Bundle Public Board Meeting 4 February 2022

Agenda

Final Agenda Public_Board_Meeting_4 February_2022.docx

102 09:00 - Welcome, introductions and apologies:

103 Declarations of interest

104 Questions from members of the public

Minutes adoption for approval

105 09:10 - Minutes of previous meeting and matters arising:

105.a Minutes of the meetings held on 3 December 2021

Item 105a Draft Public Board minutes 3 December 2021.docx

105.b Actions' log

Item 105b Public Board Actions log 4 February 2021.docx.doc

106 09:15 - Patient's story: Hilary's Story - Musculoskeletal Service – Digital story

107 09:35 - Chief Executive's report: including verbal update on current system pressures

Item 107 CEO report Board February 2022.docx

108 10:10 - Committee Chairs' Assurance Reports:

108.a Audit Committee: 10 December 2021

Item 108a Audit Committee 10 Dec 2021 assur rep.docx

108.b Nominations and Remuneration Committee: 17 December 2021

Item 108b Nom and Rem Committee December 2021 - Chair Assurance report.docx

108.c Quality Committee: 24 January 2022

Item 108c Quality Committee Chairs assurance report Jan 2022.docx

108.d Business Committee: 26 January 2022

Item 108d Business Committee assurrance report January 2022.docx

109 10:30 - Business Intelligence Strategy – for approval

Item 109 BI Strategy Cover Paper (Board).docx

Item 109ii Business Intelligence Strategy 26012022_Board.docx

110 10:40 - Proposed change to Standing Financial Instructions – for approval

Item 110 Changes to SFI.docx

111 10:45 - e-Community (Allocate) business case (approved by CEO/ Chair's Action)

Item 111 Chief Executive Chair's actions (e-Community Allocation software).docx

112 10:50 - Performance brief and domain reports: December 2021

Item 112i Dec Performance brief cover paper.docx

Item 112ii Performance Brief (Dec 2021) Board.docx

113 11:00 - Significant Risks and Board Assurance Framework (BAF) Summary Report

Item 113 Significant risks and Board Assurance Framework (BAF).docx

114 11:10 - Patient experience: complaints and concerns report

Item 114 Patient Experience 6 Month Report Feb 2022.docx

115 11:15 - Freedom to Speak Up Guardian Report (John Walsh presenting)

Item 115 FTSUG report Feb 2022.docx

116 11:25 - Any other business

117 Close of the public section of the Board

118 Blue Box Item : Mortality report Q3 - reviewed by Quality Committee January 2022

Item 118 Mortality Q3 2021-22 FINAL.docx

Item 118i Appendix 1 Adults Mortality Q3 21-22 Flash Report QAIG.pdf

Item 118ii Appendix 2 Childrens Mortality Q3 21-22 Flash Report QAIG (1).pdf

119 Blue Box Item: Serious incidents report – reviewed by Quality Committee January 2022

Item 119 Serious Incident 6 month report Feb 2022.docx

120 Blue Box Item: Safe staffing report – reviewed by Quality Committee and Business Committee January 2022

Item 120 safe staffing board feb 2022.docx

121 Blue Box Item: Approved minutes and briefing notes for noting:

121.a Audit Committee: 15 October 2021

Item 121a Final Audit Committee minutes 15 October 2021 Public.docx

121.b Quality Committee: 22 November 2021

Item 121b Final QC minutes 22 November 2021.docx

121.c Business Committee: 24 November 2021

Item 121c Final Business Committee minutes Nov 21.docx

Leeds Community Healthcare NHS Trust

Agenda Trust Board Meeting Held In Public

Virtual meeting and live streamed

Date 4 February 2022
Time 9:00 – 11.30
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			Paper
2021-22 102	9.00	**Welcome, introductions and apologies** *(Trust Chair)* Apologies: Alison Lowe OBE – Non-Executive Director Diane Allison – Company Secretary	**N**
2021-22 103		**Declarations of interest** *(Trust Chair)*	**N**
2021-22 104		**Questions from members of the public**	**N**
2021-22 105	9.10	**Minutes of previous meeting and matters arising** *(Trust Chair)* *For approval*	
105.a		Minutes of the meetings held on 3 December 2021	**Y**
105.b		Actions' log: 3 December 2021	**Y**
2021-22 106	9.15	**Patient story – Hilary's Story (Video) – Musculoskeletal Service** *(Steph Lawrence)*	**N**
URGENT DISCUSSION			
2021-22 107	9.35	**Chief Executive's report – including verbal update on current system pressures** *(Thea Stein)* (some updates may be verbal)	**Y**
ASSURANCE			
2021-22 108	10:00	**Committee Chairs' Assurance Reports:**	
108a		Audit Committee: 10 December 2021 *(Khalil Rehman)*	Y
108b		Nominations and Remuneration Committee: 17 December 2021 *(Brodie Clark)*	Y
108c		Quality Committee: 2021 – 24 January 2022 *(Helen Thomson)*	Y
108d		Business Committee: 26 January 2022 *(Richard Gladman)*	Y
Break			
APPROVAL/SIGN OFF			
2021-22 109	10:30	**Business Intelligence Strategy – for approval** *(Bryan Machin) Reviewed by Business Committee January 2022*	**Y**
2021-22 110	10:40	**Proposed change to Standing Financial Instructions – for approval** *(Bryan Machin)*	**Y**

2021-22 111	10:45	**e-Community (Allocate) business case (approved by CEO/ Chair's Action)** *(Bryan Machin)*	**Y**
QUALITY AND DELIVERY			
2021-22 112	10.50	**Performance Brief:** December 2021 *(Bryan Machin)*	**Y**
2021-22 113	11.00	**Risk register and Board Assurance Framework report** *(Thea Stein)*	**Y**
2021-22 114	11.10	**Patient experience: complaints and concerns report** – *reviewed by Quality Commitee January 2022*	
2021-22 115	11.15	**Freedom to Speak Up Guardian Report** *(John Walsh presenting)*	**Y**
CLOSE			
2021-22 116	11:25	**Any other business and questions on Blue Box items** (Trust Chair)	**N**
2021-22 117	11:30	**Close of the public section of the Board** *(Trust Chair)*	**N**

Additional items (Blue Box)		
2021-22 118	**Mortality report quarter 3** – reviewed by Quality Committee January 2022	**Y**
2021-22 119	**Serious incidents report** – reviewed by Quality Committee January 2022	**Y**
2021-22 120	**Safe staffing report** – reviewed by Quality Committee and Business Committee January 2022	**Y**
2021-22 121	**Committee minutes – for noting** a) Audit Committee – 15 October 2021 b) Quality Committee – 22 November 2021 c) Business Committee –24 November 2021	**Y**

