 281 deaths (33%) and Q4 274 (34%)

This report covers a period of unprecedented demand across the health and social care environment: particularly given the impact of **COVID-19** on the system. It is a considerable achievement the proportion of patients being supported in their preferred place has been maintained along with the overall proportion of people with an EPaCCS record. This marks a sustained improvement on 2016-2017 when 33% of adults who died had an EPaCCS record.

The findings show that that a greater proportion of people are being given opportunities to discuss, document and share their care preferences at an earlier stage and demonstrate improved data quality.

# Part 1 - GP Practice EPaCCS Data 2021/22 Report (Q1)

## NHS Leeds CCG

### C1.1a Patients who died and were included on EPaCCS - NHS Leeds CCG (Part 1 of 2)

a. Number of All patient deaths?

Q1	Q2	Q3	Q4	Total
1415	0	0	0	1415

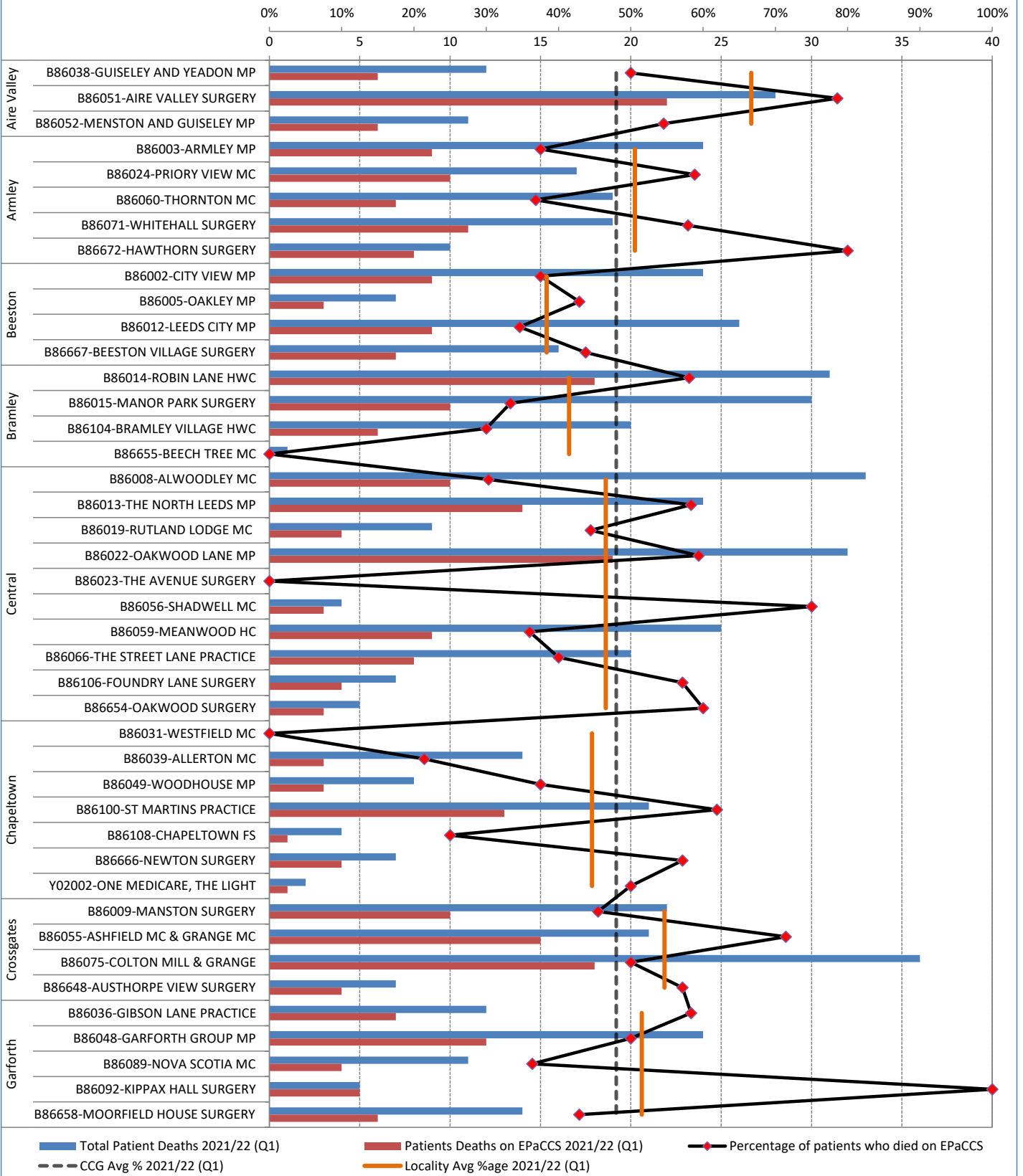
b. Number of patients deaths on EPaCCS?

679	0	0	0	679
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c. % of patient deaths on EPaCCS?

48%	0%	0%	0%	48%
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### NHS Leeds CCG - Percentage of patients who died on EPaCCS

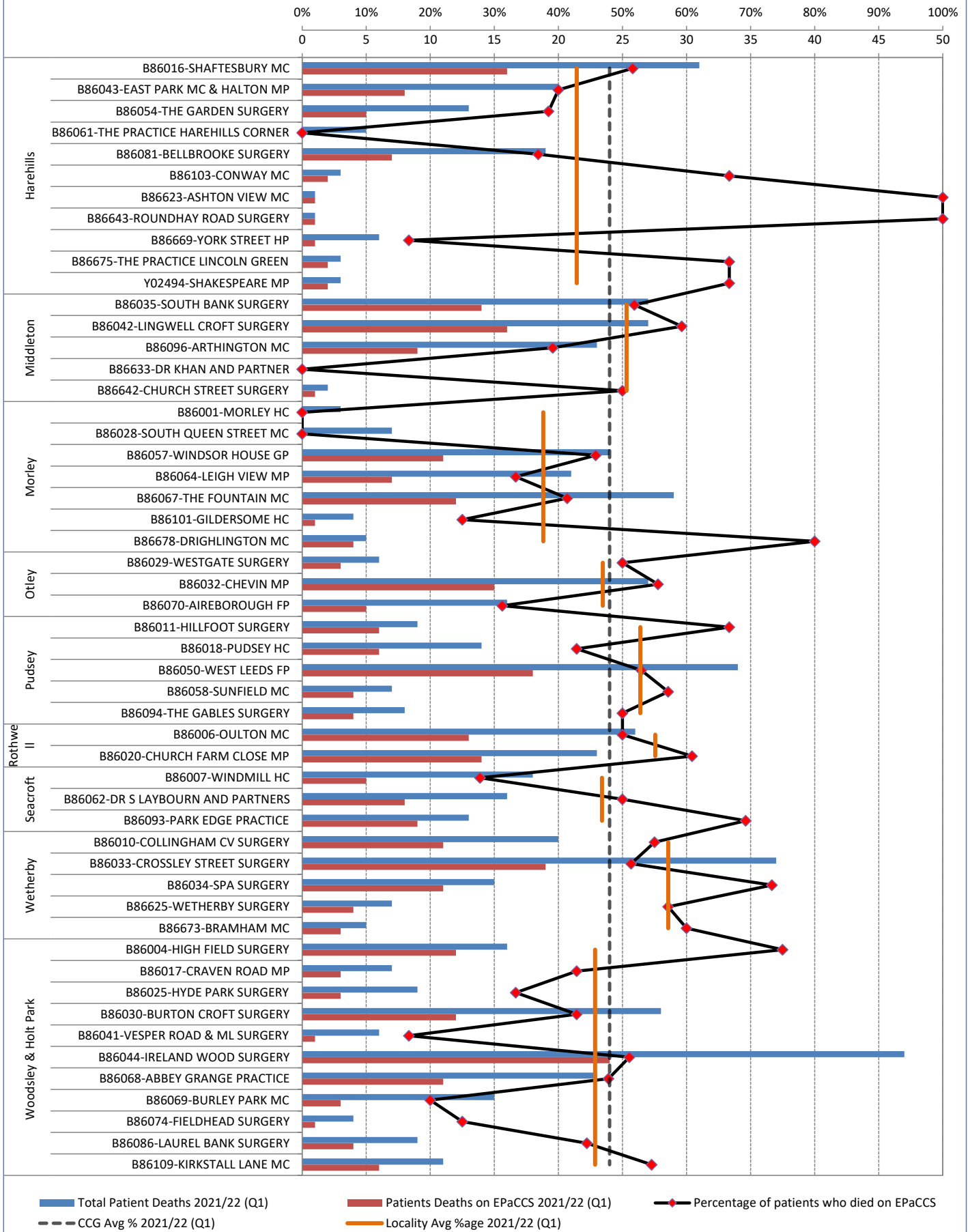


# Part 1 - GP Practice EPaCCS Data 2021/22 Report (Q1)

## NHS Leeds CCG

### C1.1b Patients who died and were included on EPaCCS - NHS Leeds CCG (Part 2 of 2)

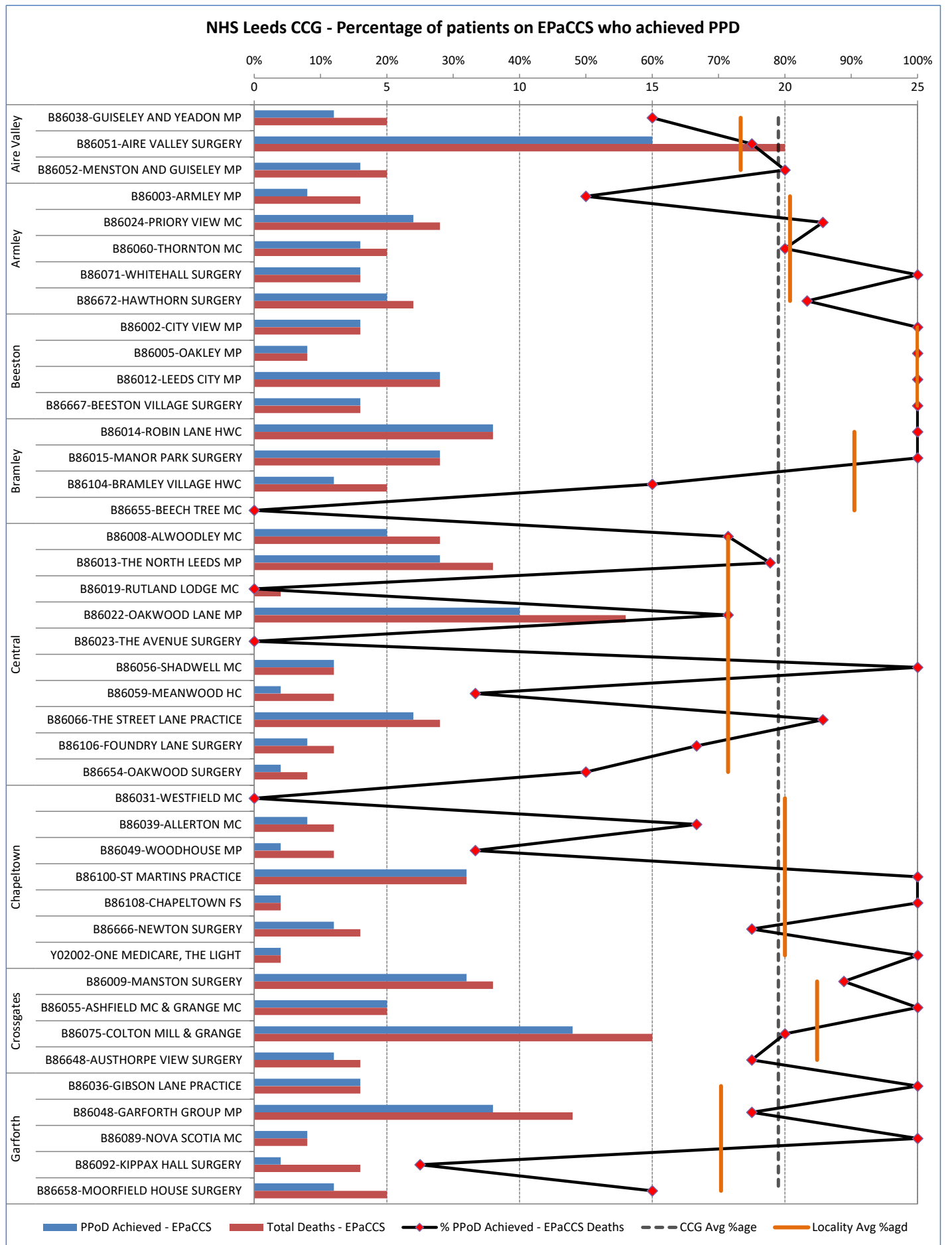
#### NHS Leeds CCG - Percentage of patients who died on EPaCCS



Part 1 - GP Practice EPaCCS Data  
2021/22 Report (Q1)

NHS Leeds CCG

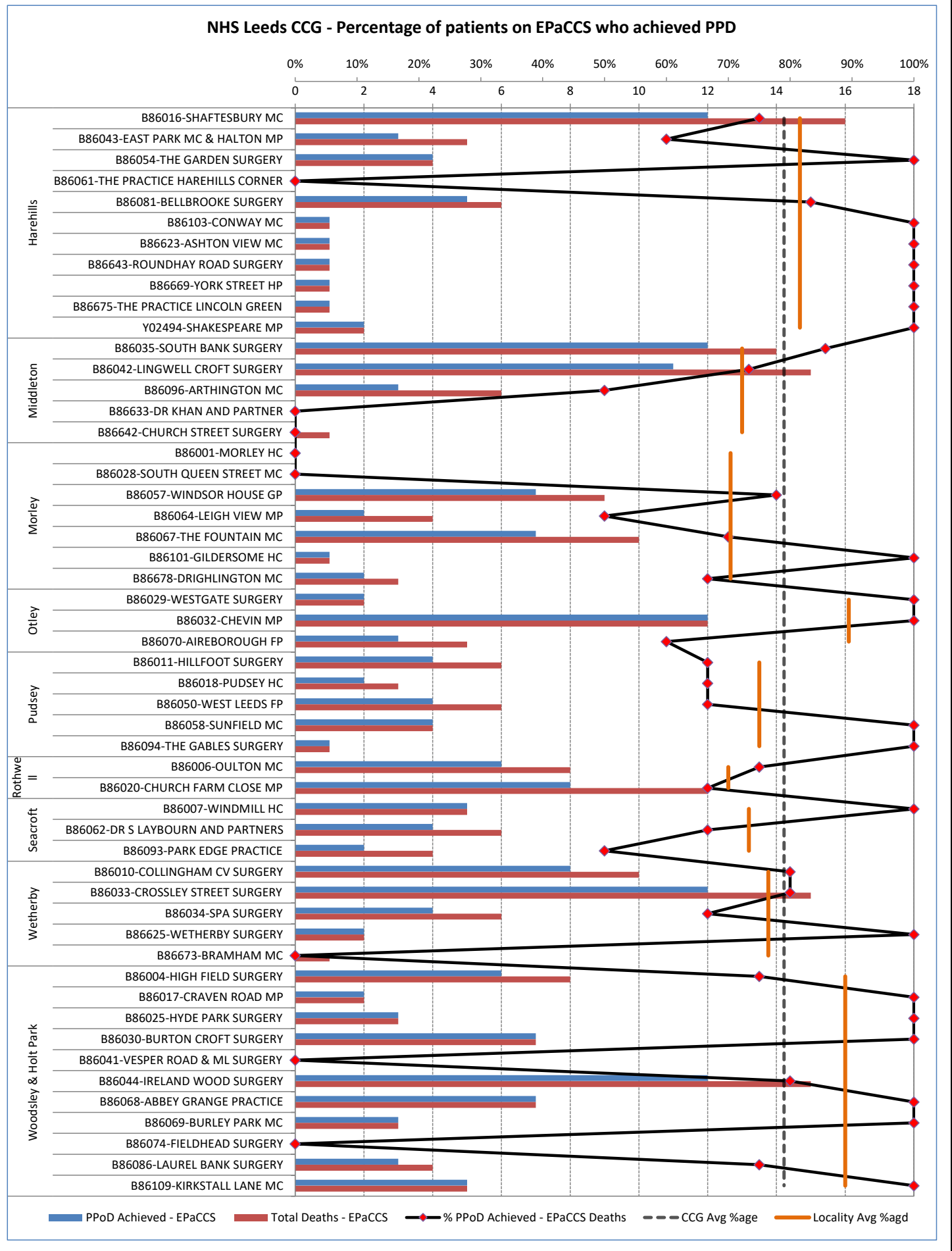
C1.2a Percentage of Patients on EPaCCS who have achieved Preferred Place of Death - NHS Leeds CCG (Part 1 of 2)



Part 1 - GP Practice EPaCCS Data  
2021/22 Report (Q1)

NHS Leeds CCG

C1.2b Percentage of Patients on EPaCCS who have achieved Preferred Place of Death - NHS Leeds CCG (Part 2 of 2)

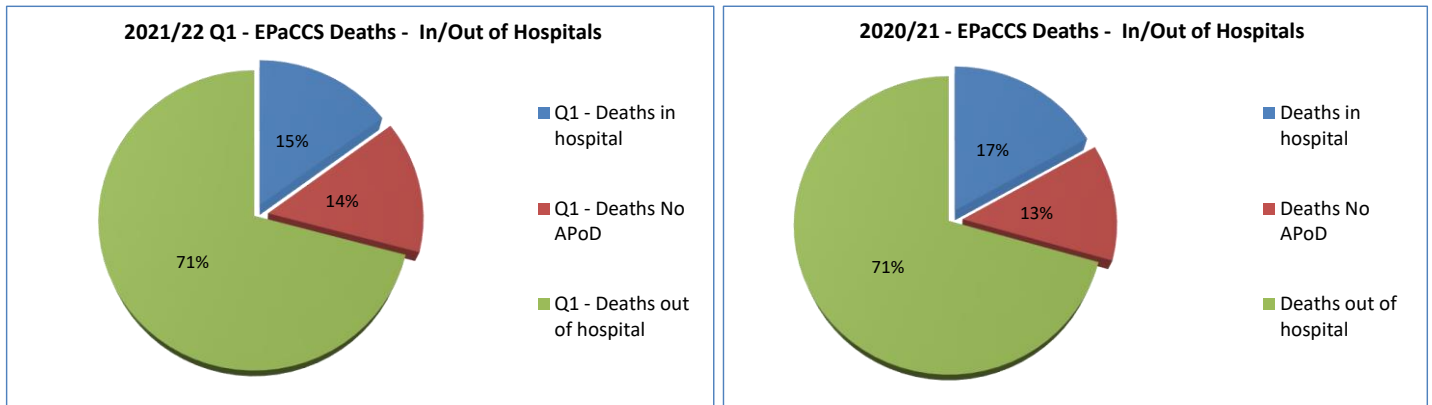


## Part 2 - Leeds Clinical Commissioning Group (CCG) EPaCCS Data 2021/22 Report (Q1)

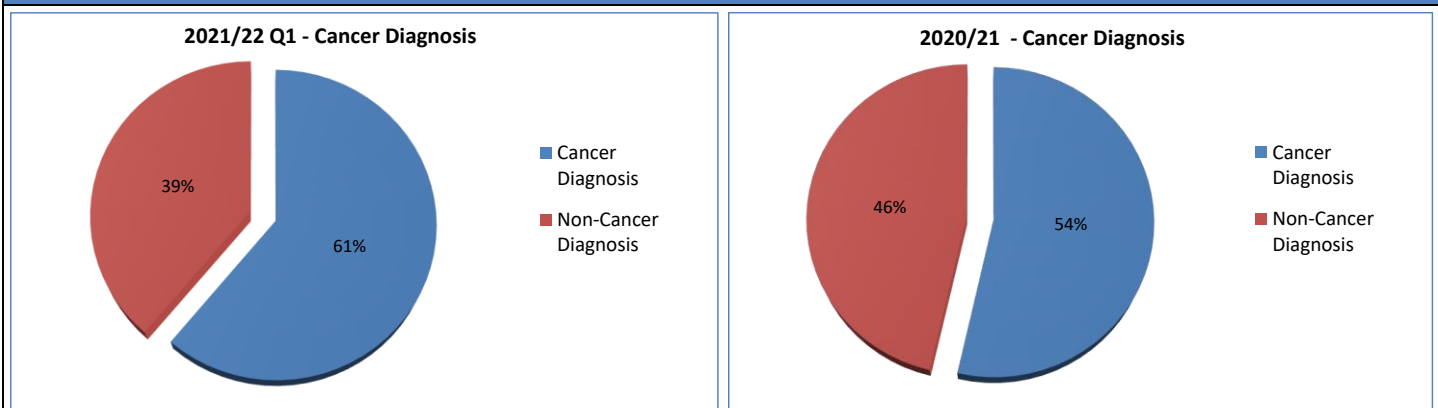
### C2.1 Total patient deaths in and out of hospital and total deaths by CCG

	Q1		Q2		Q3		Q4		Total	
	EPaCCS		EPaCCS		EPaCCS		EPaCCS		EPaCCS	
1. Total deaths in hospital?	101	15%							101	15%
2. Total deaths out of hospital?	481	71%							481	71%
3. Total number of deaths with No APoD	97	14%							97	14%
4. Total number of deaths in Leeds CCG	All	EPaCCS	All	EPaCCS	All	EPaCCS	All	EPaCCS	All	EPaCCS
	1415	679							1415	679

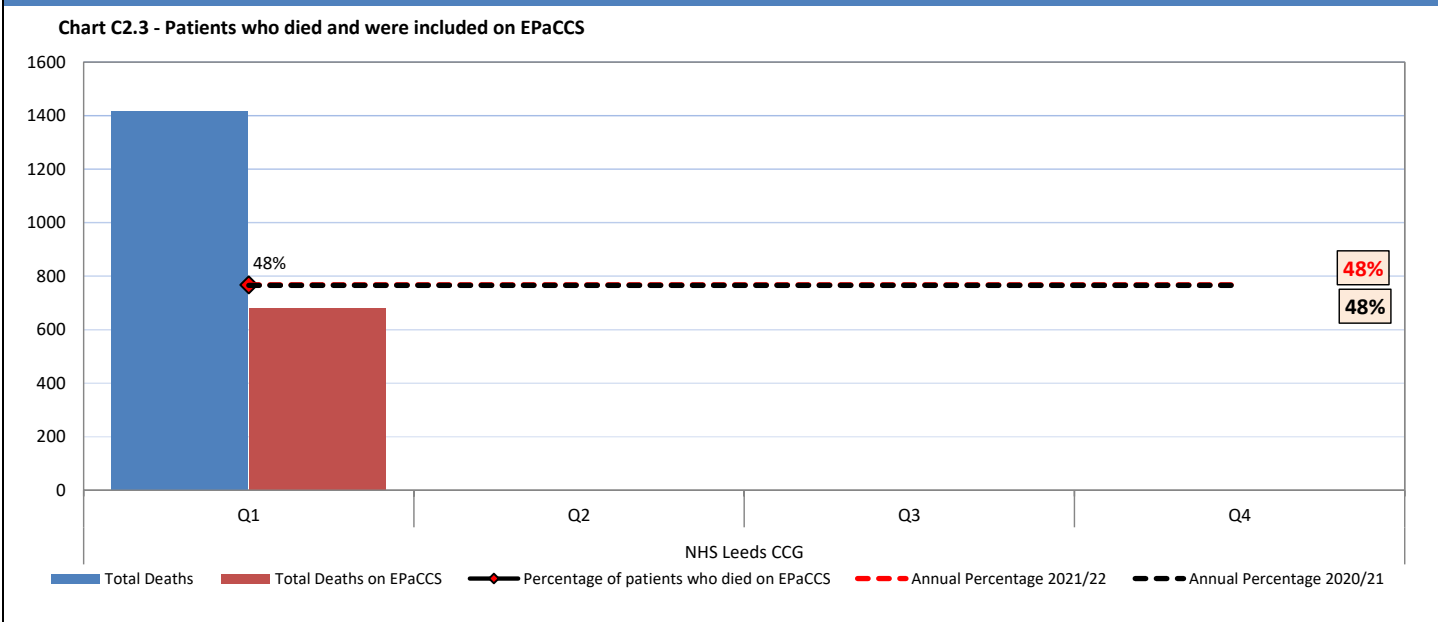
Chart C2.1a - Percentage deaths in hospital / out of hospital for 2021/22 Report (Q1) compared with previous year.



### C2.2 Patients with a Cancer Diagnosis recorded at any point in life ( 2021/22 Report (Q1) compared with previous year)



### C2.3 Patients who died and were included on EPaCCS



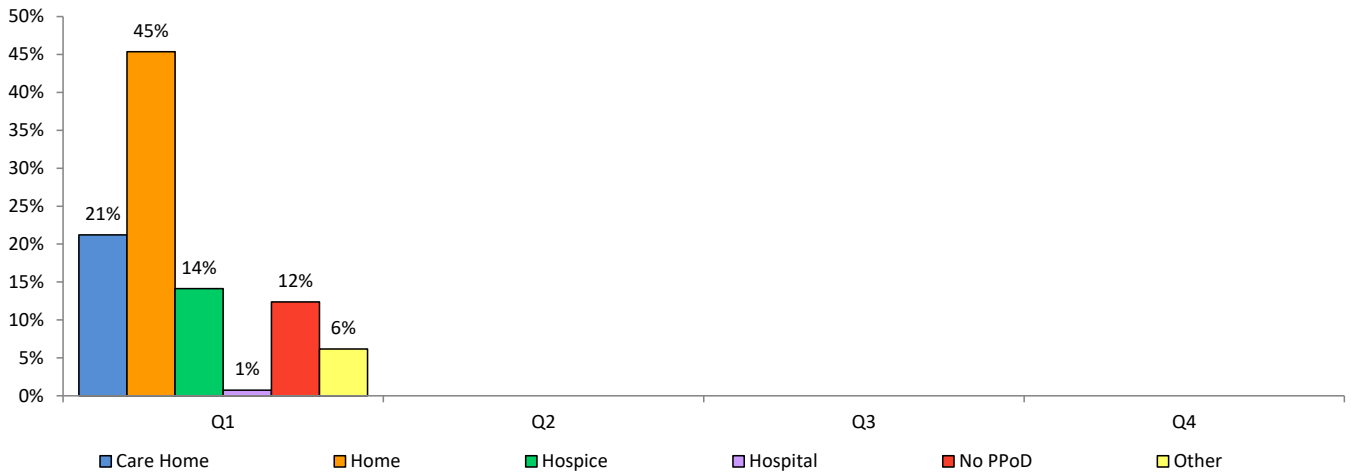


## Part 2 - Leeds Clinical Commissioning Group (CCG) EPaCCS Data 2021/22 Report (Q1)

### C2.4 Preferred place of death recorded by CCG

		NHS Leeds CCG			
	Preferred Place of Death	Q1	Q2	Q3	Q4
1	Care Home	144			
2	Home	308			
3	Hospice	96			
4	Hospital	5			
5	No PPOD (preferred place of death)	84			
6	Undecided/Declined	42			
	<b>Total</b>	<b>679</b>			

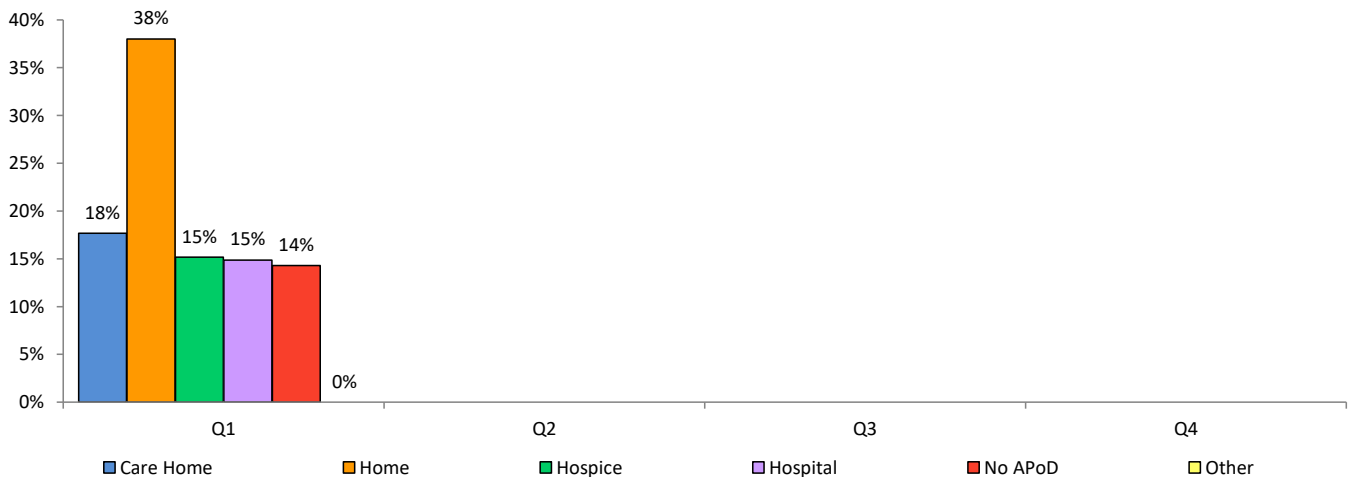
**Preferred Place of Death by CCG - EPaCCS Deaths (as a %age of CCG Total)**



### C2.5 Actual place of death recorded by CCG

		NHS Leeds CCG			
	Actual Place of Death	Q1	Q2	Q3	Q4
1	Care Home	120			
2	Home	258			
3	Hospice	103			
4	Hospital	101			
5	No APoD (actual place of death)	97			
6	Other	0			
	<b>Total</b>	<b>679</b>			