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 4 February 2022

Agenda item number: 2021-22 (105a)

Title: Draft Trust Board meeting minutes 3 December 2021

Category of paper: for approval
History: N/A

Responsible director: Chief Executive
Report author: N/A

Attendance

Present:	Brodie Clark CBE	Trust Chair
	Thea Stein	Chief Executive
	Professor Ian Lewis (IL)	Non-Executive Director
	Richard Gladman (RG)	Non-Executive Director
	Helen Thomson (HT)	Non-Executive Director
	Alison Lowe (AL)	Non-Executive Director
	Khalil Rehman (KR)	Non-Executive Director
	Bryan Machin	Executive Director of Finance and Resources
	Sam Prince	Executive Director of Operations
	Steph Lawrence	Executive Director of Nursing and Allied Health Professionals (AHPs)
	Dr Ruth Burnett	Executive Medical Director
	Laura Smith	Director of Workforce, Organisational Development and System Development (LS)
Apologies:	Jenny Allen	Director of Workforce, Organisational Development and System Development (JA)
In attendance:	Rachel Booth (RB)	Associate Non-Executive Director
	Diane Allison	Company Secretary
	Em Campbell	Health Equity Lead, Leeds Community Healthcare NHS Trust (for Item 92)
Minutes:	Liz Thornton	Board Administrator
Observers:	Lucy Jackson	Public Health Lead /Consultant in Public Health Leeds Community Healthcare NHS Trust/Leeds Teaching Hospitals NHS Trust/Leeds GP Confederation
Members of the public:	One member of the public	

Item 2021-22 (82)
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 a member of the public, a member of the Trust who was attending to support the item on International Day of Persons with Disabilities, and the Public Health Lead /Consultant in Public Health who was attending as an observer.

Apologies
Apologies were received and accepted from Jenny Allen, Director of Workforce, Organisational Development and System Development (JA).

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. Staff were dealing with an enormous amount of pressure and continued to perform brilliantly. He thanked the Senior Management Team for their engagement with service teams and he said that it was good to see the uplifting effect those visits had on staff around the Trust. He welcomed the sense of urgency and focus on recruiting more staff but also the need to look at what more could be done to retain staff. Care and creativity towards sustaining a workforce that would be able to support the Trust through the demanding winter period was critical.

The pressure to maintain the momentum in delivering the vaccine programme was increasing and he said the Board would provide all the necessary support required to ensure that this was successfully achieved.

Looking to the future he said that the Trust must capture the benefits and learning from the new ways of working adopted during the pandemic. Services would be transformed, reshaped and redesigned by the establishment of the Integrated Care Board (ICB) and place-based partnerships. The Trust would need to design and shape its future within this new context.

He concluded with three personal observations as the Trust moved through this changing landscape:

- Be clear, the NHS focus is to drive more healthcare 'into' and 'near to' people's homes. An increasing statement of the NHS senior leadership as is the recognition of the vitally important partnership between primary care, the community, and the priority of getting the pathways right.
- The health equity agenda had become more to the forefront than ever. Covid had highlighted the realisation of the true scale of significant hidden populations and the challenges the Trust would face in engaging with them effectively.
- The Trust needed to start plotting a chart for longer term planning. A future that was built on supporting, empowering, and caring. A future that embraced positive change, without over engineering; a future that was an integral and key element of the Leeds Place going forward and an important connector and influencer across the Integrated Care System (ICS).

Item 2021-22 (83)
Discussion points:
Declarations of interest
Prior to the Trust Board meeting, the Trust Chair had considered the Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Board members.

Item 2021-22 (84)

Discussion points:

Questions from members of the public

There were no questions from members of the public.

Item 2021-22 (85)

Discussion points:

Minutes of the last meeting, matters arising and action log

a) Minutes of the previous meeting held on 1 October 2021

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

b) Actions' log 1 October 2021

There were no actions on the log.

Item 2021-22 (86)

Discussion points:

Staff Story – International Day of Persons with Disabilities

The Director of Workforce, System Development and Organisational Development (LS) welcomed a member of staff who was joining the meeting to talk about her experience of working in the Trust as a person with disabilities.

The member of staff explained that she had joined the Trust on a placement as part of the NHS Graduate Management Training Scheme. She told the Board that she lived with a number of disabilities which had been diagnosed since the age of 16 including autoimmune hepatitis, celiac disease, and rheumatoid arthritis. She explained that all these conditions caused a variety of symptoms which had a significant impact on her physical and mental health and wellbeing including joint pain, fatigue, abdominal discomfort, and anxiety.

She said that since joining the Trust she had received excellent support and many adjustments had been made to allow her to work effectively despite her disabilities and throughout she had been treated with empathy and understanding. She said that she had been able to access counselling services via the Trust's Employee Assistance Programme which had been a very positive experience. She said that the Trust had a supportive 'what can I do to help' approach which meant that she had never felt a burden as a member of staff. Joining just before the onset of the pandemic had been daunting but she had been able to join the Trust's shielding group and found the mutual support of other colleagues extremely helpful.

The Trust Chair thanked the member of staff for attending to speak about her experience and invited questions from members of the Board.

The Executive Medical Director asked what more the Trust could do to support members of staff who had hidden disabilities.

The member of staff said that she believed that more education was needed across society to raise awareness, recognise, and acknowledge hidden physical and mental health disabilities. She felt that the opportunity to attend this Board meeting was a positive step for this organisation.

The Chief Executive observed that it was important that the Trust was a supportive employer where individuals felt safe to declare that they had a disability. She felt that the Trust encouraged this but she questioned what more could be done.

The member of staff said that it required an attitude shift across the organisation. It took time to develop a culture where staff felt safe enough to declare their disabilities and feel comfortable. She felt the Trust was making good progress, but it was important to continue to encourage managers to have conversations with staff about this. She added that being of the shielding support group had been a positive experience and allowed peer on peer support and she hoped that there was potential to expand this further.

The Trust Chair thanked the member of staff for attending the Board meeting and speaking so eloquently about their experience and the support they had received whilst working in the Trust. He

said that there were lots of positives to take from her story and lessons to learn in terms of striving to make the Trust a place where members of staff felt safe and comfortable in declaring any disabilities and were supported in relation to making any adjustments that were needed.

2021-22 Item (87)

Discussion points:

a) Chief Executive's report – including update on current system pressures

The Chief Executive presented her report particularly highlighting:

- 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

The Executive Director of Operations provided a verbal update on the roll out the vaccination programme.

Non-Executive Director (IL) commended the work done across the City to deliver and promote the vaccination programme. He noted the logistical challenges the Team would face to ensure that the momentum to roll out booster jabs continued and asked what the Primary Care Networks (PCNs) had agreed to offer in support.

The Executive Director of Operations said that the PCNs had supported the vaccine programme at every stage of the roll out. Of the 19 in Leeds, 12 had committed to supporting continued delivery of the programme. She added that pressures on Primary Care were increasing and she acknowledged that there was some uncertainty about what the PCNs could offer moving forward, once this was clear, definite plans could be put in place.

The Chair asked if community pharmacies were able to offer more support.

The Executive Director of Operations said that community pharmacies were already playing an important part in rolling out the programme. In parts of the City where PCNs had opted out the intention was to look at what more pharmacies could offer.

Non-Executive Director (KR) asked how the Trust was balancing the pressure on service delivery given the imperative to scale up the vaccination programme.

The Executive Director of Operations said that additional workforce capacity could be drawn from professionals within the Armed Forces and NHS Professionals to support the delivery of vaccinations. The Trust's focus was on ensuring that service delivery was maintained throughout the winter months and she provided assurance that work on the Neighbourhood Team Transformation Programme had not been paused despite the additional pressures in place.

Non-Executive Director (HT) asked whether in the areas where PCNs had opted out of vaccine delivery this would have a detrimental impact on the delivery of vaccinations for Ethnic Minority groups.

The Executive Director of Operations said that the momentum to engage community leaders and perpetuate the excellent progress already made had not slowed down. Efforts to promote the booster programme and increase uptake continued at pace and leaflets had been produced in 14 different languages.

She added that vaccine take-up rates were extremely positive across the City.

Non-Executive Director (IL) asked for more information about the 'Enhanced Community Response'.

The Executive Director of Operations explained that the scope of the offer was aimed at building on the requirements of the national standard in relation to 2-hour crisis response. In addition to focussing on hospital avoidance, the virtual ward approach supported the care of patients who can be safely discharged from a hospital or a community bed with advanced clinical support in the community to be cared for at home. The collaborative would work closely with Yorkshire Ambulance Service and other same-day emergency care services to enable appropriate access for people needing urgent care.

Non-Executive Director (KR) observed that the development and impact of the programme should be monitored carefully by the Quality Committee.

Non-Executive Director (IL) noted the launch of the CAMHS Crisis Call Line and was concerned about the cut off point for young people at 18 years old.

The Executive Director of Operations acknowledged the concerns and provided assurance that the service would always support individuals who were on the threshold for transition to Adult Mental Health Services and support patients and families where necessary.

No further questions were raised.

Outcome: The Board:

- received and noted the Chief Executive's report.

b) Strengthening the Leeds Health and Care Partnership

A briefing paper had been circulated which described the progress, proposals, and next steps. The Chair advised that a substantive discussion would take place in the Private Board meeting.

Outcome: The Board

- noted the progress made, direction of travel and next steps across the different aspects of the health and care partnership described within the paper.

Item 2021-22 (88)

Discussion points:

Assurance reports from sub-committees

a) Audit Committee 15 October 2021

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

- **Internal Audit:** the Committee noted progress with the 2021/22 internal audit plan. The Internal Auditors confirmed that good progress was being made against the plan and they were confident that they would be able to provide an audit opinion at the end of the year.
- **Counter Fraud:** the Committee received the mid-year report on Counter Fraud.
- **Cyber Security Report:** the Committee received the first report of this kind. More detail was in the report presented to the Private Board.

b) Quality Committee 25 October 2021 and 22 November 2021

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

- **Long Covid pathway:** the Committee received a comprehensive presentation from the Long Covid pathway co-ordinators regarding services which had been running since September 2020.
- **Cancelled and re-scheduled visits:** the Committee received further information from the cancelled Neighbourhood Team visit audit. A further update would be provided in February 2022.
- **Cardiac service:** the service went live with e-prescribing in September 2021 and patient and staff benefits were already been realised.

c) Business Committee 27 October 2021 and 24 November 2021

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

- **Burmantofts community wellbeing centre business case:** the Committee received an update on the production of a business case for the development of the new centre to replace the current Burmantofts Health Centre.
- **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. An action plan is being developed and will be presented at the January 2022 Committee meeting, along with details of progress made.
- **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 go to Senior Management Team for approval.
- **Business Intelligence Strategy:** the Committee received an initial draft of the strategy which included areas to focus on in year one and areas of potential investment.

Outcome: The Board

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

Item 2021-22 (89)

Discussion points:

Performance Brief and Domains Report: October 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 did not seek to describe how service delivery was recovering nor how the current wave of Covid and the lockdown was having a further impact, which was covered elsewhere on the agenda.

The Board noted that the October 2021 performance data had been reviewed in depth by the Quality and Business committees on 22 November and 24 November 2021 respectively.

Caring domain

Non-Executive Director (AL) referred to the issue of confidentiality raised by a patient using the Nutrition and Dietetic Service and asked if this had been reported to the Information Commissioner.

The Executive Director of Nursing and Allied Health Professionals advised that the issue did not constitute a breach of the General Data Protection Regulations and there was no requirement to make a report to the Information Commissioner. She advised that as a result of the patient's comments the Service had changed the way electronic invitations were delivered for group sessions.

Effective

Non-Executive Director (RB) asked about the extent and nature of the learning from the Sudden Unexpected Death in Childhood (SUDIC) that had occurred in September 2021.

The Executive Director of Nursing and Allied Health Professionals explained that the cause of death was not yet known. A Child Safeguarding Practice Review would be undertaken, and a police investigation was in progress. Until the outcomes of these processes were known, specific learning could not be identified.

Responsive

Non-Executive Director (AL) noted the success of the Continence, Urology and Colorectal Service (CUCS) on completely removing its Covid backlogs and waiting times.

Well Led

Referring to the initiatives to pro-actively support the health and wellbeing of staff, Non-Executive Director (RB) asked for an update on the recruitment of a Health and Wellbeing Clinical Psychologist.

The Director of Workforce, Organisational Development and System Development (LS) reported that to date there had been no applications for the post. The recruitment process had been paused to allow a review of the duties and responsibilities with the aim of making it a more appealing post.

Finance

The Executive Director of Finance and Resources reported that details of the Trust's income levels for H2 were being finalised. There were currently no concerns that this would be insufficient to meet all reasonable costs. The Leeds health organisations were 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.