**Actual Place of Death by CCG - EPaCCS Deaths (as a %age of CCG Total)**

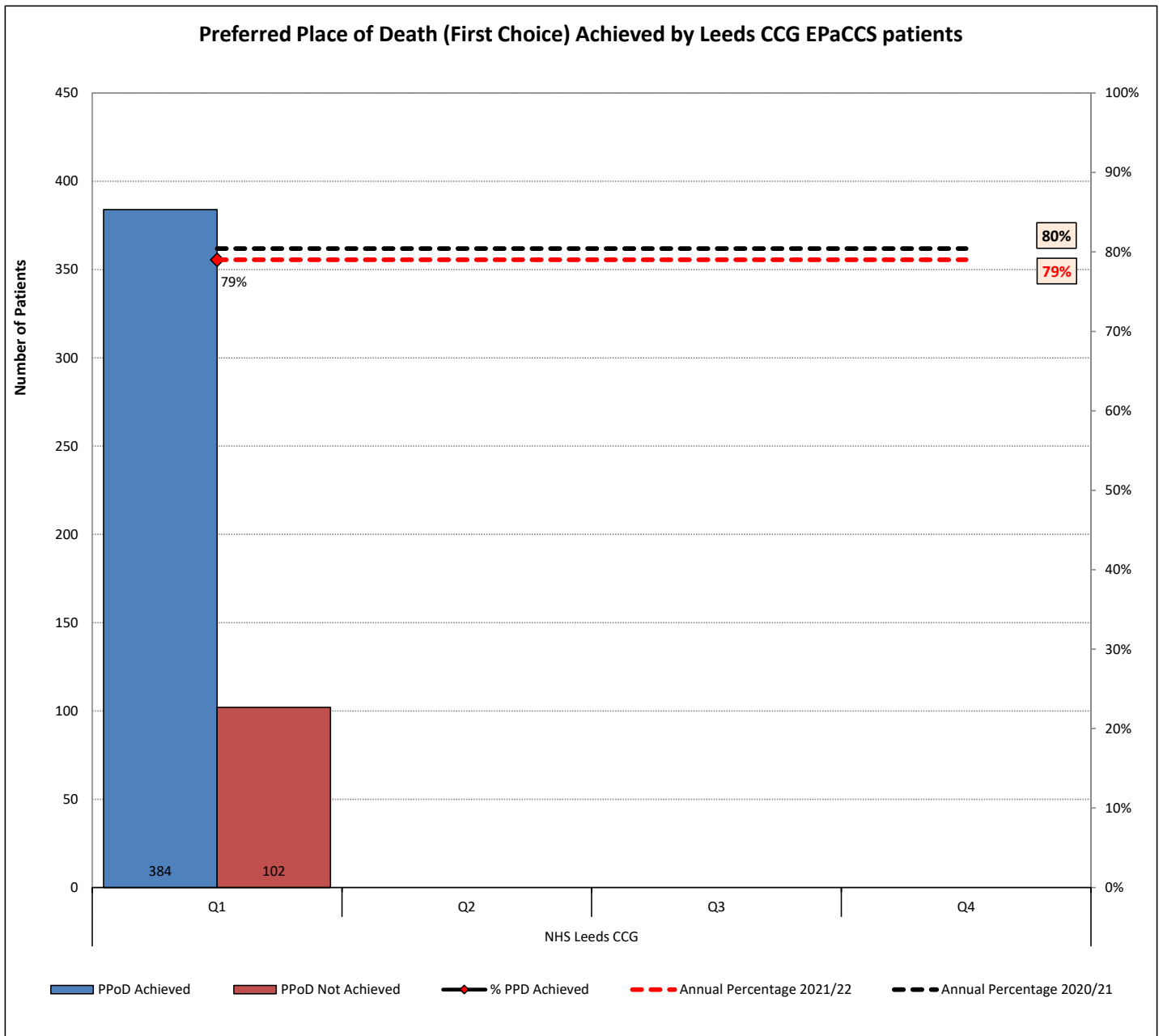


## Part 2 - Leeds Clinical Commissioning Group (CCG) EPaCCS Data 2021/22 Report (Q1)

### C2.6 Preferred Place of Death Achieved (First Choice) by Leeds CCG EPaCCS patients

CCG	Qtr	PPoD Achieved	PPoD Not Achieved	% PPD Achieved
NHS Leeds CCG	Q1	384	102	79%
	Q2			
	Q3			
	Q4			
	<b>Total</b>	<b>384</b>	<b>102</b>	<b>79%</b>

*NOTE: Only patients with both PPoD and APoD recorded are included in this analysis*



## Part 2 - Leeds Clinical Commissioning Group (CCG) EPaCCS Data 2021/22 Report (Q1)

### C2.7 Duration of time (in weeks) the patients were on EPaCCS (Leeds City wide)

Chart - Duration of time (in weeks) the patients were on EPaCCS by Quarter (as %age of CCG Total)

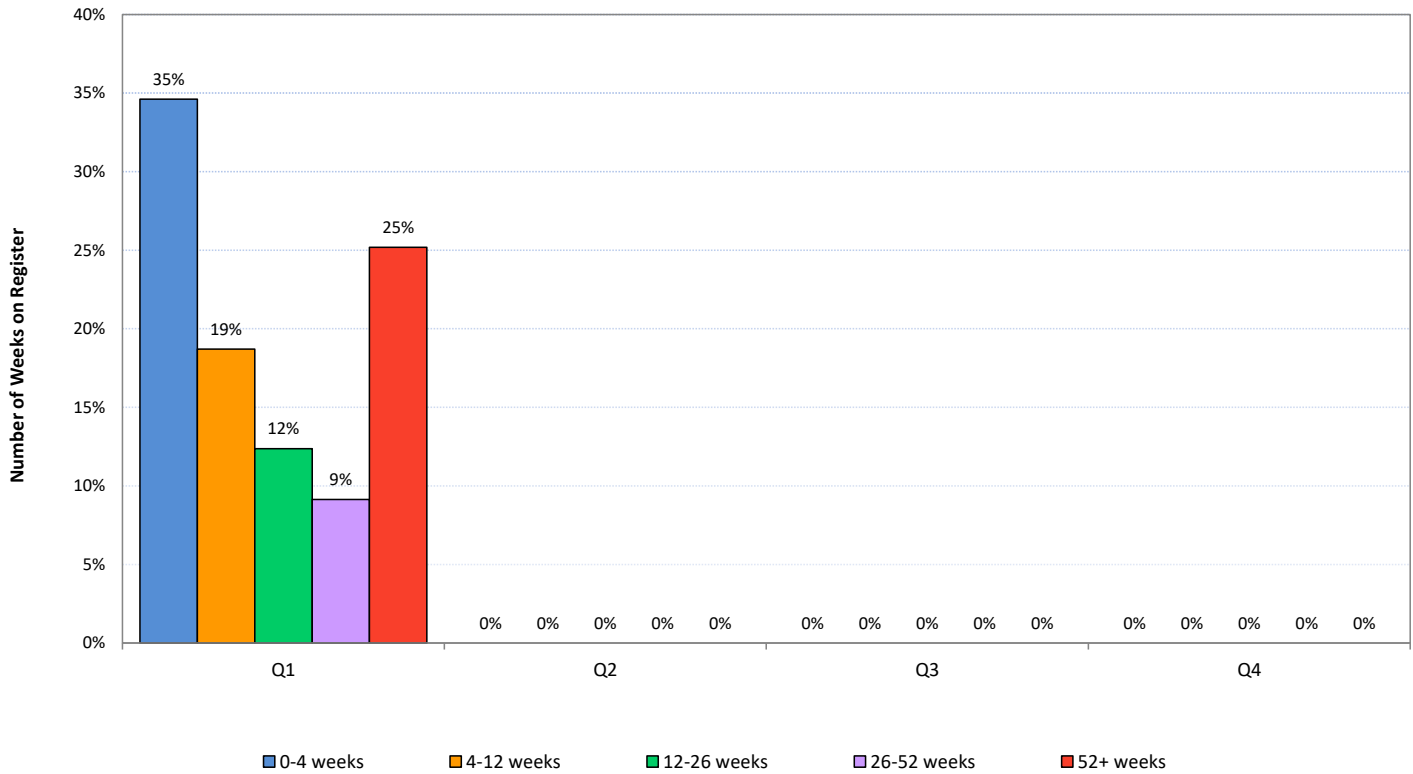
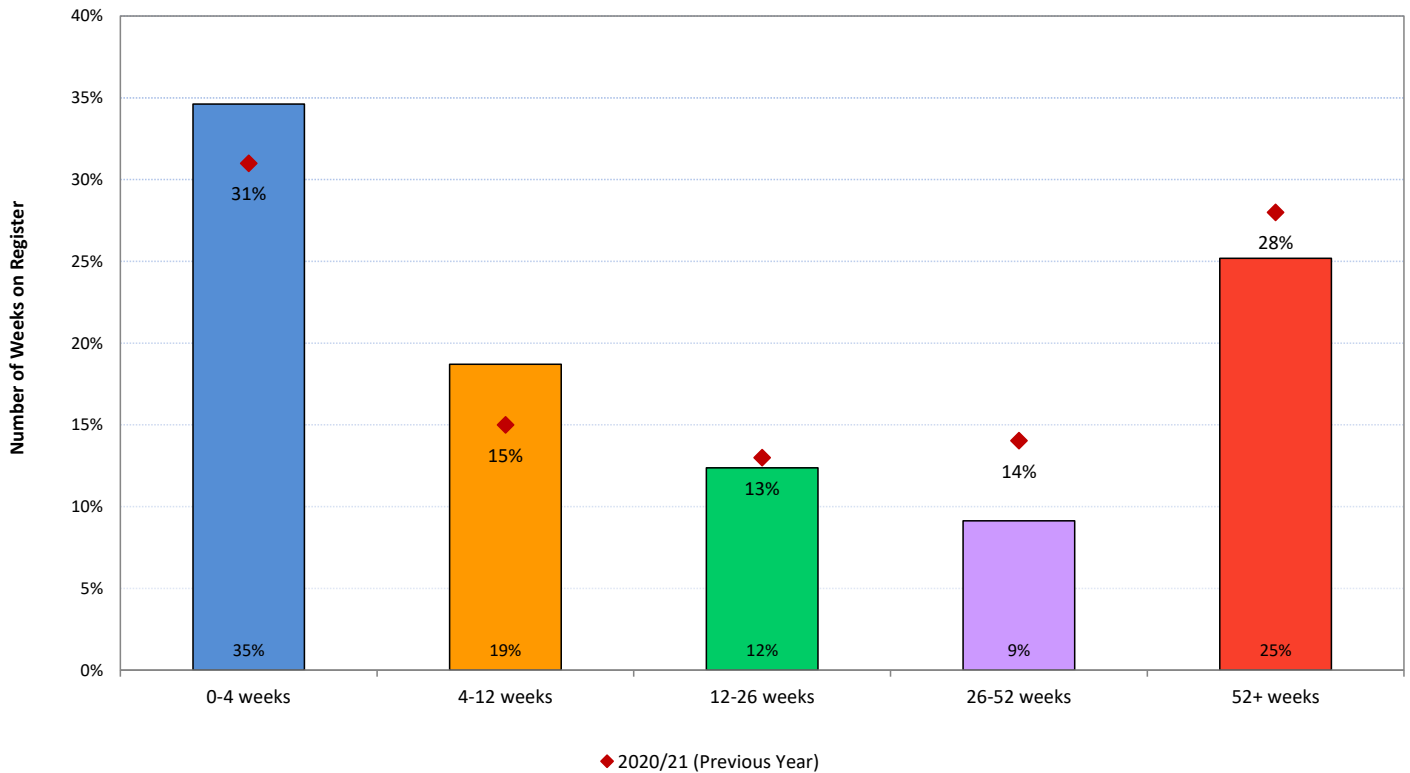


Chart - Duration of time (in weeks) the patients were on EPaCCS by CCG (as %age of CCG Total)

### 2021-22 (YTD) vs 2020-21



## Part 2 - Leeds Clinical Commissioning Group (CCG) EPaCCS Data 2021/22 Report (Q1)

C2.8a Unplanned hospital usage (A&E and Non-Elective Admissions) by EPaCCS Patients in the last 90 days of their life.

Please note that the data below only relates to patients who have died in a particular quarter and looking back 90 days from their respective date of death.

The actual hospital visits/admissions could have taken place in a previous quarter i.e. a patient who died on 01 April 2021 may have accessed the hospital between Jan to Mar 2021

### Activity and Cost Breakdown

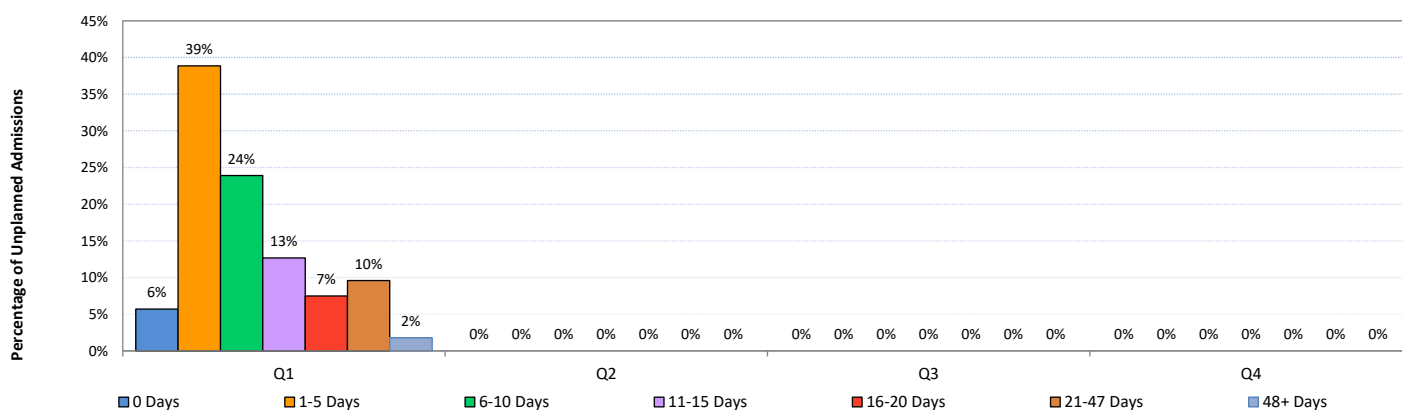
	Q1		Q2		Q3		Q4		Total	
<b>A&amp;E visits</b>	<b>Activity</b>	<b>Cost</b>	<b>Activity</b>	<b>Cost</b>	<b>Activity</b>	<b>Cost</b>	<b>Activity</b>	<b>Cost</b>	<b>Activity</b>	<b>Cost</b>
Unique Patients	368								368	
Total Activity and Cost	535	£115,489							535	£115,489
Average Activity and Cost	1.5	£314							1.5	£314
<b>Planned Admissions (EL)</b>	<b>Activity</b>	<b>Cost</b>	<b>Activity</b>	<b>Cost</b>	<b>Activity</b>	<b>Cost</b>	<b>Activity</b>	<b>Cost</b>	<b>Activity</b>	<b>Cost</b>
Unique Patients	25								25	
Total Activity and Cost	29	£90,730							29	£90,730
Average Activity and Cost	1.2	£3,629.20							1.2	£3,629
<b>Unplanned Admissions (NEL)</b>	<b>Activity</b>	<b>Cost</b>	<b>Activity</b>	<b>Cost</b>	<b>Activity</b>	<b>Cost</b>	<b>Activity</b>	<b>Cost</b>	<b>Activity</b>	<b>Cost</b>
Unique Patients	415								415	
Total Activity and Cost	615	£2,797,577							615	£2,797,577
Average Activity and Cost	1.5	£6,741							1.5	£6,741

### Average and Median Number of Hospital Inpatient bed days/person in last 90 days of life

	Q1		Q2		Q3		Q4	
Total Bed Days Elective	143							
Total Bed Days Non-Elective	5962							
<b>Total</b>	<b>6105</b>							
	Average	Median	Average	Median	Average	Median	Average	Median
Elective Admissions	5.7	2.0						
Non-Elective Admissions	14.4	10.0						
All Inpatient Admissions	14.4	11.0						

### Length of Stay Breakdown for Unplanned Admissions (Non-Elective Inpatient)

	Q1	Q2	Q3	Q4	Total
<b>Length of Stay (Unplanned Admissions)</b>	<b>No. of Admissions</b>	<b>No. of Admissions</b>	<b>No. of Admissions</b>	<b>No. of Admissions</b>	<b>No. of Admissions</b>
0 Days	35				35
1-5 Days	239				239
6-10 Days	147				147
11-15 Days	78				78
16-20 Days	46				46
21-47 Days	59				59
48+ Days	11				11
	<b>615</b>				<b>615</b>



### Percentage of patients with 3 or more Unplanned Admissions (Non-Elective Inpatient)

	Q1	Q2	Q3	Q4
%age against ALL EPaCCS	6%			

**Part 2 - Leeds Clinical Commissioning Group (CCG) EPaCCS Data  
2021/22 Report (Q1)**

C2.8b Reasons for Unplanned hospital usage (Non-Elective Admissions) by EPaCCS Patients in the last 90 days of their life.

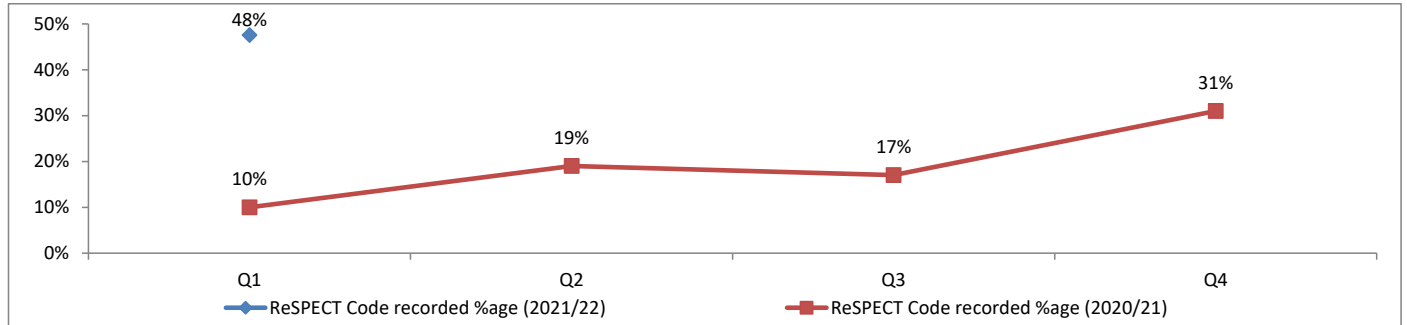
**Top 5 Reasons for Unplanned Admissions (Year to Date)**

HRG Chapter	Primary Diagnosis	Q1	Q2	Q3	Q4
<b>Respiratory System Procedures and Disorders</b>		<b>24.72%</b>			
	Diseases of the respiratory system	18.86%			
	Neoplasms	4.72%			
	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	0.16%			
	Diseases of the circulatory system	0.98%			
<b>Gastrointestinal Tract Disorders</b>		<b>11.87%</b>			
	Neoplasms	4.39%			
	Diseases of the digestive system	5.37%			
	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	0.98%			
	Codes for special purposes	0.65%			
	Certain infectious and parasitic diseases	0.49%			
<b>Nervous System Procedures and Disorders</b>		<b>9.27%</b>			
	Diseases of the circulatory system	4.07%			
	Neoplasms	2.11%			
	Diseases of the nervous system	1.46%			
	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	0.98%			
	Injury, poisoning and certain other consequences of external causes	0.65%			
<b>Cardiac Disorders</b>		<b>6.18%</b>			
	Diseases of the circulatory system	5.69%			
	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	0.16%			
	Injury, poisoning and certain other consequences of external causes	0.33%			
<b>Renal Procedures and Disorders</b>		<b>5.85%</b>			
	Diseases of the genitourinary system	5.85%			
	Injury, poisoning and certain other consequences of external causes	0.00%			

## Part 2 - Leeds Clinical Commissioning Group (CCG) EPaCCS Data 2021/22 Report (Q1)

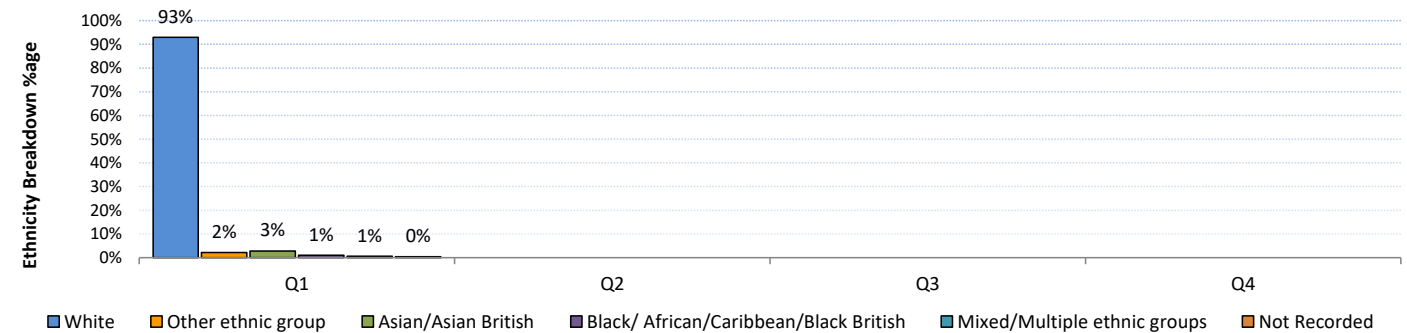
C2.9 EPaCCS patients who have a ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) Code recorded on the system.

Patients with ReSPECT Code	NHS Leeds CCG							
	Q1		Q2		Q3		Q4	
ReSPECT Code recorded	323	48%						
ReSPECT Code not recorded	356	52%						
<b>Total</b>	<b>679</b>							

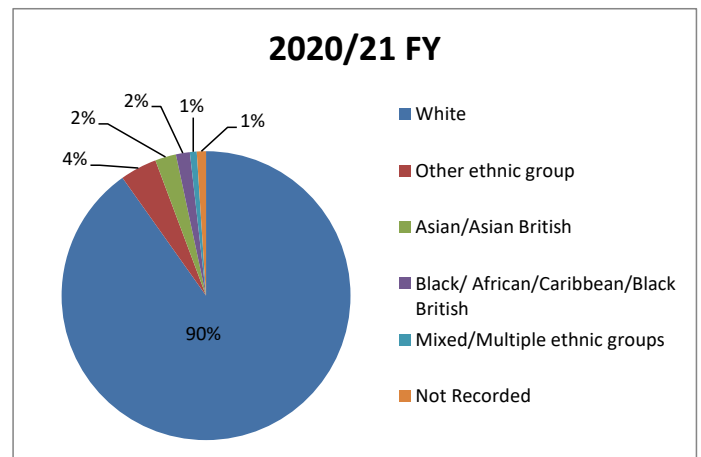
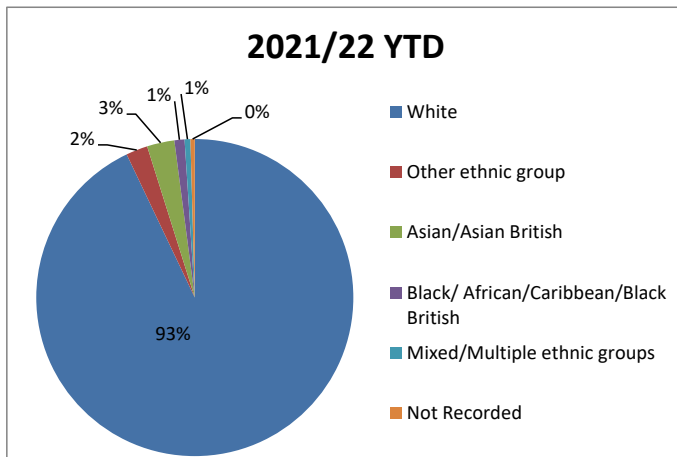


C2.10 Ethnicity Breakdown of EPaCCS patients

Ethnicity Breakdown	NHS Leeds CCG							
	Q1		Q2		Q3		Q4	
White	631	93%						
Other ethnic group	15	2%						
Asian/Asian British	19	3%						
Black/ African/Caribbean/Black British	7	1%						
Mixed/Multiple ethnic groups	4	1%						
Not Recorded	3	0%						
<b>Total</b>	<b>679</b>							



Ethnicity Breakdown comparison of current 2020/21 Year to Date data with 2019/20



# Learning from Incidents

**Team/service** Armley Neighbourhood Team



## Incident title

(eg. delay in treatment, drug error 1mg instead of 100mcg)

Missed opportunities to implement end of life care for a deteriorating patient

## This happened (provide a brief description of the incident)

The patient was an 82 Year old male who lived in a residential care home. He had co-morbidities including Vascular Dementia, Heart failure, Atrial Fibrillation, Pacemaker, Trans-urethral resection of Prostate and previous stroke. The initial referral was received from a Social Worker in the Discharge to Assess Team requesting therapy support only although identified he had suspected liver cancer.

At the point of clinical triage there was no discussion with the referrer, patient, relative or carer to explore diagnosis and prognosis, which would support a clinical rationale of whether Neighbourhood Team involvement for palliative care was needed.

At the 2nd clinical triage occasion the patient was reported by the carers to be in a foetal position with wounds to his knees; this would indicate a change in his condition and a deterioration in his health. The decision to implement a care plan for wound care was task focused as opposed to a holistic review of the patient's needs. The patient was scheduled to be seen by agency staff for new wounds ; this should have been a Neighbourhood Team review, as it was a new episode of care.

The patient was transferred between a number of care settings. There was an initial delay in the patient being added to the Gold Standards Framework register.

The Advanced Practitioner at the GP Surgery did not feel that the patient was at the end of his life when visited, therefore did not refer into the Neighbourhood Team.

## Changes made to avoid recurrence

At the earliest opportunity colleagues to flag and escalate patients approaching end of life and refer into the Neighbourhood Team.

Initiate discussions with the referrer, patient, relative or carer to explore diagnosis and prognosis for patients at the end of their life or for patients who are deteriorating must take place. These patients require a holistic assessment, with agreed support from the Neighbourhood Team and involvement for their palliative care.

High risks for the patient must be identified, including deterioration with a change to the patients presentation. Holistic reassessment must be performed along with commencing appropriate, personalised care plans which will contribute to building relationships with the patient and their carers.

Neighbourhood Team staff are responsible for all new patient assessments and re-assessments.

All patients with a palliative diagnosis are entered onto the Gold Standards Framework register.

Explore the feasibility for appropriateness of a discharge to assess bed for patients.

## Lessons learnt

Further information must be gained at the point of triage for patients who are referred and have a palliative diagnosis to identify what support is needed

To promote holistic review of the patient at the point of triage and when there is a change in a patients presentation.

The importance of supporting Triage Clinicians in their role with access to: Training, Clinical guidance and procedures, shadow shifts and Clinical Supervision to enable staff to reflect on their experiences in practice.

Communicating and escalating risks and concerns to senior colleagues and the leadership team.

**Trust Board meeting held in public: 3 December 2021**

**Agenda item number: 2021-22 (100)**

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**Title: Trust Priorities 2021/22 – Q2 Update**

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**Category of paper: For Assurance**

**History: Senior Management Team (SMT) 6 October 2021, Quality Committee 25 October 2021 and Business Committee 27 October 2021.**

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**Responsible director: Executive Director of Nursing and Allied Health Professionals and Executive Director of Finance and Resources**

**Report author: Business & Planning Manager and Head of Clinical Governance**

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## **Executive summary**

This report provides a progress update against the Trust priorities at the end of Q2 2021/22.

Our five Trust priorities were agreed by SMT to drive achievement of the Trust's four strategic goals and support delivery of system priorities. These Trust Priorities were developed during our response to the international COVID 19 pandemic that has been a major focus of our work during 2020/2021 and to date.

At the end of quarter two, progress has been made against all five priorities as LCH continues to support its staff, patients and the wider health and care system in Leeds and West Yorkshire and manage the impact of the ongoing pandemic. This is an amazing achievement considering the pandemic and continued extreme pressure across the health and care system.

The five Trust priorities are:

- Priority 1 - Build our services back better.
- Priority 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.
- Priority 3 - Promote and support the health and wellbeing of our workforce.
- Priority 4 - Develop integrated provision with a stronger focus on prevention, self-management and pro-active care.
- Priority 5 - Work pro-actively across the organisation and with #TeamLeeds to understand and improve health equity.

## **Recommendations**

The Board is asked

- To agree that, in the most challenging of circumstances, staff have continued to go above and beyond during the ongoing pandemic, delivering high quality care to patients whilst delivering against the Trust priorities. They have significantly contributed to the Trust being a better provider of care, a better employer and a better partner.
- To note that the Q3 report will be a shortened version in light of service pressures. It will report by exception both positive progress and where pieces of work are not progressing as expected.

## Trust Priorities 2021/22 – Q2 Update

### 1 Introduction

This report provides a progress update against the Trust priorities at the end of Q2 2021/22.

Our five Trust priorities were agreed by SMT to drive achievement of the Trust's four strategic goals and support delivery of system priorities. These Trust Priorities were developed during our response to the international COVID 19 pandemic that has been a major focus of our work during 2020/2021 and to date.

The last 18 months has seen an unprecedented change in how services have been delivered to meet the challenges of the COVID-19 pandemic. The Trust has fundamentally changed the way we work to maximise our ability to meet the evolving needs of our communities, and to optimise the health and wellbeing of our patients, families, carers and staff. The way we have innovated and developed our services to continue to deliver high quality care with a focus on improvement will continue into 2021/2022 and beyond.

The Trust Priorities we have developed are underpinned by our learning and experience during 2020/2021. The Trust Priorities also reflect our challenge to ourselves as we seek to continuously learn and improve on our approach to the provision of high quality care. Our aim being to drive the quality of our care delivery forward through the progress against those priorities.

There will be a qualitative focus on measuring the success of our Trust priorities this year and this has been included in this report wherever possible. We will demonstrate progress and success during 2021/2022 through the alignment with our overarching Trust Vision 'to provide the best possible care to every community we serve'. Taking a qualitative approach means we can capture how our priorities are making a difference where they matter most: in our communities.

At the end of quarter two, progress has been made against all five priorities as LCH continues to support its staff, patients and the wider health and care system in Leeds and West Yorkshire and manage the impact of the ongoing pandemic. This is an amazing achievement considering the pandemic and continued extreme pressure across the health and care system.

## Priorities

### 2.1 Priority 1 - Build our services back better

Key focus 1: Reducing covid 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.

**Improving Patient Flow and Prioritisation Programme (IPFP Programme)** has continued to operate within Q2 with a particular focus on backlog reduction. In Q1, Business Units identified 18 services to be included within the project, that required support with reducing their backlog. In Q2, those services have all developed investment plans to increase their activity levels sufficiently to both continue to see new patients whilst also reducing the backlogs that have developed during the pandemic. The total investment planned comes to approx. £4.5million. Services immediately began to search for temporary staff, or to pursue outsourcing opportunities, against these plans. Many services have experienced significant challenges in securing qualified staff to fill these roles through agencies or the internal Bank. Agency colleagues have reported national shortages in many of the key roles required.

#### Success Stories

- CUCS – The service has completely removed its COVID backlogs and waiting times now remain stable below 18 weeks more than 95% of the time.

#### Services on Track

- CAMHS – backlogs within Neurodevelopmental Initial Assessment, Medication Clinics, CBT, and Family Therapy all have outsourcing agreements and/or recruitment completed. Locums have started to support medication clinics, and awaiting commencement of outsourcing.
- Respiratory – The total waiting list size has already reduced by 49% since the service restarted face-to-face appointments. All temporary posts have been filled, or awaiting start dates.
- Gynae - additional activity has started and waiting list now reducing. Has reduced 42% since September 2020.
- Cardiac – All temporary posts have been filled but awaiting some start dates. Referrals have increased and patients are more complex, and as a result the waiting list has been increasing but reductions should be achievable within the investment plans.
- Stroke - recruitment to temporary posts is complete but awaiting start dates. The waiting list has been increasing, often due to the service needing to prioritise P1 patients based on clinic need.
- Adult SLT and ALD SLT – the temporary roles are mostly filled, but high levels of urgent demand might put the service at risk. The backlog has increased, particularly within long waits over 18 weeks, but the plans in place are currently sufficient, but will require monitoring.