Non-Executive Director (IL) noted the commentary in the executive summary to the Performance Report and asked what other measures could be put in place to ensure judgements were made which reflected current service pressures.

The Executive Director of Operations advised that robust measures were on place to ensure that the Trust delivered good quality safe care and all the relevant indicators remained good. There were no significant increases in the number of incidents or lapses in care.

The Chief Executive said that the Senior Management Team was constantly reviewing and questioning the performance data and directors were in regular contact with all frontline teams.

There were no further questions about the performance pack.

Outcome: The Board:

- noted the levels of performance against the Key Performance Indicators (KPIs) in October 2021.

Item 2021-22 (90)

Discussion points:

Significant risks and Board Assurance Framework (BAF)

The Chief Executive introduced the report which provided information about the effectiveness of the risk management processes and the controls that were in place to manage the Trust's most significant risks.

A Board Assurance Framework (BAF) summary provided an indication of the current assurance level for each strategic based on sources of assurance received and evaluated by the committees.

The Board noted: changes to the risk register as follows:

- one had been escalated to a score of 15 or more (extreme):
  - Risk 1057 inability to deliver services at Wetherby Young Offenders' Institute (WYOI)
- 15 risks scoring 12 (very high). Two of these were newly identified risks:
  - Risk 1070 Capacity pressures in Neighbourhood Teams impacting the ability to deliver the full range of clinical supervision and annual appraisals.
  - Risk 1067 introduction of female children into the Secure Estate.

The Board discussed the risk themes across the whole risk register. The strongest theme was staff capacity, the second strongest related to staff safety concerns and the third related to Information Technology systems.

Staff capacity

The Director of Workforce, Organisational Development and System Development (LS) provided an update on the Winter Care Package for Staff which the Trust had developed to support and reward staff through the winter months and support additional capacity within services. The three initiatives were:

- Selling annual leave
- Saturday unsocial hours payment

- Bank shift incentive payment

Non-Executive Director (HT) sought assurance that the appropriate checks and balances were in place for staff wishing to sell their annual leave and for staff working extra shifts on the bank.
The Director of Workforce, Organisational Development and System Development (LS) said that staff had to satisfy certain criteria to be eligible to sell annual leave; they must have taken the statutory minimum amount of annual leave and after selling leave they must have at least one week of annual leave left to take before the end of March 2022. In addition, robust health and wellbeing checks were in place to support the staff in each business unit to support staff in making the correct decisions.

In relation to bank working the e-rostering system effectively monitored and provided alerts if staff were at risk of breaching the average 48 hour week working limit. It was more difficult to monitor hours for staff who worked bank shifts for other organisations, but the Trust's secondary employment policy required staff to declare if they were registered for bank shifts with other organisations.

Non-Executive Director (RB) noted that a number of staff had left WYOI and asked about the underlying reasons for this.

The Executive Director of Nursing and Allied Health Professionals said that there was not a significant problem within the Unit. She said that she had spent time in the Unit recently, some staff had taken the opportunity to change direction and take up roles in other areas of the Trust. She added that working in the Unit was challenging and high staff turnover was not unusual in such settings. She advised that this would continue to be monitored but there was no cause for immediate concern.

Staff safety
The Executive Director of Finance and Resources said that significant progress was being made to deliver an effective Health and Safety Framework and this was being monitored by the Business Committee.

The Trust Chair asked if staff were currently feeling more at risk from patients and their families.

The Executive Director of Operations said that patients and family members were made aware of the Trust's Zero Tolerance Policy and robust systems were in place to support staff in dealing with the effects of challenging behaviour.

Information Technology systems (IT)
The Executive Director of Finance and Resources reminded the Board that the monitoring of cyber security strategic risk was the responsibility of the Audit Committee and he referred to a report received by the Committee at its meeting on 15 October 2021. More detail about the additional levels of assurance taken was contained in the assurance report presented in the private session of this Board meeting.

Outcome: The Board
- noted the new and escalated risks, which have been scrutinised by Quality and Business Committee
- received and noted additional assurance against the three key risk themes
- noted the assurance received by Audit Committee about risk related to the security of IT infrastructure.

Item 2021-22 (91)

Discussion points:
Guardian of Safe Working Hours (GSWH) – Quarter 2 report 2021-22
The Executive Medical Director presented the report for 2021-22 Q2 to provide the Board with assurance that trainee doctors and dentists working within the Trust were working safely and, in a manner, consistent with the Junior Doctors Contract 2016 Terms and Conditions of Service.

The report covered the progress made with ensuring compliance of CAMHS trainee rota pattern and the internal locum cover and the uncertainty with regards to on-call working when the unit moves from Little Woodhouse Hall to the new Red Kite View Unit. An update on the improved engagement with Junior Doctors in the Junior Doctor Forum (JDF) and the work started to explore and support paediatric Junior Doctor training opportunities.

Outcome: The Board:

- Received assurance regarding Junior Doctor rotas and working conditions within the Trust.
- Supported the GSWH with the on-going work to ensure CAMHS trainee rota gaps and work related to the junior doctor non-resident on call cover for the new CAMHS inpatient facility based at the Red Kite View Unit.
- Noted the good progress made in relation to the longstanding concerns about the loss of training opportunities for trainees in the paediatric on call rota.

Item 2021-22 (92)

Discussion points:

Health Equity Strategy (Update report)

The Executive Medical Director introduced the report which provided an update on the work to deliver the strategy since the last update to the Board in August 2021. The report also included information on planned activity to March 2022.

She said that the Trust's commitment to take action to address inequality sat within a local, regional and national context where health equity continued to be high on the agenda.

Non-Executive Director (HT) said this was a helpful paper which evidenced that good progress was being made despite the challenges and pressures the Trust currently faced. She asked what the main concerns were for progressing the work further.

Two challenges were identified:

- Identifying patients who were not accessing or maintaining contact with services
- Ensuring that momentum was maintained so that intent progressed to action and services had the capacity and structures to support this.

The Trust Chair suggested that in the steering and shaping of the strategy, more explicit reference should be made to the input from communities and patients.

The Board agreed that the paper reflected that good progress was being made and members made some suggestions about how the data could be presented more clearly particularly in terms of the outcomes for different ethnic groups. The Board also discussed the value of working with other local organisations to commission some research in this area. The Executive Medical Director agreed to focus on this further.

Outcome: The Board

- received the report and progress update and noted planned activity to March 2022.

Item 2021-22 (93)

Discussion points:

Equality and Diversity Annual Report 2020-21

The Director of Workforce, Organisational Development and System Development (LS) presented the annual update on progress made and future actions planned around Equality Diversity and Inclusion to provide the Board with assurance that the workforce-related requirements of the Equality Act 2010 Public Sector Equality Duties (PSED) and the NHS Standard Contract are being met.

Outcome: the Board:

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

Item 2021-22 (94)

Discussion points:
Climate Emergency Declaration
The Executive Director of Operations presented the paper which asked the Board to ratify the decision made at the November 2021 Board workshop to declare a climate emergency.

Outcome: the Board

- ratified the decision made at the November 2021 Board workshop to declare a climate emergency.

Item 2021-22 (95)

Discussion points:
Annual General Meeting – Minutes 14 September 2021
The Chief Executive presented the draft minutes for approval.

Outcome: the Board

- approved the draft minutes as presented.

Item 2021-22 (96)

Discussion points:
Board workplan
The Chief Executive presented the Board work plan (public business) for information.

Outcome: The Board

- noted the work plan.

Item 2021-22 (97)

Discussion points:
Any other business and close
The Trust Chair referred Board members to the additional Blue Box items (99 – 101) 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.

The Trust Chair invited any questions or comments on the Blue Box items. None were raised.

Item 2021-22 (98)

Discussion points:
The Trust Chair closed the meeting at 11.30am

Date and time of next meeting
Friday 4 February 2022 9.00am-12.00 noon
Both virtual meeting and live streamed

Additional items (Blue Box)	
2021-22 99	Mortality Report Quarter 2 2021-22 – seen by Quality Committee November 2021
2021-22 100	Trust priorities Quarter 2 2021-22 – seen by Quality Committee and Business Committee November 2021
2021-22 101	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

AGENDA ITEM 2021-22 105(b)

Leeds Community Healthcare NHS Trust
Trust Board meeting (held in public) actions' log: 4 February 2022

Agenda Number	Action Agreed	Lead	Timescale	Status
3 DECEMBER 2021				
	None to note			

Actions on log completed since last Board meeting on 3 December 2021	
Actions not due for completion before 4 February 2022; progressing to timescale	
Actions not due for completion before 4 February 2022; agreed timescales and/or requirements are at risk or have been delayed	
Actions outstanding at 4 February 2022; not having met agreed timescales and/or requirements	

Trust Board Meeting held in Public: 4 February 2022

Agenda item number: 2021-22 (107)

Title: Chief Executive's Report

Category of paper: For assurance

History: Not applicable

Responsible director: Chief Executive
Report author: Chief Executive

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:

- The Thank You event
- Level Two Domestic Violence and Abuse Quality Mark (Children & Adults).
- 2022/23 operational planning guidance
- An update from our Youth Board

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

Also note:
Appendix A Planning guidance
Appendix B Youth Board newsletter

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.

Alison Lowe OBE

Our congratulations to Non-Executive Director Alison Lowe who has been awarded an OBE "for services to mental health and wellbeing during COVID-19" through her former role as Chief Executive Officer at Touchstone, a mental health and wellbeing charity based in West and South Yorkshire and one of our partners in the Leeds Mental Wellbeing Service.

3 Thank You event 2022

The Trust held its annual Thank You awards in January 2022. The Thank you Event (TYE) is an internal communications event which takes place every year to recognise the contribution staff make. Replicating LCH's community model working; the Senior Management Team surprise visit the winners and highly commended staff at their work base anytime during TYE week to recognise them as shining examples of the 'How We Work' behaviours. Staff nominate their colleagues and winners are picked from a judging panel of colleagues from across LCH and some service users. Winning colleagues are awarded with a hamper to share with their colleagues along with a balloon bouquet and a cake. Each winner is celebrated on our website, social media, on the staff intranet and in our internal staff bulletin.

4 Level Two Domestic Violence and Abuse Quality Mark (Children & Adults)

The Trust has been awarded the Level Two Domestic Violence and Abuse Quality Mark (Children & Adults). This award recognises the robust approach being taken by the Trust to support people experiencing domestic violence and abuse (DVA). A network of DVA Champions had been established who are members of staff that had the knowledge and skills to support other practitioners when dealing with patients who are experiencing DVA and to support members of staff who may be experiencing this in their own lives.

5 2022/23 Operational Planning Guidance

On Friday 24 December 2021, NHS England and NHS Improvement (NHSE/I) published the 2022/23 operational planning guidance. The priorities included in the document set out the task for the next financial year as the provider sector works to restore services, reduce the care backlog, and expand capacity.

NHSE/I have acknowledged that the immediate operational focus for trusts should be on delivering on responding to the current Covid-19 wave. The planning timetable and submission deadlines have been extended to 28 April 2022 with draft plans will be due on 17 March. Detailed annexes on revenue and capital allocations have not yet been published at the time of writing although have been made available in draft. The information currently available does not identify revenue resources below ICS level and only identifies notional capital allocations to providers as a means of aggregation to ICS level. The Leeds finance leaders have asked the ICS to avoid complexity and base revenue resource distribution on 2021/22 H2 as a starting point.

Systems are being asked to deliver on the following ten priorities:

(a) Investing in the workforce and strengthening a compassionate and inclusive culture
(b) Delivering the NHS COVID-19 vaccination programme
(c) Tackling the elective backlog
(d) Improving the responsiveness of urgent and emergency care and community care
(e) Improving timely access to primary care
(f) Improving mental health services and services for people with a learning disability and/or autistic people
(g) Developing approach to population health management, prevent ill-health, and address health inequalities
(h) Exploiting the potential of digital technologies
(i) Moving back to and beyond pre-pandemic levels of productivity
(j) Establishing ICBs and enabling collaborative system working

Whilst there is relevance to LCH throughout the Planning Guidance, Board members may specifically wish to note the section on Community Services within Priority D "Transform and build community services capacity to deliver more care at home and improve hospital discharge", attached as appendix A to this report. Whilst it is excellent that the contribution that community-based services can and should make to the development and improvement of healthcare is specifically recognised, it will be vital that the resources necessary to make these changes in Leeds are made available, through national allocations to the West Yorkshire ICS, through to the Leeds place and through to the providers and their partners who will deliver them.

6 Revised governance arrangements (temporary)

The Board has agreed to some temporary governance arrangements (in response to NHS England/Improvement's **'***Reducing the burden of reporting and releasing capacity to manage the COVID-19 pandemic'*). The Board has agreed a number of principles it will work to on a temporary basis and Board and Committee work plans will be reviewed in advance with only essential business being conducted in these

meeting and if items can be deferred, they will be. The arrangements will be reviewed at the end of March 2022.