#### Services with delays

- Paediatric Neuro-Developmental Clinic and Community Paediatric Clinic – Referrals have increased in volume and complexity. Unsuccessful so far in

filling locum posts even though permanent post has been filled (awaiting start date). Hoping to increase hours of trainee medic who is nearing completion of registrar training.

- Audiology - large increases in demand suggest backlog won't now be reduced until 2024 if this rate continues. Some demand is expected to reduce, but much might now be permanent increases. Unable to fill temporary vacancies, so exploring going at risk to offer permanent posts with financial support from CBU.
- Children's Speech and Language Therapy – the service is carrying high number of vacancies and increases in complexity for referrals. Unsuccessful in filling any temporary roles to date. The service has been able to fill some permanent vacancies, but with internal candidates. Pathway review commenced as reduced offer is unsustainable as clinical and reputational risks are too high.
- Diabetes – The service is experiencing high referral rates. Recruitment to temporary post has been unsuccessful so far, but the waiting times for the longest waiters are reducing.
- Neurological Rehabilitation Service – Although long waiters are reducing, there have been further increases in demand. Although many temporary posts have been filled, the major skills gap is in Occupational Therapy and they have been unsuccessful in filling these posts so far. The ongoing service reviews also presents .
- Podiatry - delays in recruitment and long notice periods required to bring staff in. The size of backlog may mean that it won't be fully clear by March 2022.
- MSK – The service carries vacancies and has been unsuccessful in filling temporary roles. Filling existing vacancies may only lead to being able to hold the backlog at the current level but not achieve reduction.
- Tier 3 Weight Management - Referrals have doubled since pre-pandemic levels. The service has been unable to recruit to temporary posts as yet, but waiting lists are reducing although are still above target of 6 weeks.

Key focus 2: 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 & Self-Management.

The Digital Clinical Enablers Steering Group was established in April 2021 to drive forward the agenda around digital clinical tools to improve both the patient and clinician experience alongside improvements to the city-wide system.

**Pathology/Radiology Requesting and Results (ICE)** - An ICE Pathology Toolkit has been drafted to guide services through the process of using ICE to request and receive Pathology investigations electronically through SystemOne. The toolkit will sit on a MY LCH landing page along with comprehensive process maps, guides and links to training videos and is expected to be ready by mid-October. Tier 3 Weight management service have been pencilled in as the early adopter in October with implementation meetings agreed with the head of service. This will be followed by a Lessons Learned Review and then ICAN in November. An options paper for a central budget for the provision of licences is in process.

**Electronic Prescribing (EPS)** - Building on the exploratory work undertaken by ICAN during 2020, a service e-Prescribing readiness checklist has been drafted. Development of the ICAN e-Prescribing formulary continues, with additional templates for the management of epilepsy and gastro-oesophageal disease underway. During May and June 2021, the Cardiac Service have established their e-Prescribing formulary, enabled quick link buttons within SystmOne and received facilitated training and went live on 15 September. In June, the Virtual Ward (Frailty) became the third service to embark on their e-Prescribing journey, with the identification of service champions and initiating scoping work to develop their e-Prescribing formulary. Services have expressed a wish to implement electronic prescribing at pace, however, it has been agreed that a programmed approach is preferred, with the creation of templates, provision of staff training and agreement on the necessary safety checks and balances prior to 'go live'.

**Digital Dictation** - ICAN Digital Dictation roll out was completed in June 2021. A post evaluation survey will be conducted in Aug/Sept 2021. The second phase of the Digital Dictation rollout is now commencing with Gynae, Dental and CAMHS.

Digital Dictation was rolled out across the Community Gynae service in August 2021 and in the words of the service: 'The results are fantastic! Everyone likes the new system, it's much more efficient and safer. We have been able to remove the risk we had on the risk register as we are no longer putting tapes and patient identifiable information into a zipped bag and then into the internal post'. From an admin perspective, the quality is a lot clearer and it links directly to the patient record. The admin team are able to access the dictation immediately and start to transcribe; one admin team member said she had completed the task in 30 minutes as opposed to waiting a week for the tape in the internal post! Clinicians can prioritise letters so it's clear which ones are urgent and these can be actioned immediately preventing any delay to care.

**Voice/Speech Recognition** - A Toolkit approach plan is being planned.

**Self-Management** - The aims of the self-management project are:

- Enhance patient experience by providing greater choice, and timely information.
- Augment treatment options available to patients through the provision of self-management materials.
- Increase service delivery capacity through enabling appropriate self-management of conditions by patients.
- Improve waiting list management for services by increasing efficiency of patient flow from point of referral to treatment.

In Q2, the project received agreement from the Leeds Healthcare Academy for the utilisation of its Learning Management System (LMS) to host content. LCH self-management materials will be uploaded to the LMS in 2 stages. Services that form stage 1 are: Long COVID and Diabetes, they will upload content during Q3. The second stage services include: Stroke, Dietetics and MSK which are planned for Q4. The project will close on 31<sup>st</sup> September and responsibility for maintaining content handed back to services.

## Digital Engagement and Inclusion

**Community Diabetes** – the team have used feedback to improve the accessibility and functionality of their virtual offer. This includes the structured education programme, the LEEDS programme, which provides support and self-management guidance to patients with Type 2 Diabetes. Additional support was specifically targeted at smartphone users to ensure they receive an optimal virtual offer.

**Digital Access for Carers initiative** – this is an initiative that funded 20 Samsung tablets with Charitable Funds. The tablets, along with pre-loaded Sim Cards are being gifted to unpaid carers accessing LCH services to allow virtual access to services, appointments and healthcare information. To date, 11 tablets have been gifted to unpaid carers and the impact is being evaluated.

**100% Digital Leeds** – LCH is working in partnership with 100% Digital Leeds, who provide Digital Champion training. A number of LCH staff have attended. The service also loans digital equipment to support people across Leeds with access to digital equipment that LCH can refer our patients and carers to.

**Homeless and Health Inclusion Team** – The team have close links with a new Peer Support Advocacy service, designed to offer support to homeless people in Leeds from people with lived experience. The service supports those experiencing digital exclusion with gifted digital equipment. This supported a recent patient following their discharge from hospital in accessing healthcare, support, information and virtual appointments.

*Key focus 3: 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.*

The Equity and Quality Impact Assessment (EQIA) process is now being embedded across the organisation. There have been four EQIA panel meetings since the new process was initiated. There are currently eleven EQIAs recorded within the governance process, all were approved at panel.

Feedback from teams using the EQIA included how in depth the assessment is, an offer of support is available for teams in the development of the EQIA, including joint meetings, or email support. The Diabetes Team have a meeting arranged with the Clinical Governance Team to initiate some EQIAs in relation to their integrated pathway development.

Feedback from the panel meetings included 'what I really enjoyed was the EQIA panel, being able to talk through the change implemented, the benefits and the negatives (if any). It was a good opportunity to showcase how innovative the service had been during a global pandemic and that patients had welcomed these new services' and that 'the panel was very engaged in the process, asked relevant and valid questions which I was able to respond to'.

**Feedback from the Health Equity Lead on the LCH Thank You page following the August 2021 EQIA Panel:**

*'Thank you to Adele Archer and Michelle Maynard for bringing EQIAs to the panel this morning and sharing the brilliant things that are being done in Leeds Sexual Health to provide increased choice for all patients, as well as the specific ways of working you have developed to provide person-centred, holistic care to some of our most vulnerable communities. As a panel member said, it was inspiring to hear everything you're doing and really good that the panel was a place of curiosity, sharing and learning, with opportunities for new connections and partnerships made as well. I wish all Friday mornings were this energising! Thank you both and the team'*

## **2.2 Priority 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 focus 1: Maintaining leadership and support for the vaccination programme.

In addition to the existing project team that includes the Senior Responsible Officer and the Programme Lead, LCH has now recruited two dedicated Project Managers and a Project Support Officer as well as an interim Programme Lead to ensure timely delivery of the vaccination programme and in particular the “No-one left behind” workstream aimed at promoting vaccine equity. The programme continues to ensure innovative and flexible vaccine deliveries from both static and pop-up sites. The recent Leeds festival being just one positive example of how the vaccine programme is responding to local needs with nearly 200 young people vaccinated at the event over the August Bank Holiday weekend, and many more choosing to subsequently have their vaccine afterwards following positive encouragement from healthcare staff who attended the festival.

The next phase, phase 3, will include the booster programme and quite likely school children aged 12-15. At the time of writing we are still awaiting the exact target cohorts to be confirmed nationally, however plans are being rapidly progressed by building on local partnerships.

### **Leeds Covid-19 Vaccination Numbers as at 05/10/21**

- 1,078,592 Vaccines given to Leeds Registered GP population within Leeds
- Over 563k people have had a 1st vaccination (75.9% of eligible GP registered)
- 88.9% of CEV and 84.7% of 'at-risk' have been vaccinated (0.1% increases respectively)
- Over 521k people have had a 2nd vaccination (70.3% of eligible GP registered)
- Over 7k people have had a 3rd / Booster vaccination (2.2% of eligible GP registered in groups 1-9)

### Key focus 2: Maintaining 'mutual aid' staffing arrangements that support provision of essential LCH and partner services.

A workshop was held in quarter 1 with key stakeholders (including GMs, clinical leads, Workforce, Comms and BCDS representatives) to develop a culture and engagement plan to help staff be more accepting of mutual support as an approach across the organisation to bolster our resilience. This was launched at Leaders Network at the end of July. The Resourcing Team's focus continues to be on maximising capacity, working closely with managers across our supply routes and the plan continues to be progressed through Senior Ops Strategy group.

### Key focus 3: 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.



**CIVAS** continues to build relationships and promote integration with OPAT. An initial visioning day took place in July with a further session in September. The aim is to bring the teams together, consider learning and new ways of working from the pandemic and establish a new, partnership vision.

During the past 12 months, CIVAS has:

- Cared for over 349 neighbourhood team line cares and chemotherapy disconnect patients . This is over 349 home visits normally allocated to Neighbourhood team.
- Seen Zolendronic Acid patients in the community, who usually go to hospital as a day case. A total of 93 vulnerable patients received this treatment in their home.
- Carried out dressings, tinzaparin administration, as well as other tasks usually carried out by the neighbourhood teams.
- Supported LTHT with the administration of antibiotic devices, as the nurses have been unable to use them. This has also reduced wasting expensive antibiotic devices.
- The team have gone above and beyond to be flexible and deliver work outside of their current pathway if they have had capacity to do so and it contributed to hospital avoidance. This includes a patient they had referred from VFW that needed IV diuretics, who would have otherwise needed to be an inpatient. This was a vulnerable person with dementia and this approach not only improved her symptoms but ensured she was safe and cared for at home.

**Homeless Health Inclusion Team (HHIT)** Following a successful CCG/LCC led bid to NHSE, HHIT are a partner (alongside Bevan, LCC, CCG, Pathway and LYPFT) in delivering the new enhanced out of hospital care model for homeless people. Liz Keat from LCH was appointed as the Integration Lead across the whole partnership. Phase 2 is now underway and is looking at the assessment and care planning for clients whilst in the beds, making full use of the multidisciplinary team from the different partners involved in the project.

Since May, the team have received 45 referrals to the Health Intervention beds. 19 have been accepted and all 9 flats are currently full with an even mix of step up/ step down from hospital. All discharges to date are showing positive outcomes; reduction in Chaos index and decrease in Eq5D. The team are working very closely with the wider City plans to reduce homelessness and emphasis on risk mitigation rather than restrictive practices and are providing teaching to new ED doctors and nurse practitioners on Homelessness, duty to refer, and the role of HHIT team.

**Virtual Ward Respiratory** – Continued integration with LTHT resulting in more appropriate referrals and ward now consistently reaching maximum capacity. In Q2 21/22, we received 93 referrals compared to 57 in the same quarter last year and received only 1 inappropriate referral. We received 11 referrals for hospital avoidance.

**Virtual Ward Frailty** - moving towards business as usual for current Virtual Ward (Frailty). Hours extended to 0800-2000 (previously to 1800) from 1<sup>st</sup> September. Implementation of ICE and point of care testing underway. Now live on directory of

service to enable 111 referral. Collaboration work between May-Jul 21 with YAS clinicians and the VW(F) complete, outcomes achieved - increased knowledge and awareness, improved referral rates and enhanced patient experiences and outcomes.

Full evaluation for Virtual Ward Frailty due Sept 21. The VW(F) has received 1537 referrals (for the period 29/11/19-12/07/21), with 1147 patients accepted on to the ward. The average length of time on the ward before discharge is 4.7 days, with only 16% of patients being admitted to hospital following their stay (44% of patients have their discharge outcome marked as care completed). “Enhanced Community Response Service” development commenced – integrated working with Virtual Respiratory Ward and cardiac services to adopt shared processes, test of cardiac (heart failure) pathway and development of future integrated service model. Work underway with system partners including LYPFT, Age UK, LTHT, GP Confederation, Leeds City Council to enable Leeds wide approach. Collaborative approach business case being consider by Ageing Well Programme Board end September.

**Night care home response pilot** in collaboration with Age UK Home Comfort service; phase 1 and 2 now implemented and funding extended until March 22. Bid for recurrent funding from April 22 included into ‘Enhanced Community Response Offer’ business case including Urgent Community Response requirements of assessment within 2 hours, pending sign off by Ageing Well Board by October 21. Evaluation underway between Sept-Nov 21.

**Therapy Supported Discharge** - joint work with LTHT and LCH to test therapy supported discharge in ED at St James’s working closely with LIDS has been extended and this work is continuing until 20<sup>th</sup> September, to allow the new SDEC (Same Day Emergency Care) to become established. The team have proactively managed a small number of patients to assess them in their own homes and provide them with extra support. Recruitment has continued with a number of staff starting over August and September. The plan following this testing out is to review the effectiveness and also look at the support the team can give to patients in other parts of the system to support patient flow.

**System discharge flow work-** commenced in September 2021 to identify further improvements to discharge flow functions to be implemented during 21/22.

**Stroke** – The Stroke Association have commenced the recruitment and training process for the additional staff they need to employ to complete all 6-month reviews for the remainder of the financial year. The service is working towards a start date of 1<sup>st</sup> October. This will allow 6 months of the Stroke Association delivering the 6 month reviews which we can evaluate to show the impact this has on releasing additional clinical capacity and the potential to develop a business case for commissioners for 2022/23.

We are also continuing to explore the option of the Stroke Association seeing Priority 3 patients. The service is completing an audit to ascertain what proportion of the P3 patients that could be seen by the stroke association both solely and jointly with the service. The audit will also give the service an indication of the clinical capacity the Stroke Association seeing Priority 3 patients will release.

## **Patient Feedback**

Feedback received via Friends & Family for services such as CIVAS, Homeless & Health Inclusion, Virtual Frailty Ward and Virtual Respiratory Wards clearly demonstrate how valued these services are by patients and carers, particularly as they allow for treatment at home. People report they are able to make contact easily with these services to ask questions and seek reassurance.

*“All team members were professional, friendly and very accommodating. NHS at its best!”*

*“As a system, for me at least, it was seamless.”*

*“Friendly and helpful. Good opportunity to seek reassurance/check info post-hospitalisation.”*

*“It’s the way you do things. Having this service at home, really important.”*

*“I have received a great service from each member of the team that have visited me. If it hadn’t been for this service I would still be in hospital and would have missed my son’s wedding. Thank you very much CIVAS.”*

*“My treatment has been very good and reliable, there is a big improvement where the nurses have kept me up to date and have been very supportive”*

*‘I have no words to show my gratitude so I’ll just say thank you’.*

*‘Thank you for setting up the interview. I think I am going to enjoy the experience and knowing that I can help somebody in difficulty just like all your help with me which I really appreciate.’*

HHIT adapted their FFT to include additional questions on being treated with kindness, respect and how the service could ensure this happens for all patients. Feedback in Q2 in response to this question have included:

*“Gave me different options and made me feel like I’ll be safe.”*

*“Loyalty and listening and with very much care.”      “So much respect and honesty.”*

## **2.3 Priority 3 - Promote and support the health and wellbeing of our workforce**

### *Key focus 1: Explore the health & wellbeing needs of diverse communities and groups within LCH.*

Throughout 2020/2021 and as reported in the Q1 update to the Board, LCH saw sustained improvements in a reduction in sickness absence levels in comparison with the previous year. The general downward trend continued across all Business Units and Corporate Teams through to April 2021.

Since then the overall sickness absence figures have started to increase with the most notable increase to 5.9% in July 2021 (our latest available figures). This is a higher sickness absence rate than usually seen in LCH during summer months, (July 2020 sickness absence rate was 4.5%) and is slightly above the overall 2021/22 target outturn sickness absence rate of 5.8%. In July 2021, LCH sickness absence was attributable to 1.7% short term absence and 4.2% long term absence.

The main reason for long term absence continues to be due to anxiety, stress and depression. The primary reason for short-term sickness is “infectious diseases”, which is not unexpected during a prolonged pandemic period. During Q2 we have continued to develop and deliver psychological wellbeing support and promote the entirety of the LCH health and wellbeing offer; as well as working closely alongside line managers and employees to support those who are currently absence from work.

Our diverse workforce requires a bespoke response to support, rather than a generic offer. During the pandemic we have responded to this by co-creating multiple, active “safe-space” groups, where staff continue to meet virtually, which provides a means of support, such as staff who were shielding, men’s health group and working parents. Engagement is currently taking place through the Health and Wellbeing Group to refine the current Workforce Disability Equality Standard (WDES) Action Plan, ensuring this takes account of the latest annual extraction of workforce data and staff survey results. The revision to the action plan includes working with staff with a disability or long-term condition to further develop and refine LCH’s response future HWB offer aligned with the needs of its workforce.

### *Key focus 2: Provide and expand a comprehensive Health and Well-Being offer to our staff.*

During the month of August, a re-launch of the Trust’s “Feel Good Pledge” took place, with a personal message from the Chief Executive, reminding staff of the importance of looking after themselves and of the Trust’s commitment to employee health and wellbeing.

Updated publicity for and signposting to the range of HWB support available both within the Trust and external has been communicated through multiple channels. To enable staff easier access to the HWB page with one easy “click”, individuals received a text message to work mobiles and the HWB icon was automatically placed onto desk-tops. Informal feedback received so far has been positive.

Monthly “spotlights” on HWB will take place throughout the coming 12 months, covering mental, physical, and financial wellbeing, promoting the range of support that is available, and hearing personal stories of staff who have accessed these services.

*Key focus 3: Equip leaders with the appropriate skills, knowledge, and confidence to hold effective health & wellbeing conversations.*

The HR Business Partners continue to provide professional and emotional support in supporting Service Managers deal with often sensitive and difficult wellbeing conversations with staff.

Up to date guidance and briefing notes on key topics are shared with leaders through leaders’ network or via Mid-day briefing to ensure they are kept up to date with the latest governmental guidance.

## 2.4 Priority 4 - Develop integrated provision with a stronger focus on prevention, self-management and pro-active care

Please see priority 1 for an update on LCH's self-management project.

Key focus 1: Playing a full part in Leeds Integrated Care Partnership, develop collaborative governance structures and priority programmes that support our ambitions for better, more integrated care in the city

Steered by the ICP Development Board, of which the LCH Chief Executive is an active member, the Trust is involved in a number of workstreams to support the formation of the Integrated Care Partnership (ICP).

Membership models and governance structures are currently being shaped to adapt existing arrangements to meet the requirements of NHS Legislation.

Key focus 2: 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

A wide array of work continues under this overall ambition, with a clear link to the current Neighbourhood Model Transformation programme. SBU colleagues and wider stakeholders are involved in the Neighbourhood Model Transformation Programme.

- The Virtual Ward (Frailty) will implement the two-hour crisis response standard, by providing full geographic coverage across local system, Virtual Ward (Frailty) has commenced 8am-8pm working and referral acceptance, 7 days a week as from September 21. Will accept referrals from all appropriate sources and accessible via 111 (incl. profiling on Directory of Service). Is also submitting complete data returns to the Community Services Data Set (CSDS) to demonstrate achievement of the two-hour standard.
- “Enhanced Community Response Service” development commenced – integrated working with Virtual Respiratory Ward and cardiac services to adopt shared processes, test of cardiac (heart failure) pathway and development of future integrated service model. Work underway with system partners including LYPFT, Age UK, LTHT, GP Confederation, Leeds City Council to enable Leeds wide approach to delirium and acute onset of distressed behaviours. Collaborative approach business case being consider by Ageing Well Programme Board end September.
- Phase 1 and 2 of the Night care home response pilot (in collaboration with Age UK Home Comfort service) now implemented and funding extended until March 22. Bid for recurrent funding from April 22 included into ‘Enhanced Community Response Offer’ business case including Urgent Community Response requirements of assessment within 2 hours, pending sign off by Ageing Well Board by October 21. Evaluation underway between Sept-Nov 21.

- Consideration is being given to expansion of the Community Cancer Support Service (CCSS) and an options appraisal has been developed in collaboration with the CCG. Since September 2020 the CCSS has received 276 referrals, 45% of these have been for patients at the end of their treatment. The service currently operates in four areas of Leeds and continues to respond to a broad range of population needs in local areas. A particularly notable case study involved a breast cancer patient on curative treatment who was struggling to cope – she had a recent bereavement in the family and concerning weight loss. The service were able to respond with an urgent appointment the next day - during this appointment the patient opened up about having an eating disorder which she had never previously discussed; the service were able to liaise with the GP and access treatment for the patient for which the family were extremely grateful. A service evaluation is due in October 2021. Both patient and professionals' surveys have recently gone live to collect views on the service to date and inform this evaluation.
- We continue to explore innovative integrated nursing models with Morley and West Leeds PCNs and working with system partners to develop and test a MDT approach in Care Homes (e.g. a community matron working for primary care in Morley, a B6 nurse working in HATCH) to support the EHCH agenda.
- A band 8a Advanced Clinical Practitioner role has been appointed to the Falls service to support integrated working in partnership with primary care and LTHT, including the development and coordination of an integrated citywide falls pathway to ensure consistency of assessment and care for complex falls risk patients.
- Work on developing and testing a single wound care template for use initially across primary care and LCH, and subsequently wider partners to reduce variation in wound care city-wide and improve outcomes and resource utilisation is on track. The template will be tested in 2 / 3 PCNs this month. In quarter 3 the final version will be rolled-out across LCH, hospices and the PCNs participating in testing and we will agree the roll-out plan with the other PCNs. A substantive project manager has now started in post which allows project to focus on developing other elements of the Integrated Wound Clinic model. There is now agreement that the Integrated Clinics will be re-established across 4 hubs in the city and funding is agreed to support this.
- Business cases are being finalised for 2 innovative integrated care models with PCNs:
  - a Community Matron working across West Leeds PCN and the Pudsey Neighbourhood Team leading development of an integrated Frailty service for the housebound
  - a community matron working in Morley PCN and the Morley Neighbourhood Team leading the MDT approach in Care Homes

## Engagement Focus

Feedback from patients accessing the Cardiac Activity Programme at home suggested the programme is easy to follow and the telephone support invaluable in keeping patients motivated whilst undertaking the programme at home:

*“I cannot fault the support received on the telephone, from the first week to now, 5 months on every call has really helped me push on and get back to near full fitness.”*

*“The phone contacts kept me well motivated and I found the comments and support very encouraging”*

*“From a heart attack to back running again, I will always be grateful for the support received from the team. The app is great (though maybe a not page to make notes of your own progress would be good) but the support received was first class. Thank you”*

The feedback is also being used to develop future home activity programmes and following some comments, the service have adjusted the time frame of involvement with some patients to ensure it suits individual need and are offering a more varied programme to offer a more person-centred programme.

*Key focus 3: Develop more integrated working and pathways between services within and across BUs and with partners.*

In Q2, LCH’s Director of Nursing and AHPs has continued to engage extensively with GP Confed, PCN Clinical Directors, LCH Neighbourhood Teams and specialist services and other primary care stakeholders about a draft Integrated Care proposal. This has now been agreed and signed off by the Committees in Common and is a working document. The proposal sets out a shared commitment to progressing and accelerating our vision of a single community registered and non-registered workforce, across Nursing and Allied Health Professionals, and defines how we will shift to ensure we are working as one team to serve the populations of the Place Based Partnership (PBP) at Local Care Partnership (LCP Level).

The Integrated Care Steering Group has been re-started to oversee this work. There is a strong focus in this group on work across the LCP area and the deputy chair will be the LCP lead. In addition, there is work ongoing working with the primary care training hub and the Leeds Health and Care Academy to offer an integrated approach to training and education.

### **PBP Priority Programmes:**

- Frailty is an PBP priority regarding testing governance and has involvement from LCH/ABU colleagues to develop the approach over the coming year. LCH adopting joint approach with commissioners to develop Ageing Well implementation plan including draw down of SDF funds to invest in community services and delivery LTP priority for 21/22 – Urgent Community Response within 2 hours 7 days a week.
- End of Life care also selected as an PBP priority regarding developing an integrated community offer. ABU colleagues involved in this.



- SBU General Manager attended the first PBP Mental Health Board this month. The delivery plan is currently focussed on adults but will be extended to incorporate children. IAPT is a key programme.
- With regards to transition, the focus for this year is the Transitions from CAMHS to Adult Mental Health Services, and the Business Unit is working with Commissioners to develop proposals for an enhanced offer and improved process within CAMHS.

**Pressure Ulcer Group:** The citywide pressure ulcer group is now working with the Health & Care Academy to explore and scope a Leeds wide pressure prevention training offer for all sectors. A working group of subject matter experts is being established and are aiming to meet in October to start to progress the detail.

**First Contact Physiotherapy:** LCH are currently delivering MSK FCP services in 7 PCNs. The vast majority continues to be delivered virtually, with a small number of face to face appointments available in each PCN. However, we have been approached by one PCN to increase our face to face provision and we anticipate this will be a trend across other PCNs in the coming months. The FCP network is now fully established and meetings take place Quarterly. All providers continue to experience similar issues and the network is taking a collective approach to address them rather than each provider having individual conversation at PCN level. The main issues continue to be the requirements of the MSK FCP Roadmap and achieving these standards and the FCP job plan. Providers remain concerned that without a joint strategy for the city it is unlikely providers will not be able to deliver their respective FCP contracts without impacting the other areas of business e.g. core MSK for LCH. Conversations about the best way to engage PCNs in discussion about the various challenges have progressed and are being led by the LCH ARRS Strategy Group which will feedback to the MSK FCP ODN. The ARRS Strategy group will also be exploring a city-wide approach to training, standardising contracts, developing supervision models and capacity for other ARRS roles. This is being supported by LCH's Director of Workforce, OD & System Development and NHS Leeds CCG Commissioners.

Development of **CBU 'Communications'** and **'Behaviour' Offers** recommenced with the aim of the communications offer being launch in Q3 and behaviour offer in Q4.

**Leeds Long COVID Community Rehabilitation Service** – The business case submitted to the CCG, and as part of the West Yorkshire & Humber ICS submission to NHSE for additional monies to increase clinical WTEs, introduce new roles (clinical fellow, CBT therapist) and operational roles in Q1 was approved for 2020/21. LCH are awaiting a decision re funding for 2021/22.

The service was the joint winner of the Medipex 'Management of Long Term Conditions' category at their awards ceremony on 22<sup>nd</sup> September.

*The joint winners of the Management of Long Term Conditions category are @LCHNHSTrust for their "Leeds Long Covid Community Rehabilitation service" and @Leedshospitals @elaros for "Digital assessment, triage, management, and monitoring system for Long COVID" – Tweeted by @Medipex on Twitter*

The service also won the BMJ award for **clinical leadership team of the year!**

In August, Sarah Cooper, Senior Programme Manager- Long Covid (Post Covid Syndrome) and Cathy Hassell, Director, Clinical Policy, Quality and Operations from the NHS England & NHS Improvement Regional Medical Team visited the Leeds Long Covid Community Rehabilitation Service. They attended one of the clinics and had the opportunity to sit in on a patient assessment, speak to clinicians in the team and the patients themselves.

Sarah acknowledged, *"Thank you to the patients who allowed us to witness their journey. Fabulous to see the care and compassion being offered by the service with great leadership. Thank you to all who welcomed us and who are providing care for people with Long COVID in Leeds."* Cathy added, *"Feels like the Leeds Long COVID service is blazing a trail."*

The service has also secured, a £3.4 million research project which aims to identify the best way to treat and support the one million people in the UK now living with long COVID. Led by the University of Leeds and LCH, and funded by the National Institute for Health Research (NIHR), the study aims to create a "gold standard" approach for the treatment of long COVID.

This research, titled LOCOMOTION, will identify best practice in providing services, ensuring people are supported quickly and receive the right treatments from the right healthcare professionals – in their own home, through their GP or at specialist long COVID clinics. It will investigate how many people are unable to work due to long COVID and look at developing a vocational rehabilitation programme to support them back into employment

**Blood bottle supply disruption** – a citywide approach was taken to a national disruption in the supply of blood bottles this quarter. LTHT, Primary Care and LCH worked together to assess our collective usage and stock on shelves to understand how we could best support each other, to best support our patients. Mutual aid was established from LCH to Primary Care and LTHT to ensure we utilised stock as effectively as possible.

## **2.5 Priority 5 - Work pro-actively across the organisation and with #TeamLeeds to understand and improve health equity**

The Health Equity Strategy was approved at Board in May 2021 and will focus our efforts to work pro-actively to improve health equity.

*Key focus 1. 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*

Equity will be embedded in proactive approaches within our services and corporate functions of quality, including research, evidence-based guidance and outcomes. It will be part of the review of incidents and within patient experience to understand any inequalities affecting particular communities or communities we are not hearing from and why, and act to address these.

The implementation of our new combined Equity and Quality Impact Assessment process has been completed and is now in use. This included a series of dedicated equity training workshops to ensure our teams had appropriate competency to develop the equity element of the EQIA in addition to the overarching training for the process.

Each EQIA is reviewed by a monthly Panel to ensure risks and opportunities are identified and action taken. This includes a strong focus on equity to ensure change in practice do not cause any inadvertent disadvantage. Each EQIA is considered for a review, the reviews include the use of relevant health equity data, where appropriate, to inform and reduce any potential impact and ensure appropriate mitigation is in place.

At the most recent panel, Leeds Sexual Health Service shared how changes improved access to treatments and increased patient choice. The new option for treatments to be posted can benefit people living in poverty by removing the cost of travel to clinic, the option to collect treatments from clinics without appointment have improved access for people with chaotic lifestyles or without a fixed address, for whom the postal option or appointment was not preferred. A new clinic for sex workers and other vulnerable groups offers TB screening, Covid vaccination and can also fit IUD contraception as well as sexual health assessment and treatment. The EQIA process not only gave assurance of the beneficial impact of changes being made for Communities of Interest, engagement across Business Units in the panel also identified opportunities for new partnership work between CUCS and Leeds Sexual Health to jointly address health needs of sex workers, supporting public health and commissioning agenda relating to the wider impacts of the pandemic.

*Key focus 2. Improve access to and understanding of new and emerging data to better understand, mitigate and reduce impact of service changes on health inequalities*

As our Health Equity Strategy progresses, we will develop systems to routinely assess and monitor our health equity data to better understand how to utilise the information to support our communities.