7 West Yorkshire Integrated Care Board draft constitution feedback

The Trust reviewed the West Yorkshire Integrated Care Board draft constitution and has submitted feedback, as part of the consultation process.

8 Youth Board (update)

The Youth Board has been consulted on the development Red Kite View, which is now open, and the following are just some of the things that it was involved in:

- Floor and wall coverings
- Colour schemes
- Outside space
- Dining room design and facilities
- Naming of rooms – our group suggested songbirds as their dawn chorus is the start of a new day
- Naming of building – our group wanted to keep the nature theme and suggested Red Kite View

Red Kite View will be forming their own young people's group and we are hoping to help them develop this group and our Youth Board will link in with this group in the future.

The Youth Board's priorities for the coming months are:

- Develop links with 3rd sector groups and organisations in the Leeds area.
- Work with Leeds City Council around raising awareness in schools and colleges about children`s and young people`s health conditions.
- Explore volunteering within the Children's Business Unit for young people.
- 0-19 Public Health Integrated Nursing Service oral health project.
- Children's Business Unit strategy – to be involved in reviewing the current strategy and developing the new one.

The Youth Board's latest newsletter is attached as Appendix B.

Appendix A: Extract from 2022/23 Planning Guidance

D2: Transform and build community services capacity to deliver more care at home and improve hospital discharge

The transformation of out-of-hospital services is a key element of the NHS recovery. National funding, alongside additional growth within core allocations for community services funding, will support systems to increase overall capacity of community services to provide care for more patients at home and address waiting lists, develop and expand new models of community care and support timely hospital discharge.

Community care models

Virtual wards

The NHS has already had considerable success in implementing virtual wards, including Hospital at Home services. Over 53 virtual wards are already providing over 2,500 'beds' nationwide, enabled by technology. In addition to managing patients with COVID, they also support patients with acute respiratory infections, urinary tract infections (UTIs), chronic obstructive pulmonary disease (COPD) and complex presentations, such as those living with frailty as well as having a specific medical need. The scope for virtual wards is far greater.

Given the significant pressure on acute beds we must now aim for their full implementation as rapidly as possible. We are therefore asking systems to develop detailed plans to maximise the rollout of virtual wards to deliver care for patients who would otherwise have to be treated in hospital, by enabling earlier supported discharge and providing alternatives to admission. These plans should be developed across systems and provider collaboratives, rather than individual institutions, based on partnership between secondary, community, primary and mental health services. Systems should also consider partnerships with the independent sector where this will help grow capacity. By December 2023, we expect systems to have completed the comprehensive development of virtual wards towards a national ambition of 40–50 virtual beds per 100,000 population.

Successful implementation will require systems to:

- maximise their overall bed capacity to include virtual wards
- prevent virtual wards becoming a new community-based safety netting service; they should only be used for patients who would otherwise be admitted to an NHS acute hospital bed or to facilitate early discharge
- maintain the most efficient safe staffing and caseload model
- manage length of stay in virtual wards through establishing clear criteria to admit and reside for services
- fully exploit remote monitoring technology and wider digital platforms to deliver effective and efficient care.

Up to £200 million will be available in 2022/23 and up to £250 million in 2023/24 (subject to progress of systems) to support the implementation of these plans. We expect plans to cover two years. The scale of funding awarded in 2022/23 will depend on credible ambition for delivery of virtual wards by December 2022 to provide capacity for next winter. Systems will want to consider approaches that address patients with lower intensity and higher intensity needs (ie Hospital at Home services).

Urgent community response

By April 2022 all parts of England will be covered by 2 hour urgent community response services and over 2022-23 providers and systems will be required to:

- Maintain full geographic rollout and continue to grow services to reach more people extending operating hours where demand necessitates and at a minimum operating 8am to 8pm, 7 days a week in line with national guidance

- Improve outcomes through reaching patients in crisis in under 2 hours where clinically appropriate. Providers will be required to achieve, and ideally exceed in the majority of cases, the minimum threshold of reaching 70% of 2 hour crisis response demand within 2 hours from the end of Q3.
- Increase the number of referrals from all key routes, with a focus on UEC, 111 and 999, and increase care contacts
- Improve capacity in post urgent community response services to support flow and patient outcomes including avoiding deterioration into crisis again or unnecessary admission
- Ensure workforce plans support increasing capacity and development of skills and competencies in line with service development
- Improve data quality and completeness in the Community Services Dataset (CSDS) as this will be the key method to monitor outcomes, system performance and capacity growth

Anticipatory care
Anticipatory care (AC) is a Long-Term Plan commitment focused on provision of proactive care in the community for multimorbid and frail individuals who would benefit most from integrated evidence-based care. ICSs should design, plan for and commission AC for their system. Systems need to work with health and care providers to develop a plan for delivering AC from 2023/24 by Q3 2022, in line with forthcoming national operating model for AC.

Enhanced Health in Care Homes
Ensure consistent and comprehensive coverage of Enhanced Health in Care Homes in line with the national framework.

Community service waiting lists

Systems must develop and agree a plan for reduction of community service waiting lists and ensure compliance of national sitrep reporting. Specifically, systems are asked to:
- develop a trajectory for reducing their community service waiting lists
- significantly reduce the number of patients waiting for community services
- prioritise patients on waiting lists
- consider transforming service pathways and models to improve effectiveness and productivity.

Hospital discharge

As outlined in the H2 2021/22 planning guidance, the additional funding for the Hospital Discharge Programme will end in March 2022. As part of preparing the NHS for the potential impact of the Omicron variant and other winter pressures, we have asked systems to work together with local authorities and partners, including hospices and care homes, to release the maximum number of beds, as a minimum this should be equivalent to half of current delayed discharges. Systems should seek to sustain the improvement in delayed discharges in 2022/23 working with local authority partners and supported by the Better Care Fund and the investment in virtual wards.

Digital

Digital tools and timely, accurate information are key to delivering on these aims and systems are asked to:
- identify digital priorities to support the delivery of out-of-hospital models of care through the development of system digital investment plans, ensuring community health services providers are supported to develop robust digital strategies to support improvements in care delivery
- ensure providers of community health services, including ICS-commissioned independent providers, can access the Local Care Shared Record as a priority in 2022/23, to enable urgent care response and virtual wards
- deliver radical improvements in quality and availability against national data requirements and clinical standards, including the priority areas of urgent care response and musculoskeletal (MSK).

Appendix B

Youth Board Newsletter Autumn 2021

NHS Leeds Community Healthcare NHS Trust

Saleem and Sneha from our Youth Board took part in a photo shoot for PHINS (Public Health Integrated Nursing Service)

We have been creating links with groups and organisations across the Leeds area to help promote the Youth Board.