All services will review data and other sources of information that tell us about access, experience and service impact on diverse communities' health. We will share what we find out and work with communities and partners to make improvements. We will continue to improve the recording of diversity and inclusion data, starting with ethnicity, postcode and communication requirements.

Population equity data is being considered within our governance reports and includes mortality review and reporting and patient safety incident review and reporting. The use of equity data in governance reports will be strengthened over the year. The first stage of this will be the report on PIP that is currently under development and will provide a breakdown across all services of key access, experience and outcome measures by ethnicity and deprivation. Equity data in safety reporting such as pressure ulcers and catheters by ethnicity and deprivation will help identify: if the risk of harm from healthcare is experienced unequally across different groups of patients (are some patients less safe than others?); if so, what are the mechanisms that drive these differences in risk and; what are some of the possible solutions to mitigating these risks?

### *Key focus 3. Improve communication and access to services through implementation of Accessible Information Standards*

The communication template update as part of the Accessible Information Standard implementation is live in SystemOne. This is mandatory and will enable us to understand, flag and share people's communication needs and put actions in place to address those needs. By doing this, we will improve access, experience and outcomes for people with additional communication needs. Other clinical systems will follow.

The Patient Experience Team are supporting services across the organisation to implement the Standards and consider easy read options and support communication in different languages. Our CAMHS Team have developed easy read literature to support their neuro-developmental assessments. There are resources available organisationally to support services develop accessible literature and posters and to support communication through interpretation services and resources.

### *Key focus 4. Test new partnership approaches with the 3rd Sector that drive reduction of health inequalities*

We will work with partners and communities to use knowledge of inequity in self-management, digital options, shared decision-making, health literacy and personalised care and support planning to embed equitable ways of working that will allow us to use the best of these opportunities and reduce any risks they pose.

Self-management is a priority 3rd sector strategy focus for our Specialist Business Unit with an emphasis on health equity.

We are working with the third sector more widely, utilising our third sector strategy, to improve health equity and explore new ways of working with our diverse communities. This includes working in Local Care Partnerships and school clusters to improve health equity, promoting partnership working.

Partner reviews of our progress are a key element of our partnership approach, for example through the NHS Equality Delivery System, work with Healthwatch and exploration of other opportunities such as the Sanctuary Health Award and inclusion health assessment tools.

The strategic objectives supporting this priority also include:

- Increasing our understanding of health equity in our services through improving the recording, access to and analysis of demographic data.
- Work in partnerships, including the 3rd sector and system partnerships including ICS, THIG and Synergi.
- Development and delivery of tools and resources to increase awareness and skills in identifying and addressing inequity.
- Focus on equity in quality and safety.
- Addressing inequity through person-centred care including digital access and self-management
- Testing different ways of working
- Sharing successes and progress
- Understanding the difference we are making

While not explicitly part of the Health Equity Strategy, there is also significant crossover with:

- EQIA which was rolled out in April 2020, with monthly delivery of EQIA and specific EIA information sessions delivered to staff. The EQIA review panel reviews these for assurance and to agree specific actions to mitigate risk of impact.
- The communication template update as part of the Accessible Information Standard implementation goes live on SystemOne on 19th July. This is mandatory and will enable us to understand, flag and share people's communication needs and put actions in place to address those needs. By doing this, we will improve access, experience and outcomes for people with additional communication needs. Other clinical systems will follow.
- Learning from existing third sector partnerships with Basis, Mesmac, Leeds GATE and Touchstone and others that support services to improve equity in service provision.
- Implementation of the third sector strategy. Impact on health equity is central to the four workstreams: co-production, self-management, inclusive accessible services and connecting better across LCH, and there will be a clear focus on assessing impact. The implementation plan was approved by July Business Committee.

In August, BID, a charity who supports people who are deaf, hard of hearing, visually impaired or have a dual sensory loss, and BASIS, who supports indoor and street sex workers who identify as women, and young people who are sexually exploited,

were notified that their NHS Charities Together (Captain Tom Moore monies) partnership bids with LCH were successful.

The BID project will deliver a project across Leeds & Kirklees for people with sensory impairments addressing health inequalities and breaking down barriers to health information and support. The BASIS project will enable continuation and extend beyond primary care work to improve access and experience of health care for sex workers and women who are sexually exploited. BASIS will work in close partnership with LCH Homeless, Health and Inclusion Team and Leeds Sexual Health service and develop links with other LCH services.

### **3 Recommendations**

The Board is asked

- To agree that, in the most challenging of circumstances, staff have continued to go above and beyond during the ongoing pandemic, delivering high quality care to patients whilst delivering against the Trust priorities. They have significantly contributed to the Trust being a better provider of care, a better employer and a better partner.
- To note that the Q3 report will be a shortened version in light of service pressures. It will report by exception both positive progress and where pieces of work are not progressing as expected.

**Trust Board Meeting held in public: 3 December 2021**

**Agenda item number: 2021-22 (101a)**

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**Title: Audit Committee minutes: 23 July 2021**

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**Category of paper: for noting**  
**History: N/A**

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## Attendance

<b>Present:</b>	Khalil Rehman (KR) Richard Gladman (RG)	Chair of the Committee, Non-Executive Director Non-Executive Director
<b>In Attendance:</b>	Bryan Machin Diane Allison Peter Harrison Mark Dalton Beric Dawson Dominic Mullan Narissa Leyland	Executive Director of Finance and Resources Company Secretary Head of Internal Audit (TIAA Limited) Director Public Services (Mazars) Counter Fraud Specialist (TIAA Limited) – for Item 21a Local Security Management Specialist (for Item 21b) Head of Information Governance and Data Protection Officer (for Items 19b, 23c and 25)
<b>Apologies:</b>	Professor Ian Lewis (IL) David Robinson Louise Stables	Non-Executive Director Internal Audit Manager (TIAA Limited) Assistant Manager (Mazars)
<b>Minutes:</b>	Liz Thornton	Minutes



**Item: 2021-22 (18)****Discussion points:****Welcome, introductions, apologies and preliminary business**

The Chair of the Committee, Non-Executive Director (KR) welcomed everyone to the meeting.

**a) Apologies**

Professor Ian Lewis (IL), Non-Executive Director, David Robinson, Internal Audit Manager and Louise Stables, Assistant Manager (Mazars).

**b) Declarations of interest**

Prior to the Committee meeting, the Chair had considered the Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Board members.

There were no **new** declarations of interest made in relation to any items on the Agenda for this meeting.

**c) Minutes of the meeting held on 7 June 2021**

The minutes of the meeting were agreed as a correct record.

**d) Matters arising and review of the action log****Meeting held on 16 April 21**

*Item 2021-22 (8) – EU exit and implications for the continued flow of data:* information included in the Information governance update report (Item 23c)

**Meeting held on 7 June 2021**

*Item 2021-22 (14a) – Internal audit: Performance Data Quality:* The Executive Director of Finance and Resources reported that he had discussed the audit with the Trust's Directors of Workforce who were confident that the data on staff absence was being accurately recorded via the Electronic Staff Record and E-Rostering systems in accordance with the Trust's guidance manuals. He added that the data was reviewed and discussed regularly at operational meetings within each of the business units and was also reported and challenged if appropriate in the relevant committees and groups. Assurance was provided that no significant concerns had been raised about the quality or accuracy relating to staff absence data at these meetings.

The Committee was content with the level of assurance provided and no further questions were raised.

*Item 2021-22 (14c) – Data protection and Security Toolkit compliance report:* The Executive Director of Finance and Resources confirmed that the report had been submitted to NHS Digital to meet the deadline of 30 June 2021.

*Item 2021-22 (15a) – Audit completion report ISA 260 external audit opinion VFM statement:* covered by Item 20a in these minutes.

*Item 2021-22 (15b) – Trust Annual Report 2020-21- inclusion of a paragraph on benefits of the Virtual Frailty Ward:* The Executive Director of Finance and Resources confirmed that a paragraph had been included in the Annual Report report which had been approved by the Trust Board on 11 June 2021.

There were no further actions or matters arising from the minutes.

## Item 2021-22 (19)

### Discussion points: Internal Audit

#### a) Internal Audit Annual Report 2020-21 including Head of Internal Audit Opinion – final report

The Head of Internal Audit introduced the annual report, he confirmed that the opinion was that **reasonable** assurance could be given and that there were adequate and effective risk management and internal control and governance processes in place to manage the achievement of the Trust's objectives. He added that although all the work had not all the planned work had been completed due to the pandemic; this had not impacted on their overall assessment. There were no matters to bring to the attention of the Committee.

Non-Executive Director (RG) referred to Annex B of the report which set out the actual against planned internal audit work for 2020/21, noting that 181 actual audit days had been used against the planned 220 and queried whether the Trust would receive a refund for the unused days or whether they could be carried forward to 2021-22.

The Head of Internal Audit said that he would provide more clarity on this outside the meeting.

**Action: More clarity to be provided on the treatment of unused audit days for 2020/21.  
Responsible Officer: Head of Internal Audit.**

**Outcome:** the Committee noted

- the Head of Internal Audit opinion.

#### b) Summary internal controls assurance report

The Head of Internal Audit introduced the report. The Committee reviewed the completed audits and progress against the annual audit plan for 2021-22.

##### Completed audits

The Committee discussed the executive summary and strategic findings for the three audits completed since the last meeting of the Audit Committee.

##### *Estates*

This audit had been determined as **limited assurance** with seven important recommendations and one routine recommendation.

The Chair of the Committee asked if the Business Committee had reviewed the Audit. The Executive Director of Finance and Resources confirmed that the Business Committee had reviewed the audit and further progress updates relating to the recommendations would be made to the Business Committee on the 28 July 2021.

The Committee was content with the recommendations and received assurance that further progress updates would be received by the Business Committee.

##### *Children's Safeguarding*

This audit had been determined **substantial** assurance. No recommendations had been made.

The Committee noted the outcome of the Audit and the substantial assurance provided.

##### *Data Security and Protection Toolkit (part two)*

This audit gave an overall confidence rating of **high and an overall risk rating of substantial**. The Head of Information Governance and Data Protection Officer confirmed that the two amber rated standards within the report had been concluded by the submission date of 30 June 2021.

The Executive Director of Finance and Resources said that as the Senior Information Risk Owner (SIRO) responsibility was delegated to him to approve and sign off the submission to NHS Digital, which he confirmed had been done to meet the deadline of 30 June 2021.

#### Internal audit plan 2021-22

The Committee reviewed and noted progress against the 2021-22 Plan.

**Outcome:** the Committee:

- noted the contents of the summary internal controls assurance report, including the completion and outcome of three audits, and progress against the 2021-22 plan.

#### **c) Internal audit recommendations update**

The Committee reviewed the recommendations update paper and noted that there were 13 recommendations due for completion by 30 June 2021; eleven of which had been completed including the three long standing overdue actions for 2019-20 related to Statutory and Mandatory training.

The Committee reviewed the two overdue recommendations:

*Audit: 20/21 Appraisals* - the revised completion date of 30 November 2021 was considered reasonable to allow the completion of the Annual 'Virtual Appraisal Forum' pilot and the results to be shared.

*20/21 Waiting lists across the Trust* – the revised completion date of 31 August 2021 was considered reasonable to allow the completion and analysis of gap analysis forms and the results presented to a Performance Panel on 9 July 2021 and Business Committee on 28 July 2021.

**Outcome:** the Committee:

- noted the update report.

### **Item 2020-21 (20)**

#### **Discussion points:**

#### **External audit**

##### **a) Auditor's Annual Report 2020-21**

The Director for the Public Sector presented the Auditor's Annual Report for 2020-21. He reminded the Committee that regarding the Value for Money "VfM" element of the audit, a new approach had been introduced which required a commentary on VfM arrangements and did not require an audit conclusion or opinion. The commentary in the report addressed three specified reporting criteria: financial sustainability, financial governance, and improving economy, efficiency, and effectiveness.

The Committee was pleased to note that the auditors had provided an unqualified opinion on the financial statements and the use of resources (VfM). There were no high risk recommendations arising from their 2020/21 audit work. There were no audit differences to report or significant weaknesses and the auditors had made no recommendations in respect of management action.

The Chair of the Committee thanked the Auditors for their work on the Trust's Annual Report and Accounts for 2020-21.

**Outcome:** the Committee

- noted the Auditor's Annual Report for 2020-21.

### **Item 2021-22 (21)**

#### **Discussion points:**

#### **Counter fraud and security management**

##### **a) Counter fraud annual report 2020-21**

The Committee received the Counter Fraud Annual Report 2020-21. The report concluded that no potential frauds were subject to investigation that met the materiality threshold for referral to the

Trust's external auditors. There had been no fraud referrals during 2020-21. The Trust had completed its self-review tool for 2020-21 and submitted its rating to the NHS Counter Fraud Authority prior to the 31 May 2021 deadline. Two standards were rated amber (partially met): (1) completing fraud bribery and corruption risk assessments, and (2) having a system for recording and reporting identified loss. One standard was rated red (not met): processes for identifying and reporting on annual outcome-based metrics. This was a new standard and compliance against this would be progressed in 2021-22.

The Chair of the Committee thanked the Counter Fraud Specialist for his report.

**Outcome:** the Committee

- noted the Counter Fraud Annual Report 2020-21.

#### **b) Security management annual report 2020-21**

The Local Security Management Specialist (LSMS) attended the meeting and presented the security management annual report for 2020-21 and an overview of the main aspects of his work during the year including details about the types of security related incidents.

The Committee discussed the data on security incidents and the trends in incidents over the last five years. The Committee queried why incident numbers were higher than in previous years, but home visits had decreased, and they were advised that this was attributed to Covid-19 and the lockdown restrictions.

Non-Executive Director (RG) asked for an update on the support available for lone working visits.

The LSMS said that he assisted where required in the risk assessments conducted by local managers concerning lone visits to patients' homes. He also provided a responsive service to staff to advise on any concerns they had. The Trust had approved a lone working device, which was in the process of being rolled out across the organisation. A lone working group had also been formed to review lone working activities, implement process and procedures and to review the lone working device rollout programme.

The Chair of the Committee thanked the LSMS for his report.

**Outcome:** the Committee

- received and noted the report.

#### **Item 2021-22 (22)**

##### **Discussion points:**

#### **Charitable funds annual report and accounts 2020-21**

##### **a) & b) Annual report and accounts**

The Committee received the annual report and accounts for the Trust's charity together with the findings of the independent examination. The independent examination had been undertaken by Sedulo Leeds Limited (accountants). There were no concerns and the accountants had come across no other matters in connection with the examination to draw to the Trust's attention.

##### **c) Letter of Comment**

The Committee noted the letter of comment received from Sedulo who had carried out an independent examination of the charitable funds accounts. There were no areas of concern to note.

##### **d) Letter of Representation**

The Committee noted the letter of representation from Leeds Community Healthcare NHS Trust to Sedulo Leeds Limited.

**Outcome:** the Committee:

- noted the annual report and accounts 2020/21 and associated documentation

- recommended the adoption of the annual accounts by the Charitable Funds Committee at its next meeting on 17 September 2021.

## Item 2021-22 (23)

### Discussion points: Governance

#### a) Board Assurance Framework – update

The Company Secretary presented the paper which described how the various elements of the Board Assurance Framework (BAF) process had been carried out during the last 12 months, in particular the processes in relation to the 2021/22 amendments to the BAF.

The Committee evaluated the effectiveness of the BAF process that has been in place since September 2020 and agreed that the revised process was robust and effective.

The Audit Committee had been assigned BAF risk 2.4: *'If the Trust does not maintain the security of its IT infrastructure and increase staffs' knowledge and awareness of cyber-security, then there is a risk of being increasingly vulnerable to cyber-attacks causing disruption to services, patient safety risks, information breaches, financial loss and reputational damage'*.

The Committee reviewed the sources of assurance presented at the meeting for this risk (sources included Information Governance Report, Data Security and Protection Toolkit (part two), Information Governance Group meeting minutes (2 sets)) and agreed that collectively they provided **reasonable** assurance that the risk was being managed.

**Outcome:** the Committee:

- evaluated the effectiveness of the BAF process and agreed that it was robust and effective
- reviewed the adequacy of the sources of assurance for the strategic risk assigned to it: BAF 2.4 Security of IT infrastructure and agreed that the evidence presented to the Committee provided **reasonable** assurance that the risk was being managed but it was important to keep matters under review as further developments regarding digital transformation took place.

#### b) Review/revision of standing orders and standing financial instructions

The Company Secretary presented the paper which summarised a number of amendments and updates taking account of: Department of Health standard model documentation, national governance guidance, new regulations and legislation changes in NHS organisational structure, changes in the Trust's structures and changes that the Trust's executive directors wish to introduce to better regulate good governance and management.

The Committee reviewed and noted the proposed amendments. It was agreed that one proposed amendment should be reworded for clarity: tender waiver authorisation requirements.

**Outcome:** the Committee:

- noted the updating of the standing orders and financial instructions in line with the summary of changes outlined in the paper
- recommended that the Board approves the changes, subject to amending the wording for tender waiver authorisation requirements for clarity

#### c) Information governance – update report

The Head of Information Governance and Data Protection Officer attended the meeting to present the report.

The Committee noted the confirmation that the Trust had progressed an action plan to ensure that it complied with the European union's (EU) requirements to ensure data can safely flow between the United Kingdom and the EU. The plan was near to completion.

The Committee Chair noted the analysis of information governance incidents and asked for more information about the causes described in the reports.

The Committee noted that the most common incident was incorrect recording of patient information in clinical systems and received assurance about how the risk of future occurrence was mitigated.

The Executive Director of Finance and Resources said that further work was underway to understand more about why the breaches occurred and to embed learning to mitigate future risk. He agreed to reflect on the comments made by the Committee. As further assurance he said that the IG Group received regular incident report updates and would continue to monitor the number of breaches and ensure that appropriate mitigations were in place. Discussions would be recorded as part of the minutes presented to the Audit Committee.

**Outcome:** the Committee

- noted the work undertaken during the last six months.

#### **d) Information Governance Group – revised terms of reference**

The Head of Information Governance and Data Protection Officer presented a revised term of reference which had been discussed and agreed by the Group. She highlighted the changes in the revised version which included new duties and an annual work plan to provide assurance on the aspects of the Information Governance agenda that is not adequately assessed by the Data Security and Protection Toolkit.

The Executive Director of Finance and Resources clarified that although it was not explicit in the terms of reference of any of the Trust's committees or sub-groups, non-executive directors were welcome to attend meetings of any of the committees or groups if they wished.

**Outcome:** the Committee

- approved the revised Terms of Reference for the Information Governance Group.

#### **Item 2021-22 (24)**

##### **Discussion points: Financial controls**

##### **a) Tender quotations and waiver report**

The Executive Director of Finance and Resources presented the report which provided the Committee with details on the procurement of goods and services where the procedures on seeking tenders and quotations for items of material expenditure had been waived, including an extract from the 2021-22 register of waivers completed since the last Audit Committee meeting.

The Committee noted that there had been five waivers since the report; all of these were commercial suppliers and details were contained in the report.

**Outcome:** the Committee:

- received and noted the report and the extract from the 2021-22 register.

##### **b) Register of gifts and hospitality 2020-21**

The Company Secretary introduced the report and the gifts, hospitality and sponsorship register for 2020-21 which was appended. The Committee noted that there had been an increase in the number of gifts declared, when compared to previous years; 17 entries had been added for 2020-21. She provided assurance that all had been declared and accepted in line with the Trust's policy. The Company Secretary also confirmed that there had been communication and awareness raising throughout the year to ensure that managers and staff knew about the requirements of the Managing Conflicts of Interest Policy.

**Outcome:** the Committee

- noted the gifts and hospitality register for 2020/21.

<b>Item 2021-22 (25)</b>
<b>Discussion points:</b> <b>Minutes for noting</b>
<b>Information Governance Group</b>
The minutes were noted, and no questions were raised, although some points from them had been covered earlier in the meeting under the Information Governance report agenda item.
<b>Item 2021-22 (26)</b>
<b>Discussion points:</b> <b>Committee's work plan</b>
There were no items removed or changes made to the workplan.
<b>Item 2021-22 (27)</b>
<b>Discussion points:</b> <b>Matters for the Board and other committees and review of the meeting</b>
The Chair noted the following items to be referred to Board colleagues: <ul style="list-style-type: none"> <li>• Internal audit and progress against plan</li> <li>• Counter Fraud annual report</li> <li>• Annual Audit Letter</li> <li>• Security management annual report</li> <li>• Charitable Funds annual report and accounts</li> <li>• Standing Orders and Standing Financial Instructions</li> <li>• Board Assurance Framework (BAF) review of process</li> </ul>
<b>Item 2021-22 (28)</b>
<b>Discussion points:</b> <b>Any other business</b>
No matters were raised.
<b>Date and time of next meeting</b> Friday 15 October 2021 10.00-12.30pm Friday 10 December 2021 10.00-12.30pm

**Trust Board meeting held in public: 3 December 2021**

**Agenda item number: 2021-22 (101bi)**

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**Title: Quality Committee minutes 26 July 2021**

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**Category of paper: for noting**



## Attendance

<b>Present:</b>	Helen Thomson (HT) Alison Lowe (AL) Steph Lawrence Sam Prince Ruth Burnett Rachel Booth (RBo)	Chair, Non-Executive Director Non-Executive Director Executive Director of Nursing and AHPs Executive Director of Operations Executive Medical Director Non-Executive Director
<b>In Attendance:</b>	Diane Allison Thea Stein Brodie Clarke Stuart Murdoch Sarah McDermott Katie Davies Heather Oxley	Company Secretary Chief Executive Trust Chair Deputy Medical Director CCSS Clinical Service Manager (Item 31) CCSS Clinical Team Manager (Item 31) CCSS Project Manager (Item 31)
<b>Apologies:</b>	Ian Lewis (IL) Sheila Sorby	Non-Executive Director Assistant Director of Nursing and Clinical Governance
<b>Minutes:</b>	Lisa Rollitt	PA to Executive Medical Director

**Item: 2021-22 (29)****Discussion points:****(a) Welcome and introductions**

The Chair welcomed members and attendees.

Apologies were noted from a Non-Executive Director (IL) and the Assistant Director of Nursing and Clinical Governance.

**(b) Declarations of interest**

In advance of the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Committee members.

There were no additional declarations of interest made at the meeting.

**(c) Minutes of the previous meeting 21 June 2021**

The minutes of the meeting held on 21 June 2021 were reviewed and agreed as an accurate record.

**(d) Matters arising and review of action log**

Item 2021-22 (14a) Performance Brief and domain reports

It was noted that the item was on the agenda and the action was agreed as complete.

Item 2021-22 (22d) Reset and recovery update from previous month

It was noted that the item was on the agenda and the action was agreed as complete.

Item 2021-22 (23a) Adult Speech and Language Therapy (SALT): urgent referral pathway

The Executive Director of Operations gave a verbal update on the current position. It was noted that the service was working through the waiting list backlog and there was a plan in place to improve future productivity. It was agreed that the service would return to present their progress at the Committee meeting in September 2021.

The action was agreed as closed.

Item 2021-22 (24a) Risk Register

It was agreed that the action was complete.

**2021-22 (30)****Key issues****a) Escalation of key issues from QAIG**

The Executive Medical Director highlighted the significant progress in the way incidents were being monitored. A deep dive would take place in August 2021 to review the quarterly reports which were not triangulated in the Business Unit reports, including Health Equity and Clinical Outcomes. The time would also be used to

consider potential quality metrics for the Trust dashboard to ensure that the positive quality metrics would be included in addition to the statutory ones.

**b) Covid-19 update**

The Executive Director of Nursing and AHPs informed the Committee of an increase in infections in Care Homes and confirmed that this was being monitored. In response to a query from the Deputy Medical Director, the Committee was advised that although there was a good uptake of vaccinations from Care Home staff, there were some areas of concern.

The impact to workforce where staff were being notified via the Test and Trace app to self-isolate was noted, together with the Government decision to allow health workers to continue to work if they met the required criteria. It was noted that risk assessments would be undertaken on an individual basis to ensure any risk was minimised and it was also noted that the staff who were allowed to return to work would be exempt from working in Care Homes.

**c) Process for reporting asymptomatic testing**

It was acknowledged that in response to a letter from NHS England/Improvement to all NHS trusts advising them of the new system for lateral flow device distribution for asymptomatic staff testing and instructions that they must monitor compliance with testing regimes, the Quality Committee would monitor compliance on behalf of the Board.

The Executive Medical Director provided an update on progress and it was agreed that the next paper would include more detail of any escalations of areas of concern either with compliance, testing or results. It was noted that of the positive lateral flow results, only 50% of PCR results had been received which is understood to be a combination of PCR test results awaited, returned PCR results not being updated on the system and incorrectly logged LFT results awaiting amendment. Having noted this high number a review of the process is underway to ensure that there is a tighter follow up of PCR results following a positive LFT result.

The Trust Chair asked about those staff declining to have a test. The Executive Medical Director stated that a stepwise approach was being taken and individual conversations were taking place. Where staff were not medically exempt from taking the tests, a risk assessment would be conducted, with staff allocated appropriate duties to ensure that patient safety was not compromised which would mean they couldn't provide face to face care.

It was acknowledged that the verbal update had provided assurance, however the report did not, and it was agreed that a verbal update would be provided alongside the Chair's assurance report at the next Trust Board meeting.

**Action: Updated information providing assurance to be presented at the next Trust Board meeting.**

**Actionee: Executive Medical Director**

**d) Reset and recovery update from previous month**

The Executive Director of Operations spoke about the work undertaken to identify the backlogs and stated that action plans to manage the backlogs were in place.

As part of the reset programme, the Committee heard that services had been asked to complete a document stating what had changed, what lessons had been learned and any ongoing issues. It was hoped that this data would be collated and available for presentation at the Quality Committee in September or October 2021.

**2021-22 (31)**

**Spotlight:**

**a) Community Cancer Support**

The Executive Director of Nursing & AHPs introduced Sarah McDermott, Clinical Service Manager, Katie Davies, Clinical Team Manager and Heather Oxley, Project Manager.

The Clinical Service Manager gave an overview of the service, explaining that it had been commissioned by the CCG and McMillan initially for two years. The Committee heard that the Community Cancer Support Service (CCSS) acts as a key link between primary, secondary and third sector services to bring together services for patients in a more integrated and targeted way.

The presentation was well received by the Committee who was keen to understand the approach taken to select the geographical areas for this new service. It was suggested that ethnicity data could be looked at in several ways to determine the needs of the population. The Committee Chair spoke about referrals with other hospitals and centres outside of Leeds, and it was agreed that it was important to ensure that those patients are not excluded from the service. There was also a conversation about keeping connectivity with hospices and the neighbourhood teams, with the need to support patients who were currently receiving cancer treatment.

The Committee recognised the huge benefits that this kind of collaborative service brought to people with cancer and could bring to others with long term conditions.

**2021-22 (32)**

**For discussion: Quality governance and safety**

**a) Performance Brief and Domain reports**

The Executive Director of Nursing & AHPs introduced the paper and highlighted that within the Safe domain, the continued reduction in patient safety incidents reported by the Children's Business Unit was noted to be due to the CAMHS inpatient service transferring to the Leeds and York Partnership Foundation NHS Trust (LYPFT). The figures would continue to be monitored.

The Specialist Business Unit saw an increase in patient safety incidents accounted for the number of no/low harm incidents at the Young Offenders Institute, linked to the complexity of some young people. It was noted that the issues relating to these caseloads were ongoing and would be followed up.

A Non-Executive Director (RBo) commented that she was pleased to see more granular detail regarding business unit incidents. She referred to the data relating to

the rapid reviews and asked about the criteria for selection of incidents. The Executive Director of Nursing and AHPs explained that all the moderate and major harms were taken to the rapid review meetings and that the discrepancy in the figures was attributable to a data lag. It was noted that incident training had recommenced following the Covid-19 pandemic.

In response to a query from the Trust Chair, the Executive Director of Nursing and AHPs stated that the number of pressure ulcers that had occurred due to lapses in care was reducing.

It was noted that although there was a high number of medicines management incidents reported, focused work was ongoing to reduce this.

It was agreed that future reports would include data showing where there was a reduction in incidents e.g., pressure ulcers reported to identify improvement over a period of time.

**Action: Data to include where there is a reduction in incidents, identifying improvement over a period of time.**

**Actionee: Executive Director of Nursing and AHPs**

In relation to the Caring domain, it was noted that most of the patient feedback was positive, however the report did identify less positive feedback and the actions taken to address these. An engagement champions celebration event took place in June 2021.

The Deputy Medical Director asked about the difference in patient feedback between virtual and face to face services. It was agreed that this would be reviewed.

**Action: Difference between patient feedback from virtual and face to face services to be reviewed.**

**Actionee: Executive Director of Nursing and AHPs**

The Committee heard that the Online Friends and Family Test (FFT) had been translated into the five most common languages spoken in Leeds to improve engagement with the communities served.

In the Effective domain, relating to NICE guidance compliance, the Executive Medical Director asked the Committee to note the ongoing work to address where there was only partial or non-compliance.

Progress on the work relating to Quality Challenge+ and Clinical Audit was also noted.

The Trust Chair spoke about the non-completion of staff appraisals and stressed the importance of ensuring that new staff have an objective setting meeting to prevent further issues from occurring.

The Committee acknowledged the successful £3.4m University of Leeds led NIHR bid.

**b) Clinical Governance report inc. PE & Sis flash reports and Clinical Leads' reports**

The Executive Director of Nursing & AHPs presented the report and highlighted the progress of the Quality Challenge+ work and the number of quality walks in Quarter 1,

thanking the Clinical Audit & Effectiveness Manager for her hard work to enable this. It was also highlighted that the LCH Patient Safety Summit was being positively embedded.

**c) Patient Safety**

The Executive Director of Nursing & AHPs presented the report, highlighting the detailed work that had gone into addressing the medication and patient safety incidents in the Neighbourhood Teams.

The Executive Director of Nursing and AHPs drew the Committee's attention to the work to identify themes relating to the increase in mental tears, highlighting the partnership working with Leeds Teaching Hospitals Trust (LTHT). The work being done jointly between the Trust and LTHT to understand and reduce the number of discharge incidents reported was also noted.

Work around blood testing and processing in ICAN was highlighted, again noting the joint working with LTHT.

A deep dive into pressure ulcer occurrences in children was noted and the learning was being embedded.

The Executive Director of Nursing and AHPs referred to the Specialist Business Unit, highlighting the work to address non completion of postural blood pressure assessments in Neurology to ensure that the agreed action plan was embedded in practice. Also noted was the work in the Community Intravenous Antibiotic Service (CIVAS) following identification of a theme relating to deep vein thrombosis in arms in patients with long term lines in situ.

The Committee Chair commented on the two neighbourhood teams that were regularly discussed at the Committee and it was noted that the issues in those teams were being monitored. The Committee discussed the early warning signs for service issues and agreed that the recently reinstated Quality Walks would support this.

**d) Serious Incident 6 monthly report**

The Committee agreed that the detail in the report was beneficial and it was acknowledged that data by protected characteristics would add more value.

**e) Risk Register**

The Committee discussed the newly recorded risk concerning compliance with the changes to National Standards of Healthcare Cleanliness. The Committee acknowledged that the Trust would need to invest in a further layer of assurance to monitor compliance.

**f) CQC Quality Improvement plan**

The Executive Director of Nursing and AHPs presented the report, confirming that the remaining actions had been completed.

**g) Draft Quality Strategy**

The Executive Director of Nursing and AHPs presented the paper.

There were several suggestions made for improvement, including the addition of appendices to show areas of good progress and recognition of quality standards. It was also recommended that engagement with the public and staff should flow

throughout the document and it was agreed that these would be included in the version presented to the Board.

The Committee was supportive of the updated version being presented to the Board in August 2021.

**Action: Suggested additions to be added to the version to be presented to the Board with oversight by the Chief Executive, Committee Chair and Trust Chair outside of this meeting.**

**Actionee: Executive Director of Nursing and AHPs**

**h) Annual Medical Director's report (including Statement of Compliance)**

The Executive Medical Director presented the report and stated that there was a new template for the Statement of Compliance which included elements of the Annual Organisational Audit (AOA), requiring only one sign off.

The Executive Medical Director highlighted that work identified in the previous Medical Directors report had progressed to further strengthen systems and processes regarding effective clinical governance and benchmarking and was confident that this work would continue.

It was noted that the Trust continued to meet the requirements for appraisals and virtual working had enhanced engagement of the medical and dental staff positively.

The Committee agreed to recommend that the report be submitted to the Board for sign off.

**i) Safe Staffing report**

The Executive Director of Nursing and AHPs presented the report, which was noted to be a statutory requirement relating to inpatient units. The Executive Director of Nursing and AHPs stated that the Trust only has one inpatient unit, therefore the report had been expanded to include community services. It was hoped that the work in some of the services would be reported in the bi-monthly Performance Brief from April 2022 as a pilot, with a view to including all services.

A Non-Executive Director (AL) spoke about the ongoing issues in the Podiatry and Dental services and asked if, as this was a national issue, it could be possible to work with other Trusts to bridge the gap. The Executive Director of Nursing and AHPs confirmed that work was underway to address this.

There was a discussion around a disconnect in producing a safe staffing report to give assurance that the Trust meets the statutory requirements and the felt experience of staff and the public. The Executive Director of Nursing and AHPs agreed and suggested that should caseloads increase beyond the safe staffing ideal; staffing should therefore also increase.

The Trust Chair spoke about his concerns regarding how safe the staffing levels were in the Trust, and in particular in the Neighbourhood Teams. The Executive Director of Nursing and AHPs referred to international recruitment and stated that the possibility of this, where appropriate was being considered but most other countries do not deliver

community services in the same way that we do in the UK. The Executive Director of Nursing and AHPs also spoke about non-registered staff undertaking work which should be done by a registered member of staff and clarified that where this was occurring, there was a need to ensure that it is followed up by a registered member of staff. It was agreed that further information would be provided to the Committee looking at the workload in the Neighbourhood teams, cancelled and rescheduled visits and visits undertaken by a non-registered member of staff.

**Action: Information to be provided at the September Committee meeting to look at the workload in the Neighbourhood Teams, cancelled and rescheduled visits and visits undertaken by a non-registered member of staff.**

**Actionee: Executive Director of Nursing and AHPs**

**j) Mortality Report (Q1 2021-22)**

The Executive Medical Director presented the report which included the Q1 flash reports previously presented at the QAIG meeting in July 2021.

It was noted that the Adults and Specialist mortality meetings and reports had been fully integrated.

The Committee heard that the addendum to the report was a position statement on work to ensure that the data ascertained how well the underrepresented populations on the caseloads were represented in the patients who achieved their preferred place of death. This would assist to identify further work required to meet the needs of the patients in these communities.

A Non-Executive Director (AL) asked about the Child Death Review Group. The Executive Medical Director explained that the group had not been stood down, and work was underway to identify an appropriate consultant to Chair the group.

**k) Trust Priorities 2021-22 quarterly position**

The Executive Director of Nursing and AHPs presented the paper which provided an update on progress made against the agreed Trust priorities.

The Trust Chair suggested that the report would benefit from including measurements for improvement in order to provide greater assurance. The Executive Director of Nursing and AHPs agreed, and these would be included in future reports.

The Committee Chair spoke about the current uptake of the Covid-19 vaccine and asked if there were areas of the City where people were still not coming forward for vaccination. The Executive Director of Operations stated that the same pattern was being seen and gave further examples of how the City was providing additional and varied walk-in opportunities for people to receive their vaccines.

**2021-22 (33)**

**For approval: Clinical Effectiveness**

**a) Patient Group Directions**

The Committee received and ratified the Patient Group Directions.



**b) Research and Development strategy update**

The Executive Medical Director presented the paper, speaking about the strategies in the City and how community work had been incorporated into these. It was anticipated that Research would move towards place-based accruals and funding from 2022, and the Executive Medical Director confirmed that she had written a City position statement about the current position and considerations required as a City, moving towards the ICP which was being reviewed by partners in the City.

**c) Clinical Audit annual report**

The Committee received the report.

**2021-22 (34)**

**Patient Experience and Engagement**

**a) Patient Experience and Engagement 6 monthly update**

The Executive Director of Nursing and AHPs presented the update.

The Chief Executive stated that she would prefer the detail to be included in an appendix, with more narrative around the analysis and identification of themes in the report.

A Non-Executive Director (AL) suggested the inclusion of feedback on protected characteristics to provide experience by different groups.

The Executive Director of Nursing and AHPs agreed to consider the suggestions made for future reports.

**2021-22 (35)**

**Committee Governance**

**a) Agenda composition and BAF review**

The Company Secretary stated that the agenda for the Committee was required to provide enough opportunities to give evidence that the strategic risks connected to the Board objectives were being managed. There was a conversation around evidence of assurance that could be provided in relation to Risk 1.2. It was acknowledged that more assurance would be provided as the integration work with Primary Care continued and agreed that this would be added to the Committee workplan once the Integrated Care Systems (ICS) Steering Group was reinstated in Autumn 2021.

**2021-22 (36)**

**Policies and reports for approval or noting**

**a) QAIG assurance report: 22.07.2021**

The Committee received the QAIG flash reports.

**b) Safeguarding Committee minutes: 17.06.2021**

The Committee received the minutes. The Executive Director of Nursing and AHPs highlighted the concerns around the Children Looked After Health Needs Assessment

Clinics and the work ongoing to address these. It was also noted that the governance arrangements around the Mental Health Act had been agreed in the Trust.

The Chief Executive asked about restraint in the community as there were no longer restraint reports submitted to the Senior Management Team (SMT). The Executive Director of Nursing and AHPs clarified that Trust staff do not restrain patients.

**c) Safeguarding Annual Report 2021/22**

The Committee received report.

**d) Work plan**

The Committee received the work plan.

**Matters for the Board**

**2021-22 (37)**

**Committee's assurance levels and additional comments**

The Committee agreed that the overall level of assurance provided was reasonable, with comments to be made against the following items:

- Safe Staffing report: The statutory safe staffing report provided limited assurance as it currently isn't triangulated with other information.
- Community Cancer Support service: The service is still in the early days of delivery but has made an impressive start.
- Process for reporting asymptomatic testing: The asymptomatic testing process paper provided limited assurance however the discussion surrounding the paper provided more assurance.

**2021-22 (38)**

**Reflections on Committee meeting**

The Committee Chair asked for feedback on the meeting. It was agreed that there had been a constructive, open and honest conversation.

The Committee Chair commented about the timescales for circulation of papers and suggested that the process should be reviewed to provide enough time for members to read the papers before the meeting.

**2020-21 (39)**

**Any other business**

There was no further business discussed.

**Date and time of next meeting**

Monday 27 September 2021 9.30am – 12.30pm (Via MS Teams)

**Trust Board meeting held in public: 3 December 2021**

**Agenda item number: 2021-22 (101bii)**

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**Title: Quality Committee minutes 27 September 202**

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**Category of paper: for noting**

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## Attendance

<b>Present:</b>	Helen Thomson (HT) Alison Lowe (AL) Steph Lawrence Sam Prince Ruth Burnett Ian Lewis (IL)	Chair, Non-Executive Director Non-Executive Director Executive Director of Nursing and AHPs Executive Director of Operations Executive Medical Director Non-Executive Director
<b>In Attendance:</b>	Diane Allison Thea Stein Brodie Clark Stuart Murdoch Sheila Sorby	Company Secretary Chief Executive Trust Chair Deputy Medical Director Assistant Director of Nursing and Clinical Governance Non-Executive Director
<b>Apologies:</b>	Rachel Booth (RBo)	
<b>Minutes:</b>	Lisa Rollitt	PA to Executive Medical Director

**Item: 2021-22 (40)**

**Discussion points:**

**(a) Welcome and introductions**

The Chair welcomed members and attendees.

Apologies were noted from a Non-Executive Director (RBo)

**(b) Declarations of interest**

In advance of the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Committee members.

The Committee Chair made a declaration of her involvement with the Sue Ryder charity.

**(c) Minutes of the previous meeting 26 July 2021**

The minutes of the meeting held on 26 July 2021 were reviewed and agreed as an accurate record.

**(d) Matters arising and review of action log**

Board requirement from 28/05/21: Diabetic Foot Clinic update

It was noted that the item was on the agenda and it was agreed that the action was complete.

2021/22 (22b) Closed culture progress

The Executive Director of Nursing and AHPs gave a verbal update on progress, stating that this was still a work in progress and an update would be provided at the Committee meeting in October 2021. It was noted that a list of things that the CQC suggest looking for which may be indicative of a closed culture, and how these are monitored against as an organisation, was being created.

**Action: Report on closed culture progress to be provided to Committee meeting in October 2021**

**Actionee: Executive Director of Nursing and AHPs**

2021/22 (30c) Process for reporting asymptomatic testing

The action was agreed as complete.

2021/22 (32a) (i & ii) Performance Brief and Domain reports

The actions were agreed as complete.

2021/22 (32g) Draft Quality strategy

The action was agreed as complete.

2021/22 (32i) Safe staffing report

The action was agreed as complete.

**2021-22 (30)**

**Key issues**

**a) Covid-19 update**

The Executive Director of Nursing and AHPs stated that communications were being reviewed and updated regarding mask use in non-clinical settings, and the guidance was that mask use was no longer required when you are seated and maintaining social distancing. It was noted that a national update on guidance was expected in regard to restrictions. It was also noted that communications were being reviewed for healthcare staff advice when in contact with a positive case as this differs slightly from national track and trace advice.

The Committee heard that the number of outbreaks in Care Homes had reduced, with most cases linked to staff rather than residents.

The Committee heard about the considerable pressure across the system with the Leeds Teaching Hospitals NHS Trust (LTH) running at almost full capacity as well as the Yorkshire Ambulance Service (YAS), General Practice and the Trust, which required conversations over and above normal escalation. The Chief Executive stated that the Senior Management Team (SMT) were working to pull together a package to manage the exceptional capacity and demand issues, and there was a plan to comprehensively discuss the issue and plans at the private session of the Trust Board meeting on 1 October 2021.

The Committee Chair asked about the current fuel situation. It was noted that a fuel reservoir was available via the Local Authority to Community Trust staff if it was needed.

**b) Reset and recovery update from previous month**

The Executive Director of Operations stated that there had been some progress with addressing waiting lists in addition to continued challenges with specific services, especially Children's Services, and the detail would be presented at the Business Committee meeting on 29 September 2021. A Non-Executive Director (IL) asked about the quality impact data. It was confirmed that the Executive Director of Nursing and AHPs was providing clinical oversight of the work on waiting lists and it was agreed that the quality impact detail would be presented at the next Quality Committee meeting.

**Action: Quality impact detail to be presented at the next Quality Committee meeting.**

**Actionee: Executive Director of Operations**

**c) Issues escalated from QAIG**

The Executive Director of Nursing and AHPs informed the Committee that the QAIG Group had undertaken a deep dive into CQC preparedness this month, which had been very helpful. There were no escalations brought to the Committee.

**d) SLT update**

The Executive Director of Operations stated that the service remained in a challenging position, with recruitment required, and being progressed, to meet forecasted demands for recovery. Urgent referrals were being prioritised (<2 weeks) and those waiting over 52 weeks. It was noted that clinical triage had been undertaken resulting in approximately 12% of those waiting being discharged without any intervention required. The Chief Executive queried the figure of people waiting over 52 weeks, and how they still required intervention. There was a discussion around the requirements of these patients and the effect on their quality of life.

**e) Diabetic Foot Clinic**

The Executive Director of Nursing and AHPs presented the paper, stating that a review had been undertaken as a result of an increase in incident reporting. The review identified a small increase in minor amputations with a decrease in major amputations. It was acknowledged that recognition of the issues had led to the decrease in incidents, and it was suggested that a further update would be provided in May 2022 when national amputation data would be available for local benchmarking.

A Non-Executive Director (IL) asked about the catch-up process between now and May 2022. The Executive Director of Nursing and AHPs stated that assurance would continue to be provided via updates in the reset and recovery conversations.

A Non-Executive Director (AL) expressed disappointment that the new Equity strategy had not been used in the paper. This was acknowledged and it was agreed that consideration of the review through a health equity lens would be undertaken and would also be included via the updates in the reset and recovery conversations.

The Deputy Medical Director asked about staffing in the service. The Executive Director of Operations stated that there were some gaps in staffing relating to turnover and the level of demand due to the unplanned expansion of the service. It was noted that posts had been recruited to in order to complete the lower priority work and as a result, the service was in the process of increasing capacity. There was a query around the core capacity requirement, and it was agreed that this data would also be provided through the reset and recovery updates.

**f) Cancelled and rescheduled visits.**

The Executive Director of Nursing and AHPs presented the paper, stating that this was an interim report as the new audit process had commenced on 6 September 2021 and it was intended that a verbal update would be provided to the Quality Committee in

October 2021, followed by a further paper in November 2021. It was noted that the staffing and therefore capacity challenge was a national issue and work was ongoing to ensure that the services saw the most urgent cases whilst maintaining safe services for all patients. It was agreed that the updates would include consideration of data around rescheduled groups from a health equity perspective and correlation with patient feedback.

The Trust Chair expressed concern that the number of rescheduled visits reported was as low as 3.6%. The Executive Director of Nursing and AHPs stated that it was important to have full oversight of the process and feed this into the Neighbourhood Team triangulation report.

**Action: Verbal update to be provided at the October Quality Committee, followed by a further paper at the November meeting**

**Actionee: Executive Director of Nursing and AHPs**

**g) WYOI update**

The Executive Director of Nursing and AHPs provided a verbal update on the delayed transfers of care, which were improving and highlighting that WYOI were now taking females into the estate and work was ongoing with NHS England in terms of what this would mean for the service. A lot of pushback has been provided in regard to the Terms of Reference and meetings with the national team would be taking place over the next month, with an update to be provided to the Committee in November 2021.

**Action: Update to be provided at November Quality Committee.**

**Actionee: Executive Director of Nursing and AHPs**

**2021-22 (31)**

**Spotlight:**

**a) Leeds Sexual Health Service**

The presentation was provided by Michelle Maynard, Head of Services Clinical, Anna Hartley, Co-Medical Lead and Farah Chaudhry, Co-Medical Lead which highlighted the continued achievements for the Leeds Sexual Health Service.

A Co-Medical Lead (AH) spoke about the introduction of the Pre-Exposure prophylaxis (PrEP) clinics which now had a regular cohort of patients who are seen every three months. It was noted that one of the priorities of the clinic was to engage with the harder to reach groups and examples of this work was shared.

A Co-Medical Lead (AH) highlighted the quality improvement work around the reduction of rejected samples from the service, resulting in an 85% improvement.



A Co-Medical Lead (FC) spoke about the integrated approach to local and national training and new ways of working in relation to clinic collect, postal medication and outreach services.

The presentation was well received. A Non-Executive Director (AL) commented that the service was a living example of the Third Sector Strategy.

A Non-Executive Director (IL) asked if there were any service pressures or issues that had not been addressed in the presentation. The Head of Services Clinical stated that the main challenge was around access with the move from a walk-in to a telephone service. It was noted that a new telephone system was due to be installed which would help with communication and pressure on the service. The Executive Director of Operations stated that there were three key performance indicators (KPI) which were not currently being achieved, however it was noted that a Partnership Board including colleagues from the Trust and LTHT met on a quarterly basis with oversight of the KPIs and these were being monitored.

The Executive Medical Director commented that a factor in the increase in demand for Intrauterine device (IUD) fitting was the knock-on effect from the capacity issues in primary care as many surgeries were undertaking less fittings due to restrictions on capacity and there were several reasons for this. The Committee heard that conversations were taking place around working with LTHT, LCH and primary care to increase the opportunities available in the community in general.

## **2021-22 (32)**

### **For discussion: Quality governance and safety**

#### **a) Performance Brief and Domain reports**

The Executive Director of Nursing and AHPs presented the report which was accepted as an improved report with the detail of information provided.

The Trust Chair spoke about the serious incident reported by the Morley Neighbourhood Team regarding bed rails and asked if the Trust was liable for this. The Executive Director of Nursing and AHPs stated that the investigation findings were yet to be received. The Assistant Director of Nursing and Clinical Governance clarified that LCH did not fit the bed rails. The Executive Director of Nursing and AHPs stated that had this been entrapment of the head or neck, it would be classed as a never event.

The Committee Chair asked about improvement plans at Armley and Yeadon and what these related to. The Executive Director of Nursing and AHPs stated that they were in relation to incidents.

#### **b) Clinical Governance report inc. PE & Sis flash reports and Clinical Leads' reports**

The Executive Director of Nursing & AHPs presented the report and highlighted the Patient Safety strategy update. The Learning Disability work was noted, and the

Committee heard that a decision had been taken not to roll out the Learning Disability training until Spring 2022 due to current capacity issues, however where required, training would be undertaken on an ad-hoc basis.

It was noted that Quality Walks in the Adult Business Unit (ABU) had been suspended in August 2021 due to capacity issues. This would be discussed in more detail at the at private session of the Trust Board meeting on 1 October 2021.

The Executive Director of Nursing and AHPs also highlighted that analysis of data had identified a trend of reductions in pressure ulcer serious incidents.

The Chief Executive spoke about escalations. It was accepted that the report was received in the context of other reports and therefore specific escalations were addressed in other papers.

It was reiterated that the issue of capacity would be discussed at the Trust Board meeting on 1 October 2021.

The Trust Chair referred to the comments about a compressed appraisal system and asked if it was possible to roll this out across the Trust. The Executive Director of Operations stated that the system had been introduced in the ABU due to the backlog and it did mean that these appraisals would not always be with the immediate line manager, however if difficult issues arose, they would be addressed with the line manager. It was agreed that consideration could be given to rolling out the system as the Trust goes into the difficult Winter season, but at the moment, it is being only used within the ABU.

The Committee Chair referred to End of Life Care, declaring an interest as a Trustee of Sue Ryder and asked if the two local hospices were included in the citywide piece of work. The Executive Director of Nursing and AHPs confirmed that this was the case.

**c) Risk Register**

The Chief Executive presented the paper. A conversation took place regarding the budgetary impact of an increase in National Insurance contributions and whilst conversations had been taking place in relation to the wider impact on poverty, it was agreed that this specific item would be picked up at the Business Committee meeting on 29 September 2021.

A Non-Executive Director (IL) referred to the de-escalation of Risk 994: Waiting times for Community Dental Services and asked for more detail around the significant reduction of the risk and how it would impact on the clinical outcome for those young people. The Deputy Medical Director agreed to provide the information at the next Committee meeting.

**Action: Details around de-escalation of Risk 994: Waiting time for Community Dental Services to be provided at the Committee meeting in October 2021**

**Actionee: Deputy Medical Director**

**d) Quality staffing and finance triangulation reports (NTs)**

The Executive Director of Operations presented the report which highlighted that capacity was below that forecasted in addition to a 17% increase in demand. It was noted that this combination had resulted in a challenge to meet the 24-hour target of receiving patients from hospital when medically optimised for discharge and this was being monitored. It was acknowledged that, whilst this wasn't having a significant impact on quality of care, it was having an impact on staff, specifically appraisal numbers, whilst prioritising keeping patient flow optimised. The Committee heard that system conversations were ongoing around creative and integrated solutions.

The Committee Chair asked about the impact of this in regard to the Equipment Service and Local Authority support in terms of home care. The Executive Director of Operations stated that the equipment service was very responsive although they could not always access the equipment needed due to lack of availability. The requirement for a registered practitioner to complete the paperwork was under discussion with a view to delegating this work to administrators to free up more time for the practitioner to see patients. In terms of home care, the Executive Director of Operations stated that this was beginning to have an impact and it was anticipated to worsen, so work was required to look at how roles could be flexed to address this.

In response to a query from the Trust Chair, the Executive Director of Operations stated that the Neighbourhood model transformation project continued to progress with allocation software remaining a priority to release clinical time. It was acknowledged that staff engagement was also critical. It was agreed that an update paper would be presented to the Committee in October 2021

A Non-Executive Director stated that it would be helpful to see more detailed data. The Executive Director of Operations stated that from pre Covid-19 levels, the caseload level had increased by over one thousand, with a trend for patients being on caseloads for longer.

The Executive Director of Nursing and AHPs referred to complexity, stating that this was a part of the project, but due to the current issue with capacity, it was difficult to confirm when this would be rolled out to other areas.

**Action: Neighbourhood model transformation project update paper to be provided to Quality Committee in October 2021**

**Actionee: Executive Director of Operations**

**e) Board members' service visits (Paediatric audiology)**

A verbal update was provided from the Executive Director of Nursing and AHPs following a visit undertaken to the Paediatric audiology service. The Committee heard that an efficient and effective service had been observed with some suggested IPC amendments.

**f) NHS asymptomatic staff testing: Lateral flow device distribution and assuring compliance to testing regimes**

The Executive Medical Director presented the paper which provided assurance against three of four requirements. Referring to the issue of the low number of LFT results submitted against the baseline number of staff, the Executive Medical Director stated that the data capture tool required adjustments to ensure that it was fit for purpose in this context, and this was being addressed.

The Committee heard of the expectation that lateral flow testing would continue into the next calendar year and updates would continue to be presented to the Committee ahead of Board submissions.

**g) IPC Assurance framework**

The Executive Director of Nursing and AHPs presented the updated Board Assurance Framework, which would be presented twice a year to this Committee, who would then provide assurance to the Trust Board.

The recommencement of citywide meetings was noted, including representation from Care Homes through the Care Association and Local Authority. The Chief Executive commented on the absence of the Flu campaign in the document, and it was agreed that an update would be presented at the next Committee meeting.

In response to a query from a Non-Executive Director (IL), the Executive Director of Nursing and AHPs assured the Committee that there were no major gaps in assurance, although there were some citywide concerns around issues such as antimicrobial policies, and there was a drive to re-establish those groups.

**Action: Update on Flu campaign to be presented at next Committee meeting**

**Actionee: Executive Director of Nursing and AHPs**

**2021-22 (33)**

**For approval: Clinical Effectiveness**

**a) Patient Group Directions**

The Committee received and ratified the Patient Group Directions. The Executive Medical Director stated that the Trust had moved fully into the process of approving and implementing national PGDs where applicable.

**b) Internal audit reports**

The Company Secretary presented two internal audit reports.

*Professional Assurance*

It was noted that the Professional Assurance report remained inclusive of track changes making it difficult to read. It was agreed that despite this, the report was complete, and apart from a change to the ownership of the action regarding medical job planning, the report was approved to be taken to the Audit Committee.

It was noted that formatting for future reports would be reviewed.

*Serious incidents and lessons learned*

The Executive Director of Nursing and AHPs stated that the one action had been completed and the assurance report, although delayed would be available for the Audit Committee.

**2021-22 (45)**

**Patient Experience and Engagement**

**a) Engagement strategy update report**

The Executive Director of Nursing and AHPs presented the update which showed progress against three priority areas, despite the operational challenges of the pandemic.

There was a request from the Chief Executive to ensure overlap with health inequalities work to be more explicit. This was agreed, and it was noted that future updates would also include patient stories.

**2021-22 (46) Additional item**

**a) Arrangements for school age Covid-19 vaccination programme**

The Executive Director of Operations informed the Committee that the Trust had received instruction to commence vaccination of 12–15 year-olds with the school immunisations service to lead. The Committee heard that this had been sub-contracted to LTHT as lead of the Covid-19 vaccination programme. Two elements which could not be sub-contracted were in relation to consent and pharmacy and this were detailed in the report.

There was a discussion around the challenge of the difference in consent between children and parents and how this would be addressed in practice. It was confirmed that governance arrangements remained with the Trust for consent and pharmacy and all elements after consent would sit with LTHT.

The Committee Chair asked about support for staff. The Executive Director of Operations spoke about the security arrangements were in place to protect staff who were delivering the vaccinations.

The Committee agreed with the sub-contracting arrangement.

**2021-22 (47)**

**Policies and reports for approval or noting**

**a) IPC annual report**

The Executive Director of Nursing and AHPs presented the report which provided comprehensive details of IPC activity over the last 12 months and priorities for the

forthcoming year. It was confirmed that the report would be uploaded to the Trust website.

Clarification regarding MRSA Blood Stream Infection and E-Coli would be made to the report prior to submission to the Board and publication.

**b) Work plan**

The Committee received the work plan.

**Matters for the Board**

**2021-22 (48)**

**Committee's assurance levels and additional comments**

The Committee agreed that the overall level of assurance provided was reasonable, with comments to be made against the following:

- Risk 1.1
  - Remains as reasonable assurance as this could be enhanced with a health equity lens applied to the data and quality improvement plans.
  
- Risk 1.2
  - Detailed and comprehensive paper regarding contractual and governance arrangements in vaccination programme for 12-15 years
  - Acknowledged new ways of working introduced through the Covid-19 pandemic within the Sexual Health spotlight.
  
- Risk 1.3
  - Varied assurance levels throughout discussion papers.
  - Substantial assurance from sexual health spotlight. However other areas including the Speech and Language Therapy and Diabetic foot ulcer updates specifically require further information to provide more robust assurance around both the detail of the challenge and the plans to address these.
  
- Risk 1.4
  - Request to ensure overlap with health inequalities work to be more explicit and include patient stories in future updates.

**2021-22 (38)**

**Reflections on Committee meeting**

The Committee Chair asked for feedback on the meeting. There were no comments provided.

**2020-21 (39)**

**Any other business**

There was no further business discussed.

**Date and time of next meeting**

Monday 25 October 2021 9.30am – 12.30pm (Via MS Teams)

**Trust Board Meeting held in public: 3 December 2021**

**Agenda item number: 2021-22 (101biii)**

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**Title: Quality Committee minutes 25 October 2021 (time 0930 to 1230)**

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**Category of paper: For noting**

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## Attendance

<b>Present:</b>	Alison Lowe (AL) Steph Lawrence Sam Prince Ian Lewis (IL) Rachel Booth (RBo)	Non-Executive Director Executive Director of Nursing and AHPs Executive Director of Operations Non-Executive Director (Chair) Non-Executive Director
<b>In Attendance:</b>	Thea Stein Brodie Clark Stuart Murdoch Sheila Sorby  Samantha Donaldson Jenny Davison Rachel Tarrant	Chief Executive Trust Chair Deputy Medical Director Assistant Director of Nursing and Clinical Governance Programme Manager (Item 52c) Covid Rehabilitation Coordinator (Item 53a) Covid Rehabilitation Coordinator (Item 53a)
<b>Apologies:</b>	Helen Thomson (HT) Diane Allison Ruth Burnett	Non-Executive Director Company Secretary Executive Medical Director
<b>Minutes:</b>	Lisa Rollitt	PA to Executive Medical Director



**Item: 2021-22 (51)**

**Discussion points:**

**(a) Welcome and introductions**

The Chair welcomed members and attendees.

Apologies were noted from a Non-Executive Director (HT), Executive Medical Director and Company Secretary.

**(b) Declarations of interest**

In advance of the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Committee members.

**(c) Minutes of the previous meeting 27 September 2021**

The minutes of the meeting held on 27 September 2021 were reviewed and agreed as an accurate record.

**(d) Matters arising and review of action log**

Item 2021/22 (22b) Closed culture progress

The item was on the agenda and it was agreed that the action was complete.

Item 2021/22 (30b) Reset and Recovery update from previous month: Quality Impact Assessments

The Executive Director of Operations stated that when looking at the backlogs, quality impact assessments were taking place.

It was noted that the Clinical Leads had oversight of the waiting list issues and would raise any concerns to the Executive Director of Operations and the Executive Director of Nursing and AHPs. It was noted that regular meetings were taking place which were minuted around EQIAs and any issues affecting quality would automatically be escalated to Quality Committee. The Chief Executive stated that it was important to acknowledge this assurance in the Chairs assurance report which would be presented to the Board.

It was agreed that the action was complete.

Item 2021/22 (30f) Cancelled and rescheduled visits

The item was on the agenda and it was agreed that the action was complete.

Item 2021/22 (32d) Risk Register – Dental Waiting List

The Deputy Medical Director stated that the data had identified a significant reduction in the number of new patients on the waiting list in the last year. This has been achieved through an improved paediatric pathway and improved adult triage process, with ongoing recruitment to dental practitioners. It was also noted that a procurement exercise on new dental software was taking place which would assist future data capture.

In response to a query about the timescales to continue reducing waiting times, the Executive Director of Operations stated that it wasn't possible to provide assurance about this although that was the aim and the Quality Committee would receive updates.

Item (32d) Quality staffing and finance triangulation reports (NTs)

The item was on the agenda and it was agreed that the action was complete.

32g IPC Assurance framework: Flu campaign

The item was on the agenda and it was agreed that the action was complete.

**2021-22 (52)**

**Key issues**

**a) Covid-19 update**

The Executive Director of Operations stated that positive Covid rates in the City were at 540 per 100,000, with rates increasing in the over 60 yr olds. It was noted that the City was extremely busy and there had been several citywide silver calls last week to discuss demand issues.

It was noted that 43,000 Covid booster vaccinations had been issued, which equated to 12.4% of the eligible population. All 19 PCNs and 50 community pharmacies were issuing vaccinations. It was noted that there was a mismatch in what the public were expecting and what was being provided in line with national guidance.

The Executive Director of Nursing and AHPs stated that outbreaks in care homes had slightly increased, and this was being monitored.

National guidance continued to be reviewed regularly and followed.

**b) Reset and recovery update from previous month**

Discussed within agenda item (52a).

**c) Neighbourhood model transformation project update**

The Executive Director of Operations presented the item noting that across the eight workstreams, the priority areas were:

- Initial Holistic Assessment (IHA)
- Triage
- The podiatry and neighbourhood teams' pilot,
- Allocation solution

The Trust Chair asked about the initial holistic assessments. The Executive Director of Nursing and AHPs stated that it was a more succinct version, which is clinically led. The template had been tested and the assessments flow more naturally.