We are hoping to attend events throughout the coming year where we can meet young people and promote our group.

Youth Board

Our youth board have been quite busy during the Autumn and have been involved in.

- Discussed raising the awareness of health conditions in schools with staff from Leeds City Council.
- Reviewed the Leeds Community Healthcare Trust children's strategy and provided feedback.
- Took part in filming for a staff recruitment video for children's community healthcare services.
- Provided consultation around leaflet design.
- Attended a Speech and Language Therapies training day virtually and gave an overview of the Youth Board and young people's involvement in developing services.
- Involved in planning the Leeds Community Healthcare Festival of Ideas which was a celebration event for staff working in children's community healthcare services. They planned activities and even invited the Lord Mayor to the event.

Trust Board Meeting held in public: 4 February 2022

Agenda item number: 2021-22 (108a)

Title: Audit Committee Chair's Assurance Report 10 December 2021

Category of paper: for assurance
History: Not applicable

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

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 Professional Assurance, Quality Account and Risk Management. All three audit reports received reasonable assurance and had previously been reviewed at Business or Quality Committee.

For the Quality Account audit, the report findings suggested that from a sample of 22 KPIs, there were four errors in the year-end performance brief data that were then picked up and used in the Quality Account. This led to a wider discussion at the Committee regarding data quality in performance reports.

The Committee agreed that further assurance was needed about job planning, as the Professional Assurance audit had raised a number of recommendations surrounding this. It was agreed that the Committee Chair would discuss this with the Executive Medical Director to confirm the nature and timings of the assurance that was to be provided.

The Committee reviewed the list of the remaining audits which were planned to commence in quarter four. Two of those were service related (Wetherby Young Offenders' Institute and Police Custody Suites). It was noted that these may be challenging to complete because of service pressures and because of changes to Government guidance (currently 'Plan B') during the pandemic. The Committee expressed concern that service audits may not be completed and agreed that a contingency plan was required to include meaningful alternative audits, which could include further work on data quality in the Performance Brief

The Committee received an update on progress made with the actions identified in previous internal audits. The Committee noted that there were challenges to completing some of the audit actions, particularly those involving external organisations, including contractors, but agreed that sufficient progress was being made.

External Auditor's Update

Mazars providing their indicative timetable for of work for the 2021/22 audit year. Completion is anticipated to be June 2022 in line with draft year-end proposals. Board and Audit Committee meeting dates that are planned for May 2022 may need to be revised.

Risk Appetite Statement

The Risk Appetite Statement had been reviewed by Senior Management Team (SMT) prior to being reviewed at Audit Committee. The Audit Committee had a mixed view on the ' minimum' risk appetite applied to risks that could compromise the delivery of high quality, safe services, and questioned whether the organisation should accept any level of risk in that regard. It was agreed that this should be given further consideration by SMT.

Proposed change to Standing Financial Instructions
The Committee was asked to consider endorsing a recommendation that the Board amends its Standing Financial Instructions. It was advised that many services now wished to plan their recruitment to avoid long gaps between staff leaving and new staff joining. This may mean taking a risk of anticipating future staff turnover. At present only the Chief Executive can approve the appointment of one or more staff members that may result in the funded establishment being exceeded, even if only for a short and planned period and even if affordable within the financial position of the budget in question and/or the Trust.

It was proposed that this responsibility is delegated to the Chief Executive or Executive Director of Finance and Resources plus the responsible Director and the Standing Financial Instructions should reflect this. The Committee agreed to recommend that the Board approves this amendment

Revaluation of non-recurrent assets
One of the main areas of audit focus when reviewing the Trust's accounts is the valuation of property plant and equipment. In preparing the annual accounts the Trust must ensure that the carrying value of the non-current assets disclosed in the Statement of Financial Position is consistent with current market values.

The Committee was presented with the rationale for not undertaking a formal revaluation for the 2021/22 accounts on the grounds that Building Costs Information Service (BCIS) index issued by the Royal Institute of Chartered Surveyors would be well within the 5% increase in the index since the last revaluation that would trigger another formal revaluation exercise; the 5% threshold being agreed by the Committee in March 2021. However, after the paper had been written, information was received from the District Valuer forecasting a surprisingly large increase in the index in quarter 4 such that the 5% LCH threshold would be breached. This would require a formal revaluation to take place. However, following discussions with the External Auditor it was agreed that a formal revaluation would not take place if the increase in the index caused an increase in asset values less than the financial materiality threshold that the auditors work to with the Trust. Contingency plans for a revaluation would be explored with the District Valuer in the event that the index did, or could, increase to such an extent that the materiality threshold was breached.

Information Governance Update
The Committee noted the progress being made 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'.

As the Committee had received very few sources of assurance on this meeting's agenda in connection with this risk, an assurance conclusion was not required.

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 4 February 2022
Agenda item number: 2021-22 (108b)

Title: Nominations and Remuneration Committee: 17 December 2021 Chair Assurance Report

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Category of paper: for assurance
History: n/a

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

Executive summary (Purpose and main points)

This paper identifies the key issues for the Board arising from the Nominations and Remuneration Committee meeting held on 17th December 2021 and it indicates the level of assurance based on the evidence received by the Committee.

Please note that the last regular quarterly meeting of the committee was held in October 2021.

Items discussed:

Real Living Wage:
This paper sought approval from the Committee to pay those members of staff currently on Agenda for Change band 2 and not in receipt of the minimum pay set for the Real Living Wage to receive it. The paper also sought for this to be backdated to November 2021 which was when the last uplift to the Real Living Wage was published nationally.

The committee approved the payment of the Real Living Wage and for this to be backdated.

Very Senior Managers (VSM) Pay Benchmarking:
The committee considered a paper relating to VSM pay benchmarking against both national information as well as local individual Trust information. The committee made several recommendations in respect of VSM pay following consideration of this information.

Recommendations

The Board is recommended to note this information.

Leeds Community Healthcare NHS Trust

Public Board Meeting held in public: 4 February 2022

Agenda item number: 2021-22 (108c)

Title: Quality Committee Chair's Assurance Report 24 January 2022

Category of paper: For Assurance

History: N/A

Responsible director: Quality Committee Chair

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 24 January 2022, 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:

Neighbourhood Model Transformation update
Due to the ongoing escalated operational pressures some elements of this project have been temporarily paused, however progress has been made in other areas:

- Podiatry have been aligned to Neighbourhoods which is resulting in better outcomes for patients
- More streamlined approach to referrals from Primary Care reducing unnecessary administrative time

Progress has been limited in relation to:

- Further transformation of the EPR system
- Capacity and demand, developing "a fair's day work". However, a workshop is planned in April with partners to look at a revised model and how we more radically transform the community offer.