The Chief Executive asked about the potential extra capacity which could be gained. The Executive Director of Operations stated that the gains would be modest until the allocation software was in place. The Programme Manager stated that the biggest gain would be to staff experience and improved morale. The Chief Executive

commented that it was important to clearly state this as staff wellbeing would lead to better retention, resulting in a better experience for patients.

It was agreed that it was important to see the patient impact / outcomes, and this would be included in the next update report that would be presented to the Committee in January 2022.

**Action: Patient impact / outcomes to be included in update report in January 2022**

**Actionee: Executive Director of Operations**

**d) IPC Assurance framework: update on flu campaign**

The Executive Director of Nursing and AHPs presented the paper and highlighted that within the first two weeks of the campaign, 740 trust staff had been vaccinated and all the current flu clinics were fully booked.

**e) Closed culture update**

The Executive Director of Nursing and AHPs presented the paper which provided an update on what was meant by closed culture, what the Care Quality Commission (CQC) described as closed culture, and how the Trust would monitor services to ensure avoidance of this.

The Trust Chair spoke about the reduction in quality walks which was being offset by senior manager visits and asked if these targeted places that potentially had a closed culture. The Executive Director of Nursing and AHPs stated that the Senior Team would try to visit all services, and paperwork had been developed to document these. It was also noted that a prompt document was being developed to assist in identifying factors which could be suggestive of a closed culture.

A Non-Executive Director (RBo) referred to the indicator which noted a higher incidence of family members and/or close friendships working together and asked if there was a check for any conflict of interest. The Executive Director of Nursing and AHPs stated that managers were trained to identify the indicators in their teams and the question about family members was asked at interview, but it was more challenging to identify close friendships, which would be interrogated further.

A Non-Executive Director (AL) asked if patients were involved in providing feedback following the quality walks. The Executive Director of Nursing and AHPs stated that the introduction of the Patient Safety Partners in LCH will help provide a patient perspective. It was also suggested that Healthwatch Leeds could scrutinise a range of quality walks in the meantime and this would be considered.

The Committee Chair commented that 'Closed Culture' was not a binary judgement but at one end of a spectrum with 'Open and Transparent' at the other end. It would be helpful to understand where services were considered on that spectrum when being visited or reported on.

**Action: Update to be provided at the Quality Committee in February 2022**

## **Actionee: Executive Director of Nursing and AHPs**

### **f) CAMHS Transitions uplift business case**

The Executive Director of Operations introduced the business case which described proposals for the meaningful increases to the Transitions Team to build on the existing foundations in place. The document set out the existing position, the proposed increases in staffing and skills, the anticipated staff benefits and costs, and an assessment of the inherent risks. The Committee were asked to approve the proposal, articulating whether the risks and proposed mitigations were acceptable to the Trust.

The Trust Chair asked for confirmation that this was the necessary minimum approach that should be in place? The Executive Director of Operations stated that this was the case currently but it was expected that there would be requests for more investment over time to meet longer term service requirements.

The Deputy Medical Director referred to the increase in young people in the service with psychosis and eating disorders, asking how the impact of this could be planned for. The Executive Director of Operations stated that it was difficult to plan, especially with the lack of CAMHS practitioners recruited to services. The Chief Executive stated that of the citywide projects, one was the transition from Children's to Adult services and broadly this would only work with cultural change in all Adult services to see people on that transitional journey.

The Committee Chair commented that the paper did not describe what patient level benefits might accrue because of the investment.

The Committee Chair asked if the services would flex upwards in age towards 25 years. The Executive Director of Operations stated that the Trust would like to be able to offer that service, however this would be difficult with the current CAMHS resource in Leeds.

The Executive Director of Nursing and AHPs informed the Committee that family engagement was integral to this work.

The Committee approved the investment request noting this was the acceptable minimum investment to achieve current requirement.

### **g) Cancelled and rescheduled visits update**

The Executive Director of Nursing and AHPs stated that early findings from the September 2021 audit had identified that 90 visits had been cancelled, with 521 rescheduled using the triage process.

It was noted that equity data had identified a correlation between more cancelled visits and people from certain ethnic groups, although these were in single figures and needed further scrutiny. More information would be included in the update paper at the November 2021 meeting.

The Chief Executive stated that intersectionality should also be considered, e.g., poverty and deprivation.

**h) Issues escalated from QAIG meeting on 19 October 2021**

There were not escalations to report and noted that the assurance report would be presented at the next Quality Committee paper.

**i) Issues escalated from Safeguarding Committee meeting on 19 October 2021**

The Assistant Director of Nursing and Clinical Governance stated that more work around the timeliness of the integrated health needs assessments for Children Looked After had been requested and would be presented to a future Committee if required.

**2021-22 (53)**

**Spotlight:**

**a) Long Covid pathway, 18 months on, what are we finding and outcomes**

The Executive Director of Nursing and AHPs introduced Covid Rehabilitation Coordinators, Jenny Davison and Rachel Tarrant, who provided a presentation on the evolution of the Long Covid pathway, with learning and reflection on the successes and challenges faced.

The Committee heard how the cross city multi-organisation team researched, created, and developed a pioneering, integrated rehabilitation pathway which was focussed on and responsive to patient's needs. The patient journey through the service was also presented.

Key service data identified that over 1000 patients had been referred into the service, with the average age of patients at 49 years, the largest demographic being White British (67%) females. The Committee heard that the Inequalities working group was looking how to increase the underrepresented group in IMD deciles 1-5 and improve their access to the service. A Non-Executive Director (AL) asked about the opportunity to exploit the Trust's relationship with the GP Confederation to ensure GPs in those areas were on board. It was noted that a Leeds GP had recently been recruited into the service and would help address this.

Patient outcome data was presented, demonstrating that the majority of patients improved over time and many expressed gratitude for the responsiveness of the service. There was prolonged discussion about whether there was evidence identifying the value of being on the service pathway versus not being on pathway and how this fitted with natural disease progression. The Committee were interested to hear whether the NIHR LOCOMOTION study was picking this question up. The Long Covid team undertook to raise this question and feedback to the Committee via the Executive Team

The Deputy Medical Director asked if there was any data to evidence that healthcare professionals were more likely to suffer with Long Covid. It was noted that initially the proportion of referrals of healthcare professionals was at 32%, although this was now decreasing as caseload size increased. It was agreed that a conversation was required to determine the priorities for research from the rich data obtained taking into account appropriately managed resource.

**Action: Executive Director of Nursing and AHPs and Executive Medical Director to discuss research priorities**

**Actionee: Executive Director of Nursing and AHPs**

It was agreed that individual cases referred with post vaccination symptoms should be reported via the yellow card system.

**Action: Information on the yellow card system to be sent to the Covid Rehabilitation Coordinators**

**Actionee: Assistant Director of Nursing and Clinical Governance**

The Covid Rehabilitation Coordinators were thanked for a comprehensive presentation.

**2021-22 (54)**

**For discussion: Quality governance and safety**

**a) Risk register**

The Chief Executive presented the paper.

The Committee Chair commented about Risk 1070: Capacity pressures in Neighbourhood Teams impacting ability to deliver full range of clinical supervision and annual appraisals and asked if the actions and mitigations would reduce the risk. The Executive Director of Nursing and AHPs stated she was unable to give confirmation at this stage.

The Committee Chair also referred to Risk 1067: Introduction of female children into the secure estate, asking what the risks were apart from the staffing issues. The Executive Director of Nursing and AHPs stated that she felt that equity between the boys and girls in the prison was a potential issue. It was noted that a quality summit with NHS England would be taking place in the following week to review this further.

The Trust Chair referred to the new measures which were being introduced to assist with staff resilience and asked if these should be reflected on the risk register. The Executive Director of Nursing and AHPs stated that there were a lot of risks on the risk register that reflect the situation e.g., Neighbourhood teams and services/staffing levels, however this would be considered further should the situation deteriorate.

The Committee noted Risk 1057: Inability to deliver service at WYOI due to reduced staffing levels which was scored at 20. The Executive Director of Operations stated that the mitigations in place would make this a short term risk.

**b) NHS asymptomatic staff testing: Lateral flow device distribution and assuring compliance to testing regimes**

The Executive Director of Nursing and AHPs stated that the Trust had mandated twice weekly lateral flow testing for patient facing staff. The Chief Executive stated that it was important to be clear that the Board understood and accepted this recommendation from the Executive Director of Nursing and AHPs and Executive Medical Director as this was not consistent with other partner organisations.

The Committee supported the decision to mandate lateral flow testing for patient facing staff.

**c) Trust priorities 2021/22 Q2 update**

The Executive Director of Nursing and AHPs presented the paper.

A Non-Executive Director (RBo) referred to the Health and Wellbeing offer for staff and asked if there was any data to evidence that this was helping staff to return to work more quickly. It was acknowledged that the main focus of the Health and Wellbeing offer was to stop people going on long term sick leave in the first place and staying well in work. The Executive Director of Nursing and AHPs stated that the Director of Workforce would be including data relating to this in the future Well Led report.

**d) Patient Safety Partners**

The Executive Director of Nursing and AHPs presented the paper highlighting that patients would become partners alongside the Trust on the safety agenda. The Executive Director of Nursing and AHPs would be the Executive leave, and a Non-Executive Director (HT) would be the Board sponsor.

The Committee Chair asked how the Trust would achieve a population relevant spread. The Assistant Director of Nursing and Clinical Governance stated that the national requirement was for two people per organisation and there had been a lot of conversations between Leeds organisations with a view to utilising learning from each other.

A Non-Executive Director (RBo) asked if there were particular areas of patient safety that jump out as obvious issues to be addressed. The Assistant Director of Nursing and Clinical Governance stated that the focus for the roles was twofold:

- To engage every patient in their own safety in a meaningful way
- A patient lens within Trust governance processes

The Trust Chair asked if there was a timescale for the aim to have partners in post. The Assistant Director of Nursing and Clinical Governance stated that the national ask was to have partners in post by April 2022.

The Chief Executive asked if there was anything the Trust could do to work with Patient Safety Partners in other organisations to ensure the role was reflective of our communities. The Assistant Director of Nursing and Clinical Governance stated that such conversations were taking place in the patient safety specialist network across the city.

**e) 12-15 yr olds Covid vaccination programme**

The Executive Director of Operations presented the paper, stating that 7,000 vaccinations had been issued in Leeds from September 2021, with a current consent rate in Leeds of 35%.

Government guidance has been issued for out of school vaccinations to be set up with immediate effect. All home schooled children and children who were absent when the

Immunisations team were in school had been invited to attend. It was noted that this letter had been leaked into social media and there was an expectation that a number of people could turn up without an invitation.

A paper from Leeds Teaching Hospitals Trust was included to show the level of assurance at their Quality Committee.

It was noted that there had been two low harm/no harm incidents. One incident saw a child vaccinated where mum did not give consent. The investigation concluded that the correct protocol had not been followed and improvement actions have been put in place. The second incident related to an administration error, recording a vaccination on the wrong record, of a child with the same name This has been rectified and learning implemented regarding a three point identity check.

The Trust Chair asked about a sense of a campaign against the programme. The Executive Director of Operations stated that there were a lot of safeguards in place and the security measures were good.

#### **2021-22 (55)**

##### **Sub-Group minutes**

##### **a) Integrated Care Steering Group minutes: 21 September 2021**

The minutes were received.

##### **Matters for the Board**

#### **2021-22 (56)**

##### **Committee's assurance levels and additional comments**

The Committee agreed that the overall level of assurance provided was reasonable, with further updates to be presented at future meetings on:

Item (52e) Closed Culture update – staff restrictions

Item (54a) Risk 1067: Introduction of female children into the secure estate

#### **2021-22 (57)**

##### **Reflections on Committee meeting**

The Committee Chair asked for feedback on the meeting. It was felt that there had been a good discussion around the Long Covid service and the difference it was making.

#### **2021-22 (58)**

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

There was no further business discussed.

##### **Date and time of next meeting**

Monday 22 November 2021 9.30am – 12.30pm (Via MS Teams)



**Business Committee Meeting  
Microsoft Teams / Boardroom, Stockdale House  
Wednesday 28 July 2021 (9.00 am to 11.30 am)**

**Present:** Richard Gladman (Chair) Non-Executive Director (RG)  
Thea Stein Chief Executive  
Bryan Machin Executive Director of Finance & Resources  
Sam Prince Executive Director of Operations  
Helen Thomson Non-Executive Director (HT)  
Khalil Rehman Non-Executive Director (KR)

**Attendance:** Brodie Clark Trust Chair  
Jenny Allen Director of Workforce  
Diane Allison Company Secretary  
Emma Tiernan Business & Planning Manager

**Apologies:** None recorded

**Note Taker:** Ranjit Lall PA to the Exec Director of Finance & Resources

**Item 2021/22 (29): Welcome and introductions**

**Discussion points:**

a) **Apology:** None recorded.

**b) Declarations of interest**

Prior to the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda to ensure there was no known conflict of interest prior to papers being distributed to Committee members. No additional potential conflicts of interest regarding the meeting's agenda were raised. In addition, the members reviewed the Committee's declaration report (item 6) and noted the declarations made for future reference.

**c) Minutes of meeting dated 23 June 2021**

The minutes of meeting dated 23 June 2021 were noted for accuracy and approved by the Committee subject to one minor change to item (21): Seacroft Business Case. The minutes read that the Business Case would be presented to the Board in August 2021 for full approval. The Executive Director of Finance and Resources said that this was under discussion and may not meet the August 2021 date.

**d) Matters arising and review of action log**

The Committee reviewed the action log and noted the updates.

**Item 2021/22 (30): Strategy update**

**Discussion point:**

**a) Stockdale House strategic outline case**

The strategic Outline Business Case (OBC) set out the case for change in relation to proposals around the future 'Headquarter' building for Leeds Community Healthcare NHS

Trust. This change was necessitated due to the Landlord planning to terminate all four leases that the Trust had on the building in October 2023.

The Executive Director of Finance and Resources drew out key issues for the Committee. He said the strategic case outlined and demonstrated good engagement with staff affected and described new ways of working that were developing during the pandemic. There was an opportunity for co-location in a single building with other organisations in the City.

In terms of co-location with health partners, and potentially with the Council, a Non-Executive Director (HT) asked if any consideration had been given to higher education facilities having spare capacity. It was noted that an external company had been appointed to undertake a property search for the Trust and that no direct approach to universities had been taken. The co-location was partnering with the Leeds Clinical Commissioning Group and Leeds York Partnership Foundation Trust.

The Director of Workforce (LS) noted connection to other strategies in the OBC and that there was an opportunity to go further in terms of benefits to health and wellbeing, which was one of the priorities in the workforce strategy. She continued to say that prior to the outline business case there was a need to consider priority neighbourhoods, hybrid working, and staff travel.

A Non-Executive Director (KR) noted being a comprehensive paper having a positive focus on vision and ambition and was in favour of the engagement of property advisors. He said the key process should be clear around financial benchmarking per square metre.

In response to questions about whether the Landlord had indicated when they would serve notice, the Executive Director of Finance and Resources said that the property market was changing all the time and any properties that were currently available may not be in a years' time and the best possible choice would be made at the time with other partnership.

The Committee Chair stated the importance of the future plans being in line with the Trust Sustainability Strategy and the opportunities to lessen car use and utilise technology.

Following discussions about sustainability goals and radical change and options for the headquarter space the Executive Director of Finance and Resources said that the space needed to work in a way where people need to come together to have better discussions to make better decisions was still being considered and having no headquarters building was not desirable at all. The Chief Executive added that the most important evidence was based on bringing people together and working together which was incredibly important. She said in terms of language, she would prefer a central 'hub' in the network that was a Community Trust.

**Outcome:**

The Committee approved the Strategic Outline Case and the further work that was indicated, which should lead to the development of a Business Case to be presented to Board in early 2022.

**b) Third Sector Strategy update**

The Committee received the third sector strategy implementation plan. The Steering Group, wider third sector organisations and Trust colleagues had developed the plan to deliver the strategy. The Executive Director of Operations said that the four areas being focused on in the outline plan were as follows:

- Developing Accessible, Inclusive Services
- Co-production

- Self-management
- Connecting better with the 3rd sector

The Executive Director of Operations said there had been a number of workshops to discuss what the 'overarching ambitions' were. There had been good representation and enthusiasm at the workshops and objectives and timescales had been agreed. The plan was ambitious and lengthy but there was an appetite to make it all work.

The Trust Chair welcomed the update and was pleased to see the extent of community collaboration. He asked that the sense of enthusiasm about the plan should be captured in the update reports.

A Non-Executive Director (KR) asked what scope there was in the set up and the funding to support the third sector and how it could be linked to the Integrated Care System (ICS). It was explained that whilst NHS trusts could not donate money to the third sector, they could pay the third sector for services they were contracted to deliver. The Executive Director of Operations said that Leeds as a Place had heavily invested in the third sector and that the money was being channelled to them appropriately.

A Non-Executive Director (HT) asked how smaller, newly established third sector organisations were being involved and was advised that they were being encouraged to be part of Forum Central, which is an umbrella organisation that supports third sector organisations.

The Committee discussed how this work could be prioritised given the pressure in the system and agreed that there were many opportunities to work with the third sector to alleviate such pressure, with the Leeds Mental Wellbeing Service being a great example of this.

**Action:**

An updated plan with ambitious sets of targets is to be reviewed in six months' time in January 2022.

**Outcome:**

The Committee approved the implementation plan presented.

**c) Procurement strategy update (annual)**

The Executive Director of Finance and Resources presented the paper which gave the Committee an oversight of the procurement activity and performance during 2020/21. It was noted that much of the procurement development work over the past 12 months had been paused with the focus being on a single procurement system to procure and distribute personal protective equipment.

The Executive Director of Finance and Resources advised the Committee that he had received a draft internal audit report on procurement which indicated substantial assurance.

The Chief Executive advised the Committee that in her report to the Trust Board (August 2021), it noted that the Trust's procurement strategy had been aligned with the aspirations of the Anchor Institution programme and demonstrated requirements and ambition going forward. She also said that the support provided to the organisation, particularly in respect of PPE supplies, was rightly the priority and major focus for all involved. The PPE Team's efforts were recognised by the Trust when they received the 2020 Team of the Year award.

The Trust Chair recognised the support provided to the organisation during the pandemic and the actions taken. However, he noticed that the details about purchase orders and pay proposition had not been included. He also said that the procurement objectives and performance measures for 2021/22 did not reflect the current situation. The Executive Director of Finance and Resources responded to say that purchase order processes had been embedded in the organisation and that the internal audit had not found any cause for concern in this area.

The Committee Chair said that Audit Committee regularly received information on the tender waiver processes and that the Trust's standing orders were clear on how these should be managed.

**Action**

**Executive Director of Finance and Resources** to add targets to the actions at appendix one and recirculate (by end August 2021).

**Outcome:**

The Committee noted the impact the pandemic had on the procurement function's ability to achieve its ambitions and objectives for 2020/21. The 2020/21 objectives would be taken forward into 2021/22 to further implement the procurement strategy and disseminate good practice and improve efficiency.

**Item 2021/22 (31): Covid and Reset and Recovery**

**Discussion point:**

**a) Covid update**

The Committee received an update on the local situation including the current increased infection rate for Leeds, the number of patients locally in hospital with this disease, and the latest information on the vaccination programme.

The Executive Director of Operations said that she was more positive this week because of reduction in the infection rates in the City. The rate reported was 528 per one hundred thousand and had seen reductions day on day over the last five days. The positivity was still at 14% and the over 60s rate was noted as 183. There were 90 people in hospital with Covid positive and 12 people in intensive care. It was noted that the link between Covid and death had been significantly reduced because of the vaccination programme. In Leeds 75% of eligible people had been vaccinated once and 62% had received both doses. Work was continuing within the communities where there was low uptake.

The planning document suggested that the phase 3 booster vaccination programme was envisaged to start from beginning of September 2021 when the trials of the booster concluded at the end of August 2021. Work was underway to consider aligning this with the flu programme in the autumn.

The Committee was advised that there was a significant pressure in the hospitals and causing pressure across the system in the City. This was also impacting on neighbourhood team, primary care and mental health trusts. This week the neighbourhood team triggered an escalation to OPEL 3E, which is below the level for a major incident to be declared.

In response to a question from the Committee Chair about staffing and isolation, the Executive Director of Operations said that this had put pressure on teams who already had depleted workforce in some areas. She said the key factor was problems with school bubbles collapsing at the end of term and starting summer holidays with higher level of annual leave plus self-isolation and general sickness.

A Non-Executive Director (HT) said that it was good to hear about real improvement in infection rates in Leeds. She asked if the nature of pressure was across all teams and whether it was impacting on caseloads. The Executive Director of Operations said that there had been a steady increase in patients and their caseloads. In terms of workload the teams were looking at supporting people to self-manage, engage with the third sector and review the essential visits list. In terms of staffing, work continued to try and increase resource within the communities to try and bring local people into local teams. The Director of Workforce (LS) added that the challenge was around incentivising temporary staff to work during the summer months.

The Committee heard that the senior management team were going out to meet as many teams as possible to check on staff morale and wellbeing and offering support.

b) **Reset and Recovery update** (*waiting list heat map*)

(Please see Private minutes)

**Item 2021/22 (32): National Oversight Framework 2021/22**

**Discussion point:**

The Committee Chair welcomed the Business & Planning Manager to the meeting.

The NHS System Oversight Framework gives authority to ICSs, trusts and commissioners on how NHS England and NHS Improvement will monitor performance; sets expectations on working together to maintain and improve the quality of care and describes the support to improve standards and outcomes.

The set of 81 metrics were to be aligned to the five national themes: quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability plus a sixth theme: local strategic priorities. A number of actions were required to ensure reporting compliance and the Committee received initial information on the good progress being made against these.

The paper described the approach being taken to ensure the Trust can report against all the measures outlined. The proposed metrics were to predominantly be covered in the performance brief. The Executive Director of Finance and Resources said that how the Trust uses and reports on this information was key.

The Business & Planning Manager said that more clarity was expected in terms of the definitions and measures and reporting. The plan was to develop an action log and then start reporting against those matrices into various reports.

The Committee Chair suggested that community trusts should work together to interpret the requirements. He also added that the framework provided a good opportunity for the Trust to change its metrics and better understand performance.

**Outcome:**

The Committee noted the requirements of the NHS System Oversight Framework 2021/22; and the actions required to ensure reporting compliance.

## **Item 2021/22 (33): Performance management**

### **Discussion points:**

#### **a) Trust Priorities update**

The Committee received an update on the Trust priorities for quarter one 2021/22. The Committee recognised that whilst times were very challenging, staff had continued delivering high quality care to patients whilst delivering against the Trust priorities.

The Trust priorities were agreed by SMT in 2021/22 to drive achievement of the Trust's four strategic goals and support delivery of system priorities. Those Trust priorities were developed during the response to the international COVID 19 pandemic that had been a major focus of the work during 2020/2021.

The Committee requested additional evidence of the impact that the various actions described in the report were having on the priorities for future reporting. Some areas were helpfully evidence based, backed with facts and figures and then there were some areas with less detail. The Trust Chair said that it would be beneficial to add some of the issues around virtual ward, night care, discharge, and all those areas where it was recognised that developments and improvements had a positive impact. A Non-Executive Director (KR) also observed that health and wellbeing, the race and equality and anti-racism agenda supporting staff generally around characteristics and bullying would be useful to highlight and linked to workforce work.

The Business and Planning Manager said that she recognised some of the evidence was missing from this report. She said that in quarter two the plan was to try and get more evidence for every priority.

At the end of quarter one, progress had been made against all five priorities as LCH continues to support its staff, patients and the wider health and care system in Leeds and West Yorkshire and manage the impact of the ongoing pandemic.

#### **Outcome:**

The Committee reviewed and discussed the priorities in detail and noted areas of achievement and those still to progress. It was noted that some sections were still being reviewed before submission to the Trust Board.

#### **b) Performance Brief and Domain reports (including waiting list update)**

The Executive Director of Finance and Resources introduced the Performance Brief and Domain reports. The key issues to consider were provided in the cover report summary.

The first three domains, safe, caring and effective were considered at the Quality Committee on 26 July 2021. The Committee focused on domains more aligned to Business Committee.

The Committee discussed how the waitlist information in the Reset and Recovery item should be incorporated into the Responsive section of the Performance Brief but agreed that a standalone report on waitlist concerns was currently invaluable given the challenges being experienced by services.

The Committee Chair said that particularly during the pandemic the Performance Brief included more granularity in terms of waiting lists by services and asked whether that would continue to be reported. It was noted that whilst the waiting lists are still a concern a separate report may be valuable before moving into the core Performance Brief.

It was noted that further discussions were to be held at the next Committee meeting in September 2021 with a view to how the changes would impact going forward and taking into consideration new measures, monitoring and reporting against more granular systems and waiting lists.

The Trust Chair referred to the earlier discussions about tracking trends rather than focussing on the most recent data point. He said he would welcome more narrative on the trends. He also talked about the ongoing concerns in the neighbourhood teams. He would welcome the use of 'heat maps' of the sort that the Trust had used previously to compare, explain and triangulate variances. The Executive Director of Finance and Resources agreed to the Trust Chair's suggestions and said that he and the Executive Director of Operations will review and reflect on this and consult with colleagues in SMT in advance of the next business Committee meeting in September 2021

The Committee noted a significant achievement of the Trusts role in the successful £3.4m University of Leeds led NIHR bid. The Covid Rehab service was one of 18 partners undertaking a two-year research study about Long Covid. This was a high-profile piece of work which should prove extremely beneficial for patients in the service and for the development of the service as a whole.

**Action:**

Executive Director of Finance and Resources and the Executive Director of Operations to consider incorporating 'heat map' information into the Performance Brief or including in separate reporting (September 2021).

**Responsive**

The current waiting list situation was actively being reviewed. The majority of these waits were for Paediatric Neuro-disability (PND) appointments. The service had secured a locum to support the reduction in the waits commencing in August 2021. There were some small numbers of patients waiting in other services which were also being monitored. Some of the waits were due to parents not being confident to come back into buildings for face to face appointments.

The Committee was assured that there was a clinical oversight on all the lists, particularly in children's services. Some parent did not want appointments yet but wanted to stay on the list. The Executive Director of Operations said that that was more about being safe rather than anything else. The waiting list system keeps them on the count even if the appointment is deferred.

**Well-led**

The Committee recognised that turnover of staff had been artificially depressed during 2020/21 and some movement of staff was now being experienced. Sickness absence was also seeing some increase but not to concerning levels.

More statutory/mandatory training topics were now being monitored and services were managing to maintain reasonable levels of compliance. The Director of Workforce (LS) said that over the last few months' additional support was in place in terms of statutory and mandatory training. This was being monitored and maintained to increase compliance.

There was an ongoing decline in appraisal compliance, creating a real backlog of appraisals. The Director of Workforce (LS) said there was now a weekly reporting of appraisal rates by services and providing support and encouragement so that services could be as pragmatic as possible by conducting a shorter and a more focused appraisal.

In respond to concerns raised by the Trust Chair regarding schedule for appraisals and its review period, the Director of Workforce (LS) said that it was a hard target to meet in a number of areas. She said bringing forward the target to 11 months to see if it would encourage people to do it within 12 months had been considered before and hadn't been effective in improving the compliance rate.

The Executive Director of Operations added that if a service was reporting OPEL 3 that would be an escalated level and one of the measures to take to free up capacity for patient care was to stop appraisals. Particularly the neighbourhood teams being under pressure for a significant amount of time and effectively with permission that measure had been taken.

## **FINANCE**

The Executive Director of Finance and Resources provided a brief update on the Trust finances at the end of first quarter (H1) of 2021/22. He said the finance section notes a £2m year to date underspend. The expenditure profile was heavily weighted towards the second half of the year as the staffing and external capacity was being sought to address the backlog of patients waiting. This was not a concern as the backlog work was slower than envisaged.

### **Outcome:**

The Committee noted the information provided in the Performance Brief and the additional information and explanations provided during the discussion.

### **c) Operational and non-clinical risk report**

The summary report showed changes to note to non-clinical risks on the risk register: There was one newly identified operational risk that was currently being assessed prior to being recorded on the risk register.

### **Outcome:**

The Committee noted the recent revisions made to the risk register.

### **d) Financial regime update**

NHS England had advised trusts that the amended finance regime introduced in 2020/21 to support the NHS in dealing with the Covid-19 pandemic would continue through the first half of 2021/22 (H1). The Executive Director of Finance and Resources said that under the current finance regime the Trust's Income and Expenditure revenue plan extends to the end of September 2021 (H1). He continued to say that he was reasonably comfortable about H2 and the full year position.

The Committee was advised that guidance had not yet been released. The likelihood was that this organisation would get a similar resource to H1 less 3% CIP. Uncertainty remained about the finance regime for the second part of the financial year, and about the implications of the pay award for Trust finances.

It was noted that discussions about the potential financial risks that this organisation faces in 2022/23 were to be held at SMT meeting in September 2021 before considered by the Business Committee.

### **e) Workforce report (presentation)**

The Director of Workforce (LS) provided the Committee with the current position and progress made to the new workforce strategy (2021/25).

The first draft of the workforce strategy was being presented at the Trust Board meeting on 6 August 2021. In addition to the feedback already received from the Business Committee



about the strategy, two additional slides on leadership with figures and employee experience of leadership in this organisation had been added, linked to the Board Assurance Framework strategic risk. The Committee had not had the opportunity to scrutinise key leadership information in the way that it might have wanted to. The leadership slides were included in the slide pack for today to provide assurance that the work was on track.

The Trust Chair referred to the range of options being explored and identified in terms of resource that were being taken forward and asked about the measures that would get maximum results for the Trust. He felt that lots of the measures were quite difficult to achieve and would not necessarily help to get the right staff into the organisation. He welcomed a breakdown of what was working well and what hadn't.

**Action:**

An updated workforce strategy was to be brought back to the Committee in September 2021 meeting.

**Outcome:**

The Committee Chair thanked the Director of Workforce (JA) for her helpful update. He said there were a few different options to consider, perhaps coming back to the September 2021 meeting with a view to how to address and change it. The Committee recognised the importance of looking after staff.

**f) Safe staffing report**

The paper set out how the Trust had maintained safe staffing over the last six months (January 2021 – June 2021). It covered a range of services across the Trust as requested by the Board previously.

The statutory requirements and data in the paper was to provide assurance to the Committee in relation to the effect of staffing pressures on services, including the continued impact of the COVID-19 pandemic, and how these were being mitigated. The paper also triangulated elements of patient safety data to the staffing numbers where this was possible.

The Executive Director of Operations said that this was a six-monthly report and would also be received at the Trust Board. From April 2022, the update would be part of the Performance Brief.

**Outcome:**

Committee discussions confirmed that when this information was considered in the context of Covid pressures, services were safe but not without challenge.

**g) Health and Safety compliance report**

This report provided the Committee with information on the current level of compliance with health and safety legislation and policies. It also provided an update on the developments and effectiveness of the Trust's health and safety management system.

The Committee recognised that the Trust's health and safety culture needed further embedding in services and that steps had already been taken to begin to address this. The Committee agreed that the management system was now much more robust due to the hard work of the Risk and Safety Team Leaders.

The Committee Chair was concerned about the health and safety culture and whether it was embedded across the whole organisation. It was noted that discussions on the embedding of the culture were ongoing and that the Trust needed to maintain its focus on

health and safety compliance. The Chief Executive agreed that the senior team needed to talk about health and safety more, to ensure cultural change across the organisation.

**Outcome:**

The Committee agreed to provide assurance to the Trust Board at its next meeting on the progress made with implementing the health and safety management system and arrangements.

**h) Premises Assurance Model (PAM) update**

The Committee received a verbal update on the NHS Premises Assurance Model (PAM) which had now been submitted to NHS England/Improvement on 23 July 2021. Further action had been taken since the Committee saw the initial assessment in June 2021 and a further update would be provided as the action plan progressed.

**Outcome/Action:**

The Executive Director of Finance and Resources said that he proposes to bring a considered action plan and risk analysis to the September 2021 Committee meeting for further discussions. He said in many areas the requirements did not distinguish between the different types and sizes of NHS trusts.

**Item 2021/22 (34): Governance**

Board Assurance Framework (BAF) report

**Discussion point:**

The Business Committee was charged with providing assurance on twelve strategic risks assigned by the Trust Board. The Committee was asked to review the sources of assurance against the twelve strategic risks and determine if the sources were of sufficient variety, focus, depth and frequency to enable the Committee to form an opinion of the level of assurance collectively provided.

The Company Secretary said that there were four areas that could be considered weak in terms of assurance. The Committee needed to focus on these and to either have more information provided or to focus on what it received within the meeting that could allow it to evaluate and manage the risk.

The Company Secretary said that she recently had a conversation with the Chief Executive about the BAF risk concerning engaging and involving staff and thought it may be appropriate for the Board to be assigned that particular risk as the Board currently received more sources of assurance connected with that risk than the Business Committee did.

The Committee Chair said that in general the Committee was looking to create more space to debate in more detail about staffing issues and workforce issues and did not think the Committee was quite ready re-assign the strategic risk without further discussion. The Trust Chair also agreed with having more scrutiny and detailed conversation. The Committee Chair said that he would value reviewing each of those strategic risks. He suggested having further discussion outside the meeting with the Company Secretary and the executives about looking at other areas to provide additional sources of assurance on those strategic risks.

A Non-Executive Director (HT) suggested that when the cover paper was produced to highlight on it which of the strategic risks was being covered.

**Action:**

Committee Chair and Company Secretary to jointly review the sources of assurance connected with the four BAF risks noted in the report.

**Outcome:**

The Committee reviewed the sources of assurance that it currently received against the strategic risks and agreed to further discussion to consider whether risk 3.3 (Engage and involve staff) should be transferred from Business Committee to Trust Board.

**Item: 2021/22 (35): Matters for the Board and other Committees****Discussion point:****Assurance levels**

The Committee reviewed and discussed the levels of assurance for the strategic risks related to the following agenda items:

- Performance Brief and Domain reports
- Stockdale House Strategic Outline case
- Third Sector Strategy update
- Waitlist backlog and mitigations
- National Oversight Framework 2021/22
- Trust Priorities
- Health and Safety Compliance report

**Item: 2021/22 (36): Business Committee work plan (to note)****Future work plan**

The Committee reviewed and noted the work plan.

**Item 2021/22 (37): Any other business**

None discussed.

**Business Committee Meeting  
 Microsoft Teams / Boardroom, Stockdale House  
 Wednesday 29 September 2021 (9.00 am to 12.00 noon)**

**Present:** Richard Gladman (Chair) Non-Executive Director (RG)  
 Thea Stein Chief Executive  
 Bryan Machin Executive Director of Finance & Resources  
 Sam Prince Executive Director of Operations  
 Helen Thomson Non-Executive Director (HT)  
 Khalil Rehman Non-Executive Director (KR) (in attendance until 9.50am)

**Attendance:** Brodie Clark Trust Chair  
 Jenny Allen Director of Workforce  
 Diane Allison Company Secretary  
 Richard Slough Assistant Director of Business Intelligence  
 Satbir Saggu Co-Vice Chair of the Race Equality Network (item 43f)

**Apologies:** None recorded

**Note Taker:** Ranjit Lall PA to the Exec Director of Finance & Resources

<p><b>Item 2021/22 (38): Welcome and introductions</b></p> <p><b>Discussion points:</b></p> <p>a) <b>Apology:</b> None recorded.</p> <p><b>b) Declarations of interest</b>        Prior to the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda to ensure there was no known conflict of interest prior to papers being distributed to Committee members. No additional potential conflicts of interest regarding the meeting's agenda were raised.</p> <p><b>c) Minutes of meeting dated 28 July 2021</b>        The Public and Private minutes of meeting dated 28 July 2021 were noted for accuracy and approved by the Committee.</p> <p><b>d) Matters arising and review of action log</b></p> <p><b>Item 30c – Procurement strategy update:</b>        The Committee members received a response by email regarding the objectives and performance measures in the procurement strategy. The Executive Director of Finance and Resources said that it was early in the year to measure targets for the year therefore the procurement strategy reports were to be rescheduled on the Committee's workplan to provide more timely information.</p> <p><b>Item 33b – Performance brief and domain reports:</b>        This action was to consider incorporating a 'heat map' into the Performance Brief. It was noted that the heat map was in the development stage and it was anticipated that the format would be developed and approved by March 2022. The Committee welcomed any update on progress in the meantime.</p>
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**Item 34 – Governance:**

The Committee Chair and the Company Secretary reviewed sources of assurance connected with the four BAF risks and agreed that more follow up discussions were necessary with the Executive Directors who owned each of those BAF risks. The Company Secretary said she would be having further discussions with the Executives before the next meeting in October 2021 to update the content of each BAF risk.

**e) Committee agenda format**

Following discussions with the Workforce Directors about creating more space and time for workforce related matters and to gain assurance for some of the measures in place and to tackle some of the biggest workforce challenges, the Committee Chair agreed that quarterly one-hour long session would be added to the regular Business Committee agenda to discuss a number of workforce topics, commencing in October 2021.

The Chief Executive suggested the workshops should be based on presentations rather than lengthy papers.

**Item 2021/22 (39): Strategy****Discussion points:****a) Leeds Community Healthcare (LCH) Workforce strategy (new strategy)**

The LCH Workforce Strategy 2021-25 (Final Draft) was presented to the Business Committee for its endorsement prior to its consideration at the Trust Board meeting on 1 October 2021.

The Workforce Director (JA) highlighted the key changes and amendments incorporated into the new draft version based on previous discussions at the Committee and the Trust Board workshop. The main focus was substantially the research and evidence and the direction of travel, and the proposed objectives which had led to further refinement to some of the measures of success in the various themes of creativity and innovation and a more detailed narrative.

The Trust Chair thanked the Directors of Workforce for the work done and pulling together the comments from the last Trust Board meeting into this illustration. He said it was good to see the innovative issues being laid out in terms of its development and direction of travel in the future.

The Trust Chair referred to the relationship with Third Sector organisations and requested that the good work with partnerships was adequately captured. The Director of Workforce (JA) acknowledged that and agreed to strengthen this aspect of the strategy.

A Non-Executive Director (HT) commented that she could see the interconnection in terms of NHS architecture.

A Non-Executive Director (KR) observed that not much detail of staff appraisals had been included in terms of skills record and performance, which would provide assurance based around evidence.

The Committee Chair described the need for agility and flexibility, one of the features of the last 18 months which had shaped the workforce depending on deployment. He asked about whether the strategy covered that ability to be able to move people around working in different roles as priorities changed at speed and doing more in the future. The Workforce Director (JA) responded to say that this was covered in the organisation's design theme to understand and to be discussed at a future workshop about being employed by the organisation rather than a team or a service.

The Chief Executive said that this strategy document sat alongside partnership working with the Third Sector and may not be enough to get that balance right as partners in workforce.

She said it would be useful to add a paragraph including some of the feedback to reflect what had worked well and what hadn't.

It was suggested that the strategy should include integrating with GP Confederation work in terms of partnership working and linking to Trust's training programme as part of their recruitment process; a positive way of relationship development and contribution towards a much consistent way of cultural working.

The Committee Chair referred to the section on digital and technology about HR tools and workforce type tools. He was pleased to note ways of potentially allocating caseloads to staff according to various locations and other factors. He said there were some very exciting things happening around the country in terms of using new techniques in order to make the deployment of workforce more effective and was looking forward to further progress in the E-Rostering project in the future.

The Director of Workforce (JA) thanked the Committee members for their comments and the feedback.

**Outcome:**

Subject to comments received and detailed feedback the Committee agreed that it would recommend that the Board approved the draft workforce strategy 2021-25. The Committee Chair said that he was looking forward to creating a space in the future Business Committee meetings or workshops to drill down some of those topic areas.

**b) Premises Assurance Model update**

The Business Committee was asked to note the approach being taken to assess and ultimately improve the Trust's Facilities Management arrangements. The Executive Director of Finance and Resources said that further to previous reports and updates on the Premises Assurance Model for which the Trust submitted a self-assessment, it was proposed to bring a considered action plan and risk analysis to the January 2022 Business Committee meeting for further discussions. Subsequently it was agreed that the Trust needed expert and experienced advice on the options. York Teaching Hospital NHS Trust Facilities Management had been commissioned to provide such advice and support in producing a report by the end December 2021.

The Executive Director of Finance and Resources said that in order to provide immediate assurance on a significant risk area, an external organisation had also been commissioned to provide a clinical waste audit. It was noted that on 27 September 2021 after the Committee meeting papers had been circulated that an audit report had been received with a number of actions to take forward and improve. The waste audit report was being evaluated and responding to with management comments before being presented for discussion at the next Business Committee meeting in October 2021. The Executive Director of Finance and Resources said that the report provided an expert view on where the improvements were required. The short-term risks exposed were being captured and would be mitigated quickly whilst considering longer term measures. It was agreed that risks would be managed through the risk process and escalated appropriately.

**Action: Executive Director of Finance and Resources**

- The Committee was to receive the waste audit report at its meeting in October 2021.
- An action plan and risk analysis to be presented to the January 2022 Business Committee meeting for further discussions.

**Outcome:**

The Committee noted the update on Premises Assurance Model providing more insight following the waste audit.

**c) Digital strategy update**

The Committee Chair welcomed the Assistant Director of Business Intelligence to the meeting.

The Committee received an update on the implementation of the refreshed digital strategy with the opportunity to review it in the light of the revised operational landscape which had resulted through Covid and further digital developments and maturity. The Assistant Director of Business Intelligence said that the strategy adopting a roadmap style of approach with the intention of making the strategy more accessible to staff that will energise staff to get them interested and making it better for them and for patients.

The Executive Director of Operations welcomed further discussions with the Assistant Director of Business Intelligence about how to engage teams to better understand digital technology and how to spotlight some great stuff that was going on elsewhere.

A Non-Executive Director (KR) suggested a further step of understanding the external best practice. The Assistant Director of Business Intelligence said that there was a mechanism in place through the regional Chief Information Officers' network which was a good way of gathering intelligence. He said there were also publications and conferences and what other organisations were focusing on and providing insight into what's happening and then bringing that back and mapping against the issues and problems in the Trust.

The Chief Executive said that it was important to have a strong theme about health and equalities as a clear priority.

The Executive Director of Finance and Resources added that it was not the job of the digital team looking for solutions and attending clinical conferences. It was for clinicians in their areas of expertise to be more outward looking and seeing what was available in their profession.

A Non-Executive Director (HT) said that the approach of the strategy was important in terms of the future and getting the basics right and then looking at ways of engaging with clinical staff and citizens to help shape it and to take it forward.

The Trust Chair referred to the language used to connect with workforce and patients which needed to be delivered in everyday language rather than technology language. He said it would need to have promises of time scales that are deliverable and visible, and to consider champions leading from within the organisation.

The Committee Chair offered to meet the Assistant Director of Business Intelligence to discuss the transformational digital approach and to provide his support on that journey before it comes back to the Committee in the new year. There was still further work to optimise the current systems and patient centric design using modern techniques. He said that there was also an opportunity out there to bid for new national funding allocations.

A Non-Executive Director (KR) left the meeting at this point and agreed to provide any further comments by email.

**Outcome:**

The Business Committee received the revised approach of presenting the new digital strategy through a roadmap supported by patient stories and noted the progress which had been made with the major projects embedded within the current strategy.

**Item 2021/22 (40): Covid and Reset and Recovery**

**Discussion points:**

**a) Covid update**

The Committee received an update on the local situation in Leeds on Covid infection rate. The rate reported was 273 per one hundred thousand, a reduction by 22% over the last week. The Executive Director of Operations said that this had also reflected in the over 60 years age figure again down by 22%. The positivity rate was 7.3%. In terms of impacting on the system

there were around 100 people in hospital who were Covid positive and 10 people in critical care.

It was noted that this was not the only source of health system demand. There was a significant demand into all elements of the system including a high sustained rates referrals into the virtual frailty ward. The Committee was also advised of issues around care home outbreaks and effecting patients out flow. The Executive Director of Operations said that the pressures experienced by Leeds Teaching Hospitals NHS Trust (LTHT) meant that the Trust could not commit to the system of taking patients within 24 hours.

The systems across the city were continually being monitored and looking at different approaches and strategies and how best to engage with the Third Sector. The Executive Director of Operations said that this situation had stretched into the neighbourhood teams and night services and the issue around recruitment in the police custody and young offenders' institute. She continued to say that the children's community nursing team were also under the same pressure trying support children's hospital discharges.

It was noted that at the next Trust Board meeting on 1 October 2021 the Chief Executive was delivering a presentation in terms of pressure in the system and the issues.

## **b) Reset and recovery update**

### **(i) Backlog sustainability project (Please see private minutes)**

#### **(ii) Development of Team LCH Dashboard**

The paper provided an update on progress of the Team LCH Dashboard, which was a tool being developed to assist with improved performance management and assurance within services.

The development plan was to build in the service level information that was currently being reported and linked to the new oversight framework paper and some of the development of the KPI that was to be monitored by ICS nationally.

The Committee was asked to consider three different areas to be incorporated: service level information, writing narrative of service level exceptions and reporting of individual service's high variances and then a proposal to triangulate all those together so that any issues or problems could be visible. The Executive Director of Finance and Resources said that the data set had already been created and the next stage was about presentation and interpretation.

The Committee Chair summarised the discussion that the Committee members are comfortable with the proposal. There was still more work to be done to think about the level of detail, nature of the triangulation and further analysis. A timeframe was agreed to tidy up the narrative accompanying the dashboard with the right level of detail to go into the performance brief from November 2021.

#### **Action: Executive Director of Finance and Resources**

The narrative accompanying the dashboard with the right level of detail to go into the performance brief from November 2021.

#### **Outcome:**

The Committee noted the progress of the Team LCH Dashboard and the proposed areas that were identified.

## **Item 2021/22 (41): Business and Commercial development**

### **Discussion point:**



a) **Seacroft business case (Please see private minutes)**

b) **Enteral nutrition tender (Please see private minutes)**

### **Item 2021/22 (42): Project management**

#### **Discussion point:**

##### **E-rostering update**

The report provided the Committee with an update on E-Rostering Project and details of the next steps and plans for service transition.

In the last update it was explained that the roll out had been paused. The roll out had since recommenced and 70% of the services were now utilising this system. In addition, lots of progress continued around deployment and effectively the pandemic allowed to test that out in terms of skills and working across Leeds on vaccine programmes.

Further discussions took place regarding investment in E-Rostering having significant capability to better manage capacity against demand and deployment of staff more effectively. The Director of Workforce (JA) was unclear about resource whether there would be any essential and national support for further attainment levels for using the system.

A business case was currently being developed with a number of options for discussion at the senior management team meeting before presented to this Committee.

The Chief Executive asked about the ability of E-Rostering system linking to geographical flow at the same time and whether it was part of the next stage of the programme

The Executive Director of Operations explained that the system had three elements to it; making sure the right staff were on shift at any time, an allocation offer that could be interrupted and the third part was once allocated what was the best route effectively.

The Director of Workforce (JA) added that the geographical module was called eCommunity for community healthcare providers. This workforce planning tool had not been purchased as there were a number of foundations that needed to be in place before the use of eCommunity to match up geographical areas and patients with skills.

The Committee Chair queried the implementation dates previously advised. The Director of Workforce (JA) explained that the roll out had been paused again between October 2020 and April 2021 effectively and then re-started again, lockdown effecting regionally and nationally. It was noted that during both the lockdowns the use of technology was gathering pace to better deploy staff with the right skills and whilst not hitting level 1 work had started to move into territory that was levels 2/3 attainment through the opportunity that had to be used during the pandemic.

It was noted that at the moment there were no mandatory of further attainment beyond level 1. The Committee Chair said it would be useful for him to have a conversation with the project team lead to look at the business case argument for those high levels of attainments. He continued to say that some areas had real benefits by joining E-Rostering across regions and being more fluid in terms of moving people around shifts in different organisations and whether that was something to consider for Leeds or West Yorkshire. It was noted that the vaccination programme in Leeds had joined the E-Rostering system with LTHT. The Director of Workforce added that in the long term the system could harmonise workforce practices across all the providers in the city. She said this was the direction of travel and was part of place-based partnership working but it would not harmonise some of employment matters around the terms of conditions, etc. She said this was something to consider in the business case for the future.

#### **Outcome:**

The Committee noted the project process and benefits coming through but still further work to build on foundations was required. It supported the next steps.

## **Item 2021/22 (43): Performance management**

### **Discussion points:**

#### **a) Performance Brief and Domain reports**

The Executive Director of Finance and Resources introduced the Performance Brief and Domain reports. The key issues to consider were provided in the cover report summary.

The first three domains, safe, caring and effective were considered at the Quality Committee meeting on 27 September 2021. The Committee focused on domains more aligned to the Business Committee.

#### Responsive domain

The Executive Director of Operations said that the position was very similar to last month. The performance against the waiting list standards were still below expectations. The Committee was asked to consider whether the work that was underway around backlogs was to be incorporated into this report or whether to continue to have a supplement backlog report. The Committee agreed to having one report as this was a key part of the performance and capturing the quality impact. It was agreed to incorporate the backlog reporting and the dashboards into the November 2021 Performance Brief.

The Trust Chair asked about the 'time series' column and what it meant. He said it would be useful to have a sense of what that was measuring. He also noted that the figures were fairly static. The Executive Director of Finance and Resources would look into this query before the next meeting in October 2021.

**Action: (Executive Director of Operations and Executive Director of Finance & Resources)** Consolidation of back log and performance brief reports were to be produced by November 2021.

**Action: (Executive Director of Finance and Resources)** Review of time series column on performance brief.

#### Well-led

The overall sickness absence rate for August had been significantly increased compared to this time last year. Mitigations were in place to support service leads in their management and support for staff experiencing ill health and continued to work on health and wellbeing. The Director of Workforce (JA) said that it was a concern that the staff survey indicated that those trends may continue. This trend reflected regionally and nationally, many other Trusts experienced similar situations.

Staff leaving within the first 12 months of employment had steadily increased since March 2021. Action had been taken on this with the establishment of a new starters forum monthly to meet with those new to the Trust and within their first couple of months of employment. This was to be hosted by the Chief Executive with the Director of Workforce and Chair of the Race equality Network and aimed to connect new starters to each other as well as understand their experiences and solve any particular issues and challenges.

#### **FINANCE**

The Executive Director of Finance and Resources provided a brief update on the Trust finances to the end of August 2021. He said there were no real changes to report since the last update. The Trust's financial plan for the six months to the end of September (H1) was to breakeven on income and expenditure and this was expected to be the reported position.

From a national position there would be no formal reporting of H1. The year-end was to be audited giving greater flexibility to report on Trust's H1. The Executive Director of Finance and Resources said that he was still awaiting further national guidance and allocations.

**b) Operational and non-clinical risk report**

The summary report showed changes to note to non-clinical risks on the risk register. There was one new risk added to the Trust risk register since the last report which had been discussed already in the Committee meeting, and three risks had been de-escalated.

**Outcome:**

The Committee noted the recent revisions made to the risk register.

**c) Quality, staffing & finance triangulation report (NTs)**

The Executive Director of Operations introduced the report. She said that this was discussed at the Quality Committee meeting on 27 September 2021 and the following four issues were considered.

- Capacity
- Demand
- 24-hour response rate to the hospital being at risk for the last couple of weeks
- Staff appraisal rates going down

The Committee Chair asked whether it could be predicted what was going to happen with demand for services within the next 6 to 12 months. The Executive Director of Operations said that the main area of concern was around end-of-life care which was one of the biggest drivers around demand at the moment. A piece of work was underway to model part of the system for winter planning, particularly hospital activity that obviously had a consequence impact on the Trust.

The Trust Chair expressed his concerns about the difficult circumstances in terms of staffing availability and asked about achieving continued assurance on the quality and issues. The Executive Director of Operations assured the Committee that a number of quality indicator measures were in place to monitor the situation. There would be further discussions at the Trust Board meeting on 1 October 2021 on how time could be released within the Neighbourhood Teams to focus on patient care and a plan to potentially free up some corporate capacity to support this.

The Chief Executive said that in terms of quality it was worth noting that the pressure ulcer rate had halved and significantly reduced and that the lead quality indicator had actually improved substantially.

The Committee Chair asked if there were ways of working practices that were adopted during pandemic could that be sustainable in the long term and how would a judgement call work when the pandemic hopefully fades. The Executive Director of Operations responded to say that the work the Executive Director of Nursing had completed around what was essential and critical to this issue. There were further discussions on how to engage and work with colleagues in the Third Sector. She said another avenue to explore was looking at how to left shift whole services so that everybody was working to the highest part of their job description and whatever work could be passed on to people with specific skill would be. She continued to say that an important part of the strategy was looking at how to recruit and skill up non-registered staff.

The Committee Chair thanked the Executive Director of Operations for the report and the Committee noted the issues outlined. Further discussions were to be continued at the Trust Board meeting on 1 October 2021.

**d) Emergency preparedness, Resilience and Response (EPRR)**

The paper provided the Committee with an overview of Emergency Preparedness, Resilience and Response (EPRR) activity over the last year, including Covid-19 and EU Exit. The report

also highlighted some of the winter planning initiatives that were being implemented and considered. In terms of business continuity some changes had been made to the Trust policies, details of which were in the annual report.

The Executive Director of Operations advised the Committee that this year the Trust was fully compliant with the self-assessment process against a set of EPRR standards and she was looking for any comments and the Committee's agreement to recommend approval by the Trust Board for the submission of the self-assessment to NHS England in December 2021.

**Outcome:**

The Committee noted the results of the EPRR compliance audit and recommended that the Board should approve submission in December 2021.

**e) National planning priorities H2**

This agenda item had been deferred to October 2021 meeting. The updated planning guidance for the second half of the year had not been published.

**f) Workforce Race Equality Standard (WRES) annual report and action plan**

The Committee Chair welcomed the Co-Vice Chair of the Race Equality Network to the meeting.

The Director of Workforce (JA) introduced the WRES and WDES annual reports and action plans. The reports provided details of the progress over the last 12 months and the plan for the forthcoming period. The Committee was assured that the WRES and WDES work would progress workforce race equality in the Trust.

The main issues for consideration in the WRES report relied heavily on the WRES indicators and the second set of indicators come from the staff surveys.

The Co-Vice Chair of the Race Equality Network provided detailed background information on the WRES which was designed to ensure effective collection, analysis and use of workforce data to address the under-representation and experience of Black Minority Ethnic (BME) across the NHS.

The Committee Chair asked what would help to be even more ambitious in years ahead. The Co-Vice Chair of the Race Equality Network responded by saying that there was a huge desire within the organisation which was evident and important within the culture to promote the organisation. He said that dedicated resource and time was difficult to define as this work was often time consuming.

The Chief Executive was pleased to say that a good start had been made and the work undertaken over the last couple of years had fundamentally been by individuals. She said that particularly representation is work that has not progressed as fast as it should, and the Trust must be very clear in recognising the work left to do.

The Trust Chair was concerned about WRES indicator 6; percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. The Director of Workforce (JA) said that it was absolutely of concern and taking it seriously and addressing it. She said she would keep trying to continue to encourage people to speak up and report it using various mechanisms and also to roll out zero tolerance campaign.

The Committee Chair asked about number of staff shown to be 'unknown' in ethnicity and disabled categories. The Director of Workforce said that this was missing information on ESR in terms of what people had declared and work was ongoing to improve the quality of data.

The Chief Executive said that it would be useful to see an improvement in the Board's data as a start but recognise there were individuals in the organisation who did not wish to declare. She said this would be something to discuss at the Private Board meeting.

The Committee was assured that the action plan was progressing.

**Outcome:**

The Committee supported the action plan for next year for approval at the Trust Board on 1 October 2021 and noted the efforts and passion that people had put into this important work.

**Workforce Disability Equality Standard (WDES) annual report and action plan**

The Director of Workforce (JA) said that the annual report and the action plan was very similar to WRES in terms of position but certainly less mature area than the one developed on WRES.

There were 5% of staff who had declared a disability on ESR and about 20% through the staff survey. The Director of Workforce (JA) said that the shielding network was quite a powerful force during the pandemic. Some of those staff describe themselves as disabled and some didn't. The experience of bullying and harassment from patients and colleagues from this group of staff was high and of concern.

There was a great deal of health and wellbeing support in place, particularly the mental health support and support for shielding network. The Director of Workforce (JA) said that the plan for the next period was to work with and grow that network and continue to look at feedback impacting on staff on recruitment and selection and the campaign around zero tolerance and abuse and to drive up the understanding in terms of workforce data relating to disability.

The Executive Director of Operations pointed out the difficulties faced by adults living with autism and getting into workplace because they often do not tick the box around ability to do team working. She asked if there was something about autism awareness or people's inability to engage and whether something specific could be done when talking about recruitment initiatives perhaps target that they are not people-focused roles.

The Executive Director Operations said that there were lots of undiagnosed people who often fall out of workplaces because they are not acting in a neuro way. She said it also links across to estates for people with deafness and hearing loss and the issues with open plan working for those who find extremely difficult to work in such an environment.

The Committee Chair noted that this work had built momentum and the people involved had managed to harness their passion and their commitment to it and asked if there was more that could be done to improve networking and for it to move quicker.

The Director of Workforce (JA) said that she was considering bringing the shielding network and disability network together because some of it was overlapping working. She continued to say that with recruitment and selection the process had almost been re-constructed to ensure improved accessibility.

The Committee Chair said that in terms of recommendation he felt the progress was slower than the WRES agenda but supported the action plan going forward. He said it would be good to visit again in next 3 to 6 months to see its development including today's comments and to seek further assurance.

The Trust Chair suggested considering champions within leadership teams identified as people leading in sensitive issues, difficult issues and issues that go to the core of the organisation rather than the responsibility being entirely left with the Equality and Inclusion Team.

**Outcome:**

<p>The Committee noted the progress made over the last 12 months and recommended that both the action plans 2021/22 were put forward to the Trust Board for approval and for subsequently publishing on the Trust webpage.</p>
<p><b>Item 2021/22 (44): Internal Audit reports</b></p>
<p><b>Discussion points:</b></p> <p>This paper covered the completed audit(s) from the 2021/22 plan and the audit opinion related to Procurement and Contract Management. Both had received a substantial assurance opinion and the Executive Director of Finance and Resources said that the audits findings did not highlight any substantial concerns. This would be reported back to the Audit Committee at its next meeting.</p> <p><b>Outcome:</b> The Committee noted the overall assessment as substantial assurance. No other recommendations were made.</p>
<p><b>Item 2021/22 (45): Minutes to note</b></p>
<p><b>Discussion point:</b></p> <p><b>Minutes to note:</b> Health and Safety Group minutes dated 5 August 2021.</p> <p>The Executive Director of Finance and Resources said that there was nothing of concern to report. The summary of the key highlights was noted at the beginning of the minutes.</p>
<p><b>Item 2021/22 (46): Matters for the Board and other Committees</b></p>
<p><b>Discussion point:</b></p> <p><b>Assurance levels</b> The Committee reviewed and discussed the levels of assurance for the strategic risks related to the agenda items. These would be captured in the next Board Assurance Framework report to the Board (December 2021).</p> <p>The Committee would be commenting on the following items in its assurance report to the Board (verbal):</p> <ul style="list-style-type: none"> <li>• Premises Assurance Model update</li> <li>• Digital strategy</li> <li>• Reset and recovery</li> <li>• Neighbourhood Teams triangulation report</li> <li>• Internal audit reports</li> <li>• Health and Safety Group</li> </ul> <p>The Committee would also provide comments for the items that were discussed at the meeting that were on the Board agenda.</p>
<p><b>Discussion point: Business Committee workplan to note</b></p> <p><b>Future work plan</b> The Committee reviewed and noted the work plan.</p>
<p><b>Item 2021/22 (48): Any other business</b> None noted.</p>

None discussed.

**Business Committee Meeting  
 Microsoft Teams / Boardroom, Stockdale House  
 Wednesday 27 October 2021 (9.00 am to 12.00 noon)**

**Present:** Richard Gladman (Chair) Non-Executive Director (RG)  
 Helen Thomson Non-Executive Director (HT)  
 Khalil Rehman Non-Executive Director (KR)  
 Thea Stein Chief Executive  
 Bryan Machin Executive Director of Finance & Resources  
 Sam Prince Executive Director of Operations

**Attendance:** Laura Smith Director of Workforce  
 Diane Allison Company Secretary  
 Dan Barnett Programme Head (BCDS) for item (50) only

**Apologies:** None recorded

**Note Taker:** Ranjit Lall PA to the Exec Director of Finance & Resources

<p><b>Item 2021/22 (49): Welcome and introductions</b></p> <p><b>Discussion points:</b></p> <p><b>a) Apology:</b> None recorded</p> <p><b>b) Declarations of interest</b>          Prior to the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda to ensure there was no known conflict of interest prior to papers being distributed to Committee members. No additional potential conflicts of interest regarding the meeting's agenda were raised.</p> <p><b>c) Minutes of meeting dated 29 September 2021</b>          The private and public minutes of meeting dated 29 September 2021 were noted for accuracy and approved by the Committee.</p> <p><b>d) Matters arising and review of action log</b></p> <p><i>Item 2021/22 (22a): Trust Risk Register</i>          The Executive Director of Finance and Resources advised the Committee that following recent discussions, the City Council agreed to provide additional twilight support service in IT. The Committee was to receive a further update in January 2022. <b>(Action)</b></p> <p><i>Item 2021/22 (43a): Performance Brief (Responsive Domain)</i>          This action was about incorporating some stylistic changes to the next production of the Performance Brief in November 2021. This piece of work also related to actions noted for items (33b), (40b) and (43a). <b>All actions now closed.</b></p> <p>The 'time series' element referred to in the September 2021 Performance Brief was being reviewed and will be amended so that it is clearer what time-period is being measured.</p>
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• **Facilities Management Review / Waste Audit Report**

The Committee received a copy of the waste audit report completed by QE Facilities. It highlighted several areas across the Trust in terms of policy, current arrangements, culture, audit, and assurance that needed improving.

The Executive Director of Finance and Resources said that there were no immediate concerns to raise. A Waste Task and Finish Group had been established to begin to address some of the more immediate issues.

An action plan was being developed for presenting to the February 2022 Committee meeting, along with details of progress.

The Committee Chair said that it would be helpful to understand the response to the findings and what actions had been created to deal with more urgent and serious situation and in terms of the medium term and long term. It was noted that the Task and Finish Group was expected to ensure that the work was making progress within the timescales.

The Committee was content with the feedback received and noted the support of the facilities management team from York Teaching Hospitals NHS Trust who were providing expertise in the short term.

**Action: Executive Director of Finance and Resources**

An action plan was being developed to review the work for presenting to the February 2022 Committee meeting.

**Item 2021/22 (50): Strategy**

**Discussion point:**

**Business Development Strategy update**

The Committee Chair welcomed the Programme Head for Business Change and Development to the meeting.

The Board had agreed an interim 12-month Development Strategy in November 2020 at its Board Workshop. This recognised the pressures posed by the ongoing pandemic and included a limited number of developments which aligned with the organisational priorities.

The update to the Committee provided details of the progress against these priorities and suggestions for the focus of the Development Strategy over the next 12 months. The Programme Head said that it helped give focus to the organisation where there was still lots of change going on and suggested that it remained as an interim strategy. The plan was to make sure the future strategy was aligned and linked to 2022/23 business planning and changeable commissioning arrangements.

The Programme Head suggested limiting the take up of new work whilst recruitment was a challenge in specific areas and suggested to pause ambition to grow business within the Integrated Care System (ICS) and focus on left shift within the Leeds Place Based Partnership.

The Committee Chair thanked the Programme Head for his update and noted the creativity and the ability of people over the last year. He opened the discussion for questions and comments and to the agreement of the proposed recommendations.

A Non-Executive Director (HT) asked if the interim strategy was perhaps overly cautious. The Programme Head responded that he believed the Trust should devote the energy where it was best used and not limit development and transformation opportunities but focusing on the areas that would have the best impact.

A Non-Executive Director (KR) said it was a good summary and a good overview. He said building on the Additional Roles Reimbursement Scheme (ARRS) evaluation and pilots, it would be good to have a joint presentation at the Trust Board or at Committee level to understand the kind of models put in place, understanding the whole issue around commissioning and the ICS, and understand dynamics and horizon scanning.

In respond to the above comments, the Executive Director of Operations said there was so much transformation internally and so much organic growth that she was unable to afford to put further resources into things that she would under normal circumstances. She was happy to support a Board presentation for everyone to understand the purpose.

The Committee Chair said that his reflection was more about the changing commissioning landscape where services were developed in a co-commissioning world rather than the necessity for bidding and tendering. This would have more power to move and change the way the service was transformed and delivered with partners across the City, the Third Sector and with patients.

The Chief Executive added that there was a huge amount of transformation going on internally and she wanted to continue being successful in winning bids. She said the Trust was good at assessing risks and making that assessment in a fair way. The Executive Director of Finance and Resources said that the services had grown through the work that had been done over the past few years. However, there was an opportunity through the new collaborative arrangements, for example, to consolidate the management of community dental health across West Yorkshire. There should be one provider and one source of expertise, and he was seeking to expand the influence. He said some of the quickest transformation happened in the Trust was where services had been subject to tender and gaining that motivation and the pressure of getting services right so that they were in a place where they could collaborate and grow or compete and grow.

The Executive Director of Finance and Resources continued to say that he agreed to stepping back on ARRS and integration with Primary Care and strongly supported the use of partnership governance where there were complicated arrangements.

The Director of Workforce (LS) agreed to supporting the workforce pipeline to secure and sustain, which may cause other organisations to bid for something where the Trust had decided not to bid for. She also agreed about the ongoing review about ARRS and whether the organisation could continue and grow on a particular path.

The Committee Chair summarised to say that it was a well-balanced paper and that the Committee was content with the proposed recommendations. He was looking forward to a broader strategic discussion about the future services and collaborations across the City and about potential leads in the ICS. He recognised that a huge amount of transformation change had happened, down to the dedication and creativity of people.

**Action: Company Secretary**

The Committee recommended holding a Board workshop in Spring 2022 to discuss the Development Strategy further.

**Item 2021/22 (51): Covid and Reset and Recovery**

**Discussion points:**

**a) Covid update**

The Committee received an update on the local situation in Leeds on Covid infection rate. It was noted that the rate in Leeds continued to increase, currently it was at 540 per one hundred thousand. The Executive Director of Operations said that the vaccination programme had reduced the number of people being severely ill, however, in terms of impacting on the system it was extremely busy. There were now 5 Covid wards open at the Acute Trust.

The vaccination programme now included children of 12 years upwards. 73.3% of the Leeds population had been vaccinated, 68% had their second vaccinations and around 18% of the adult population have had their boosters.

The Executive Director of Operations said that in terms of the school's programme 7k children had been vaccinated. 28 schools out of 54 had been completed. An out of school programme was also being offered. A walk-in vaccination centre had been opened at Elland Road. There was an expectation to meet a 90% booster target by 1 December 2021 determined by whether the vaccinations were mandated.

**b) Reset and recovery – reducing Covid-created backlogs**

The report summarised those services that were making progress ahead of plan, those that were on track, and those that had some level of risk in achieving the removal of their backlog, and analysis of the reasons why.

The Executive Director of Operations had concerns as pressure was growing around the winter months. She said additional staff brought in to support the waiting list may have to be redeployed. A Non-Executive Director (HT) asked about how often the waiting lists were being validated and it was noted that a monthly report went to services to review patients, followed up by discussions at the performance panel.

The Executive Director of Operations was asked about the mitigations that were in place for 'long waiters' and said that in terms of podiatry the people who were long waiters were those risk assessed and considered as low risk and the people coming through the door were risk assessed and who had to be seen sooner. The Chief Executive was keen to learn about solutions for dealing with low-risk patients in podiatry and MSK as a sustainable solution was required for these patients. She was happy to discuss further outside the meeting about different solutions to clear the backlog.

The Chairs of the Business Committee and the Quality Committee agreed to discuss how the backlog information should be presented to each Committee to ensure that issues concerning quality and safety were considered appropriately.

The Committee Chair acknowledged that there was clearly lots of pressure and concerns of clearing that back log. He suggested to bring back service spotlights to future Business Committee meetings to voice service concerns and potential ideas and for the Committee to delve into more details. The Executive Director of Operations was asked to consider which service was to be invited for November 2021 meeting.

**Action: Committee Chair**

The Committee Chair to discuss the backlog information with the Chair of the Quality Committee to ensure that issues concerning quality and safety were considered appropriately.

**Action: Executive Director of Operations**

The Executive Director of Operations to select a suitable service to attend a Service Spotlight at the next Business Committee meeting in November 2021.

**Outcome:**

The Committee noted the progress on reducing the backlogs and the risks associated with services where recruitment had proved difficult, or demand had increased.

**Item 2021/22 (52): Business and Commercial Development**

**Discussion points:**

**a) Business case – Expansion of CAMHS Transition Service  
(Child and Adolescent Mental Health Service)**

The Business Case described the proposed expansion of the CAMHS Transitions Service, which supported young people through the difficult processes of transitioning their mental health care and treatment from children's services (CAMHS) to Adult Mental Health Services.

The Executive Director of Operations said that it reflected the commitment in the system to improve the journey for young people from CAMHS to adults' mental health services and she was looking for approval to go ahead with this proposal. Consultations with the transition team and with young people were to take place as children moved to adult services. A risk assessment was in place to ensure that all children were supported throughout.

The Committee Chair asked about the extra resource specific to that transitional role and to successfully filling all posts. It was noted that the additional staff resource would be part of a wider team giving more flexibility and more experienced staff who could support CAMHS in general.

**Outcome:**

The Committee received assurance that the impact in terms of resourcing of the wider CAMHS service had been considered. The Committee approved the business case.

**b) Operational Plan – Trust priorities Q2 update**

The report provided a progress update against the Trust priorities at the end of Q2 2021/22. These Trust priorities were developed during the Trust's response to the COVID 19 pandemic in 2020/2021 and to date. At the end of Q2, progress had been made against all five priorities as the Trust continued to support its staff, patients and the wider health and care system in Leeds and West Yorkshire and managed the impact of the ongoing pandemic.

**Outcome:**

The Committee received the report and noted the areas of achievement. The Committee recognised that there was still more to do and that this was impacted by the current pressures.

**c) National planning guidance and funding update**

**Financial update**

The Executive Director of Finance and Resources presented the Committee with details of H2 arrangements, which were broadly consistent with a continuation of the H1 framework.

The slide presentation covered pay, efficiency requirements, capacity for growth, block payment arrangements, NHS provider other income, funding for COVID-19 services, and key changes from H1. Any surplus generated in H1 was to be utilised appropriately to manage winter demands and there was a general efficiency requirement of 0.82% for the six-month H2 period.

In summary the Executive Director of Finance and Resources said that in terms of funding for H2, preliminary discussions had already begun with finance director colleagues across the City as how Leeds manages this as a Place.

**Outcome:**

The Committee reflected on the presentation received and noted the content of the national guidance and the Trusts financial position.

**Item 2021/22 (53): Change Programme Management**

**Discussion points:**

**a) Review of governance structures and reporting for critical change programmes**

The creation of the Business Change and Development Service earlier this year prompted a review of the governance structures and reporting arrangements for critical change

programmes. This was to ensure that the portfolio of change projects was comprehensive and joined up in managing change effectively within the Trust.

The report summarised the review that had been undertaken; provided an overview of the current change programme and confirmed reporting arrangements for the change programme to provide assurance on progress and on the management of risks, issues, and interdependencies.

The Executive Director of Operations explained that the Change Management Board would be the co-ordinating function overseeing individual programme boards or steering groups. She was seeking the Committee's agreement to the new governance arrangements and frequency of its reporting.

In response to a question from a Non-Executive Director (KR) about roles and responsibilities for quality improvement the Executive Director of Operations responded to say that it was everyone's role within the business change team to support change and quality impact work and that there was also specific expertise in the quality improvement team to oversee complex situations.

The Committee was happy to receive regular updates on progress of the high-level projects and or risk to delivery. The Committee Chair said that it would be useful to see a regular overview of the key projects as a source of assurance. He said it would be good practice to invite individual project teams to the Committee to test ideas or options to obtain the Business Committee's steer when the projects had a particular strategic importance.

**Outcome:**

The Committee noted the new governance arrangements and agreed to receive an update on a quarterly basis.

**a) Admin Review Project**

The admin review had been set up in 2018 with the main aim of creating a professional structure for administration. The Executive Director of Operations said that it was a way of bringing all admin teams into one structure with access to the right professional development and consistent job descriptions.

The admin managers in each of the three business units had devised a structure that had been agreed by SMT in principle. The view of SMT was in favour of option 2 and if agreed by the Business Committee, the next steps of the proposal was to implement the new structure and proceed to the next stage of agreeing the finances.

The Committee reviewed the options for achievement of the new administration model and approved the recommendation from Senior Management Team (SMT) on the implementation option that was agreed to be adopted.

**Outcome:**

The paper updated the Business Committee on the outcome of the Administration Review and the recommendation from SMT. The Committee gave its approval to implement the next steps in the proposal.

**Item 2021/22 (54): Performance management**

**Discussion point:**

**Operational and non-clinical risk report**

The summary report showed changes to non-clinical risks on the risk register. There was one new risk added to the Trust risk register since the last report, one risk had been escalated to an extreme risk (scoring 15 or more) and two risks had been de-escalated.

<p>The Committee was advised that the new risk (1067): Introduction of female children into the secure estate had been discussed in detail at the Quality Committee meeting on 25 October 2021.</p> <p><b>Outcome:</b> The Committee noted the recent revisions made to the risk register.</p>
<p><b>Item 2021/22 (55): Workforce Focus</b> (presentation)</p> <p><u>Please see private minutes</u></p>
<p><b>Item 2021/22 (56): Minutes to note:</b></p>
<p><b>Discussion point:</b></p> <p><b>Health and Safety Group meeting dated 21 October 2021</b> The Executive Director of Finance and Resources provided a verbal update from meeting dated on 21 October 2021 as follows:</p> <ul style="list-style-type: none"> <li>• A number of issues identified were not necessarily followed through. A mechanism was in place to improve that.</li> <li>• Reviewed and discussed the progress on Health and Safety Executive action plan. A group had been set up to ensure that the remaining work was concluded satisfactorily.</li> <li>• A recent self-assessment of the Health and Safety Group demonstrated that the Group was developing and progressing well.</li> </ul>
<p><b>Item: 2021/22 (57): Matters for the Board and other Committees</b></p>
<p><b>Discussion point: (Assurance levels)</b></p> <ul style="list-style-type: none"> <li>• Waste Audit report</li> <li>• Business Development Strategy</li> <li>• Waiting lists update</li> <li>• Expansion to CAMHS business case</li> <li>• Trust priorities and achievements</li> <li>• National planning guidance</li> <li>• Major change programme</li> <li>• Workforce risks, challenges and mitigation</li> </ul>
<p><b>Item 2021/22 (58): Business Committee work plan (to note)</b></p>
<p><b>Discussion point:</b></p> <p>The Committee reviewed and noted the work plan.</p> <p>A service was to be invited to the November 2021 Committee meeting to come in and share their issues and challenges in depth.</p>
<p><b>Item 2021/22 (59): Any other business</b></p>
<p><b>Discussion point:</b></p> <p><b>None discussed.</b></p>

Minutes of the  
**West Yorkshire Mental Health Services Collaborative Committees in Common (WYMHSC C-In-C)**  
held Thursday 21 October 2021, 10.00 – 12.30  
Virtually by Microsoft Teams

**Present:**

Angela Monaghan (AM)- Chair, South West Yorkshire Partnership National Health Service (NHS) Foundation Trust  
Brodie Clark (BC)- Chair, Leeds Community Healthcare NHS Trust  
Cathy Elliott (Chair) (CE) – Chair, Bradford District Care NHS Foundation Trust  
Dawn Hanwell (DH) – Deputy Chief Executive Officer, Leeds & York Partnership NHS Foundation Trust  
Keir Shillaker (KS)- Programme Director, West Yorkshire Health and Care Partnership  
Mark Brooks (MB)- Interim Chief Executive Officer, South West Yorkshire Partnership NHS Foundation Trust  
Sue Proctor (SP) - Chair, Leeds & York Partnership NHS Foundation Trust  
Thea Stein (TS) – Chief Executive Officer, Leeds Community Healthcare NHS Trust  
Therese Patten (TP) - Chief Executive Officer, Bradford District Care NHS Foundation Trust

**In attendance:**

Jess Parker (JP) – Suicide Prevention Lead, West Yorkshire Health and Care Partnership  
Joanna Foster-Adams (JFA) – Chief Operating Officer, Leeds & York Partnerships NHS Foundation Trust & Senior Responsible Officer for Children & Young People’s Mental Health, Lead Provider Collaborative  
Lucy Rushworth (minutes) (LR) – Project Support Officer, West Yorkshire Health and Care Partnership  
Mandy Griffin (MG) – Non Executive Director (NED), South West Yorkshire Partnership NHS Foundation Trust  
Mairead O’Donnell (MO) – Strategic Lead; Transforming Care Programme, West Yorkshire Health and Care Partnership  
Patrick Scott (PS) – Chief Operating Officer, Bradford District Care NHS Foundation Trust & Senior Responsible Officer for Assessment and Treatment Units (ATU)  
Sean Rayner (SR) – Director of Provider Development, South West Yorkshire Partnerships NHS Foundation Trust & Senior Responsible Officer: Adult Secure Lead Provider Collaborative,

**Apologies:** Sara Munro, Leeds & York Partnership NHS Foundation Trust

*Glossary of acronyms in this document can be found on page 5.*

Item	Discussion / Actions	By whom
1	<p><b>Introductions:</b> Cathy Elliott (CE) welcomed the group, the apologies and deputies are noted as;</p> <p><u>Apologies:</u> It was noted that Sara Munro has sent apologies with Dawn Hanwell acting as deputy.</p>	
2	<p><b>Declaration of Interests Matrix / Conflict of Interest:</b></p> <p>There were no conflicts of interest or changes to the declaration of interests matrix.</p>	
3a	<p><b>Review of Previous Minutes:</b></p> <p>The minutes from the 22<sup>nd</sup> July 2021 were reviewed by the meeting group and accepted as an accurate record.</p>	
3b	<p><b>Actions log and matters arising:</b></p> <p>There were no matters arising.</p> <p>The action log was updated with the below:</p>	

Item	Discussion / Actions	By whom
	<p><b>1/07 I Holmes to discuss with Stephen Gregg in relation to the Trust Governor role in the future Integrated Care System (ICS):</b> This will be a focus item at the November 2021 NED and Governor Event, this action is now completed.</p> <p><b>2/07 I Holmes to attend the next Committees in Common (CinC) strategic meeting to provide latest ICS development:</b> This action is now completed as the meeting has taken place 5/10/2021.</p> <p><b>3/07 K Shillaker to request that the Mental Health (MH) &amp; Wellbeing (WB) Hub target men in their campaigns:</b> The hub has gained some grant funding for men and work is taking shape around this and will be discussed within this meeting. This action is now completed</p> <p><b>4/07 K Shillaker to speak with Alix Jeavons in relation to the CAMHs learning from BDCFT and Local Authority partnership working:</b> This action will be discussed within this meeting and is now completed.</p>	
<b>Assurance</b>		
4	<p><b>Lead Provider Collaborative (LPC) Go-Live with Child Adolescent Mental Health (CAMH)s and Adult Secure</b></p> <p>Sean Rayner updated the group around the lead provider collaborative arrangements for Adult Secure, including the achievement of 'going live'. Now the service is live the focus is on embedding and developing responsibilities and remit within the commissioning team infrastructure, building on previous task and finish work regarding governance and committee structures.</p> <p>Joanna Foster-Adams continued with discussions around the Children and Young Peoples Mental Health (CYPMH) go-live, describing the opportunities that working in this collaborative way can help to address. It was relayed that there is good commitment and ambition in the working groups. The meeting heard how some of the focus included how to ensure good interaction with each place in West Yorkshire, better usage of data and information sharing and clear tracking of progress and achievable goals. Carmain Gibson-Holmes has been appointed as the CYPMH project lead for this workstream, with confirmation of the clinical lead to follow shortly.</p> <p>Comments from the group include key issues and risks for each Place to own and an acknowledgment that both workstreams are dependent on ensuring sufficient. Following on from this each SRO was asked about their top risks;</p> <p style="padding-left: 40px;">For Adult Secures the top risk is clinical leadership. Until replacement leadership for the previous post holder is secured, a dispersed clinical leadership is being used and an acknowledgement that future models need to enable clearer succession planning. Staff engagement was another shared risk where there are issues with gaining coproduction and planning due to operational staffing pressures.</p> <p style="padding-left: 40px;">CYPMHs top risk is community investment and ensuring that this funding is used appropriately in each place to deliver the required impact on number of inpatient beds required.</p> <p>There was a discussion around the private sector growing which is commissioned to deal with NHS backlog and creates issues around workforce, the Medical Directors (MD)s are seeking a conversation about this subject, with further conversations about the over specialisation of services where core teams are being depleted. Understanding the funding, accountability and data sharing were also highlighted back to the SRO's.</p>	



Item	Discussion / Actions	By whom
	<p>Key risks for CYPMH and demand modelling with the emerging tier 4 unit will be explored at the January 2022, including a discussion on how eating disorders (ED) is covered within the model.</p> <p><b>AGREED</b></p> <p>It was agreed that any interim key updates will be given and followed up outside of this meeting.</p> <p>Keir Shillaker shared an accountability challenge put to the ICS System Quality Group to help understand how the wider ICS works together on risks to CYPMH at place level and beyond NHSE services; particularly regarding proactive understanding of risk in residential and care settings. Investment will be coming into community CYPMH via deployment of the Mental Health Investment Standard (MHIS), there is an opportunity for the collaborative to have greater oversight and understanding of place-based governance arrangements.</p> <p>The CinC thanked Sean Rayner and Joanna Foster-Adams for their update.</p>	
5	<p><b>Programme Update</b></p> <p>Keir Shillaker shared key highlights which include:</p> <p><u>Children and Young People (CYP) MH Plan</u> this work is now a requirement of the ICS (rather than each Place). Working in collaboration with each place we are describing the key CYPMH priorities for the system and what will be put in place to deliver detailed work over the coming months. The priorities agreed are Crisis and Intensive Home Treatment Support, Eating Disorders, Neurodiversity and Transition.</p> <p><u>Support Lines</u> NightOWLS is a support line set up for CYP, families and carers, tailored to be inclusive and welcoming of those with neurodiversity. There are high levels of call volume (four times more than anticipated) currently. As a result the accountable officers from the Clinical Commissioning Group (CCG)s have extended the pilot for another 6 months to establish whether the service should be funded over the longer term.</p> <p>The Staff MH &amp; WB hub has also had a large number of referrals throughout September and October with acuity of staff being high, exploration with the private sector has started to help with demand capacity. Currently the psychologists working for the service are on staff bank, with no permanent staff members, once NHSE has confirmed 22/23 funding there could be some changes to this arrangement to ensure sustainability of the service offer.</p> <p><u>Mental Health Investment Standard (MHIS)</u> NHSE have issued an engagement exercise for provider collaboratives to respond, regarding whether provider collaboratives should be the main vehicle for transformation and for stewardship of the full MHIS. The response shared back, following consultation with all partners, was that the provider collaborative is the main vehicle for transformation at scale but that it has an equal partnership with Place and at this time it wouldn't make sense to control all MHIS elements, though there are 'do once' areas of funding where it would make sense to delegate greater responsibility to the collaborative.</p> <p>The Meeting commented back on the positive outcome of the recent virtual recruitment fair which will be tracked and repeated. It was requested that data from NightOWLS and the MH &amp; WB hub be shared.</p> <p><b>ACTION</b></p> <p>Keir Shillaker to share to each place level call volumes for the NightOWLS and MH and WB Hub support lines. <b>ACTION 1/10</b></p>	

Item	Discussion / Actions	By whom
		<b>KS</b>
6	<p><b>Suicide Prevention</b></p> <p>Jess Parker and Nichola Sanderson joined the meeting and shared the ambition to reduce the suicide rate across the ICS.</p> <p>A model of how West Yorkshire is working together to prevent suicide was shared with system and Place taking a strategic view on what should be done via the Suicide and Prevention Oversight Group (SPOG), the key achievements of the year was also highlighted which included a diversified representation around the decision making table (inc Local Authorities and VCSE), a clarified role for the Suicide Prevention Advisory Network (SPAN), roll out of the staff Check-In campaign, developing a public-facing website <a href="http://www.suicidepreventionwestyorkshire.co.uk">www.suicidepreventionwestyorkshire.co.uk</a>, investment into Leeds GATE to roll out a Suicide Prevention service with Gypsy/Traveller communities and investment into local communities through grant funding</p> <p>The 2022-2027 West Yorkshire Strategy was shared which seeks to layer up the impact had within communities' year-on-year.</p> <p>The meeting commented on the presentation; including the importance of good data integration and a need to focus on the cultural variation within the suicide prevention agenda. It was suggested to look into or continue connection with Safeguarding Adults Boards, Trading standards, Rough Sleeper Networks, Prison services, international models around suicide prevention and to think about a network of ambassadors to help spread the message.</p> <p>It was also mentioned that the CYP Transitions are also at a high risk of which this will be scoped out.</p> <p>Jess Parker outlined that as this is one of the ten big ambitions it is everyone's responsibility across the ICS to keep raising and talking about this on their agenda as a joined up social and health movement.</p>	
7	<p><b>Learning Disabilities</b></p> <p><u>Health Inequalities Challenge</u></p> <p>Mairead O'Donnell joined the meeting who is the Strategic Lead for the Transforming Care Programme (TCP) which is focused for those with a Learning Difficulty (LD), across all ages. The Health Inequalities Challenge is a response to the Public Health England report that was published in November 2020 which highlighted the impact of LD early deaths as a result of COVID. Key areas for the challenge include; looking at getting accurate data, endorsing and ensuring the 'LD flag' identification system in care records system is in use consistently across the network, continuing to encourage LD annual health checks and to understand why people do not attend appointments.</p> <p>Continuing with other areas of the work is training awareness and confidence of staff to support this group of people, an audit on staff will be taking place to understand how staff feel about their training. Alongside this there will be health improvement programmes, including resources for those that are supporting people with LD, and a communications strategy which involves people with lived experience.</p>	

Item	Discussion / Actions	By whom
	<p>There is the potential to become an NHSE early adopter sight for work on connecting IT systems and data which we are exploring.</p> <p><u>ATU update and lessons learned exercise</u> Patrick Scott is the new Senior Responsible Officer for ATU and reflected that the learning from this work can be used for ongoing improvement across all workstreams. There have been some challenges which is to be expected especially when the change in the operating model has taken place in a pandemic. Key lessons included the importance of good patient/carer co-production, a need for a clear ambition that is tested for understanding and for all to be on the 'same page' - including commissioners. The importance of clarity regarding organizational oversight and transformation capacity was also noted.</p> <p>Currently the work has moved to new governance arrangements, this includes agreed and signed off job adverts for the leadership team, working through contractual arrangements for staff, a finance paper for future contracting arrangements and going through a cycle of organisational development with team members.</p>	
<b><i>Horizon Scanning</i></b>		
8	<p><b>Forthcoming meeting plan:</b></p> <p><u>23<sup>rd</sup> November 2021 NED Event (draft agenda)</u></p> <p>The draft agenda was circulated to the meeting group for any comments back.</p> <p><u>January 2022</u></p> <p>Brodie Clarke will be the next Chair of the Committees in Common starting January 2022. The meeting will update on the following:</p> <ul style="list-style-type: none"> <li>• ICS update and the role of the CinC within the ICS architecture</li> <li>• MHLDA Functions and Mechanics</li> <li>• Workforce Strategy</li> <li>• NED Event March</li> <li>• Red Kite View</li> <li>• Updates on progress and delivery of the Lead Provider Collaboratives: CYPMH, AED, forensics, ATU</li> </ul> <p>March 2022 (Strategic Meeting)</p> <ul style="list-style-type: none"> <li>• Understanding risks of each programme</li> <li>• Revisiting the MOU &amp; terms of reference</li> </ul>	
<b><i>Agreement of Outputs</i></b>		
9	<p>The following will be reported at the Boards:</p> <p><u>November Boards via AAA report</u></p> <p><b>Alert</b></p> <ul style="list-style-type: none"> <li>• Adult Secure risk around leadership and staffing pressures</li> <li>• CYPMHs community investment</li> <li>• Workforce pressures (including the increase of private sector services)</li> </ul> <p><b>Advise</b></p>	

Item	Discussion / Actions	By whom																																														
	<ul style="list-style-type: none"> <li>• PMVA continued work for a shared approach</li> <li>• Staff MH &amp; WB Hub support line pressures and acuity</li> <li>• ATU current progress</li> </ul> <p>Assure</p> <ul style="list-style-type: none"> <li>• CYP MH Plan</li> <li>• MHIS Funding work</li> <li>• WY Virtual recruitment fair, success and planning for the future</li> <li>• Suicide reduction awareness</li> <li>• Health Inequalities Challenge</li> </ul>																																															
10	<p><b>Any Other Business</b></p> <p>This is the last meeting for Angela Monaghan with the Committees in Common meeting group extending their gratitude for Angela's leadership and support for the collaborative</p>																																															
	<p><b><u>Date and Time of Next Meeting:</u></b></p> <p>CinC Main- Wednesday 26<sup>th</sup> January 2021 1-3.30pm  CinC Strategy- Thursday 24<sup>th</sup> March 2022 2-4pm</p>																																															
	<p><b><u>Glossary</u></b></p> <table border="1" data-bbox="142 1020 1427 1896"> <tbody> <tr><td>ATU</td><td>Assessment and Treatment Unit</td></tr> <tr><td>BDCFT</td><td>Bradford District Care Foundation Trust</td></tr> <tr><td>CQC</td><td>Care Quality Commission</td></tr> <tr><td>CAMHS</td><td>Child and Adolescent Mental Health Services</td></tr> <tr><td>C-In-C</td><td>Committees in Common</td></tr> <tr><td>CCG</td><td>Clinical Commissioning Group</td></tr> <tr><td>DTOC</td><td>Delayed Transfers of Care</td></tr> <tr><td>ICS</td><td>Integrated Care System</td></tr> <tr><td>LD</td><td>Learning Disabilities</td></tr> <tr><td>LCH</td><td>Leeds Community Healthcare NHS Trust</td></tr> <tr><td>LYPFT</td><td>Leeds and York Partnership NHS Foundation Trust</td></tr> <tr><td>MHLDA</td><td>Mental Health, Learning Disabilities and Autism</td></tr> <tr><td>MoU</td><td>Memorandum of Understanding</td></tr> <tr><td>NCM</td><td>New Care Model</td></tr> <tr><td>NED</td><td>Non-Executive Director</td></tr> <tr><td>NHSE/I</td><td>National Health Service England / Improvement</td></tr> <tr><td>SWYPFT</td><td>South West Yorkshire Partnership NHS Foundation Trust</td></tr> <tr><td>TCP</td><td>Transforming Care Programme</td></tr> <tr><td>VCH</td><td>Voluntary and Community Sector</td></tr> <tr><td>WY&amp;H</td><td>West Yorkshire &amp; Harrogate</td></tr> <tr><td>WY&amp;H HCP</td><td>West Yorkshire &amp; Harrogate Health and Care Partnership</td></tr> <tr><td>WY&amp;H ICS</td><td>West Yorkshire &amp; Harrogate Integrated Care System (internal reference to WY&amp;H HCP)</td></tr> <tr><td>WYMHSC C-In-C</td><td>West Yorkshire Mental Health Services Collaborative Committees in Common</td></tr> </tbody> </table>	ATU	Assessment and Treatment Unit	BDCFT	Bradford District Care Foundation Trust	CQC	Care Quality Commission	CAMHS	Child and Adolescent Mental Health Services	C-In-C	Committees in Common	CCG	Clinical Commissioning Group	DTOC	Delayed Transfers of Care	ICS	Integrated Care System	LD	Learning Disabilities	LCH	Leeds Community Healthcare NHS Trust	LYPFT	Leeds and York Partnership NHS Foundation Trust	MHLDA	Mental Health, Learning Disabilities and Autism	MoU	Memorandum of Understanding	NCM	New Care Model	NED	Non-Executive Director	NHSE/I	National Health Service England / Improvement	SWYPFT	South West Yorkshire Partnership NHS Foundation Trust	TCP	Transforming Care Programme	VCH	Voluntary and Community Sector	WY&H	West Yorkshire & Harrogate	WY&H HCP	West Yorkshire & Harrogate Health and Care Partnership	WY&H ICS	West Yorkshire & Harrogate Integrated Care System (internal reference to WY&H HCP)	WYMHSC C-In-C	West Yorkshire Mental Health Services Collaborative Committees in Common	
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