A preferred digital allocation software has been identified to address the 8-10hrs a week per team spent on allocation. This has been through Chair's action and will come to a later Quality Committee and Board.

QAIG verbal update
A reduced QAIG meeting took place last week with flash reports included in Committee papers. The escalated position in ABU, in addition to a recurrence of an increase in end-of-life care, has resulted in pausing of some non-essential activity. Support from QPD colleagues is helping the residual patient safety incident and incident management workload.
WYOI and Adel Beck remain in a challenged position related to Covid-19 outbreaks in addition to staffing issues particularly in WYOI and there is pressure across all areas of the Trust who are responding with mutual aid to C1 services.

Covid-19 update
A slightly improving but still worrying position was provided. Whilst a public lifting of plan B measures has been announced, existing measures will remain in place across LCH for the next few weeks at least, whilst further NHS guidance is awaited.
Whilst there is reason to believe we are past the peak; significant pressures continue in all sectors with increased sickness and therefore impact on capacity and LCH are reporting at OPEL 3 now after a prolonged period in an escalated silver command position. It was noted however the Neighbourhood Teams continue at an escalated 3e position.
Current infection rates approximately 1,214 per 100,000 (reduced from a peak of 2,000 per 100,000) with approximately 200 people hospitalised. A surge hub has been set up at SJUH and is ready to go live tomorrow, if required. 90 care homes with outbreaks, majority being staff outbreaks and lots of mutual work taking place to keep care homes open and IPC supporting. Minimal hospitalisations and associated mortality associated with outbreaks.
LCH also scoping the impact of unvaccinated staff ahead of the Covid vaccination becoming a condition of employment and impact re-deployment or dismissal will have.

Long Covid update - research priorities feedback
The LCH Long Covid team remains very busy. The team have provided an update on the research they are involved in which will be circulated following Committee. It was confirmed that patient outcomes in relation to the pathway the patient is on, including those with and without Long Covid services is being explored within the Locomotion study where we are

expecting outcomes in approximately 12 months. This is 1 of 3 NIHR approved studies the service is involved in.
In response to specific questions whilst there is an increased rate of infection in healthcare professionals there is no evidence to suggest there is more incidence of long covid.

Performance Brief
The report was received with the escalation of exceptions only. Whilst a slight increase in pressure damage and fall related harms were noted these were not because of LCH acts or omissions in care.
A trend of decreasing incident reporting was being monitored, was consistent with previous year trends and showed some relationship to seasonal pauses in services e.g. Children's Services. It was noted that Committee would welcome information about recurring / changing themes from learning in future reports as assurance the Trust are learning from incidents.
The maintenance of clinical effectiveness activity was noted and the centralisation of work to keep this assurance progressing in the background of an escalated operational position.

Clinical Governance report
The report was received in the context of other reports. It was acknowledged that the Clinical Governance team continued to support clinical services and whilst a little behind, due to sickness within corporate teams, this is still progressing.
Committee were updated regarding a challenging situation with a person who has been discharged from services in response to behaviour toward staff, with clinical needs able to be managed by the General Practitioner.

Risk Register
A conversation took place regarding the unsupported software across the estate and the Trust plan to move away from these systems was discussed. Agreed this risk would benefit from a more explicit description of the mitigation. A further update was agreed to be provided to Board by the Director of Workforce in relation to the Occupational Health offer and monitoring of a partner organisations accreditation.
2 risks with increasing risk scores to 9 were noted:
WYOI risk was noted to be impacted on by both Covid related staffing absence in the prison service and restrictions on the young people because of this remaining an outbreak site.
The transition to CAMHS was reported to be a short-term issue until additional posts are recruited to, as detailed in business case previously presented at November Quality Committee.

Mortality report
Presented by the Executive Medical Director, Committee were assured that mortality is still being monitored despite the formal mortality meetings in ABU having been paused in response to the current escalated circumstances. Statistical Process Control data continues to be monitored at neighbourhood team level and level 1 and 2 mortality reviews are continuing.
Work continues with the CCG to extract LCH data from the EPaCCS system to be able to understand any hospital excess bed days related to people on an LCH caseload.
It was noted that this is the 2nd quarter there has been no formal chair for the LCH CBU mortality review meeting however a plan is in place and meetings are continuing.

Safe staffing report
This was accepted as a very comprehensive bi-annual report, however no longer a statutory report due to the reduced bed base within LCH. It was also acknowledged that no national safe staffing tool exists for community services at present. LCH are however involved in the ongoing development of a tool. The report acknowledges the impact on staffing from the Omicron variant however when triangulated with patient safety data no suggestion of any significant issues. A suggestion was made to overlay safe staffing with areas of deprivation / health inequality, and this will be explored.
It was confirmed that service changes within 0-19 PHINS have been made in close partnership with commissioners.

It was also requested that the slight increasing trend of leavers to be considered through exit interview processes and work is to take place to strengthen this mechanism.
A request was made to connect this report in the future with subsequent risk if risks are not at a level to be reported within the risk register report.

Serious Incident report
Committee received this comprehensive 6 monthly report and no specific issues were raised.

Asymptomatic screening report
Committee received this comprehensive report, and no specific issues were raised. The Executive Medical Director confirmed that the imminent move to logging test results on the government system will still enable us to access LCH specific data.

Quality strategy update
Committee received this as a helpful report showing despite escalated position positive progress has been made. No specific issues raised.

Patient Group Directions
The two PGDs presented were national PGDs where adoption has been agreed. Committee approved.

Internal audits
Presented by the Executive Director of Nurses & Allied Health Professionals the report related to internal audit of the Trusts Quality challenge+ process. 1 recommendation was made which is being progressed.

Patient experience and engagement
The report provides data around the Trusts statutory requirements in relation to complaints. A conversation built on a conversation from QAIG to ensure we work harder to hear all voices about our services. There is a plan for a workshop with external partners and service users to hear people's voices more widely in addition to the work undertaken by service level patient engagement champions. This approach was supported by Committee. Discussion also took place around complaints related to staff attitude and how we benchmark with other Trusts which is ongoing work.

Safeguarding Committee minutes
Committee were informed about the delay in completing Integrated Health Needs Assessments and that this was being added to the risk register.
It was also celebrated that the Trust had been awarded the West Yorkshire Domestic Violence and Abuse Quality Mark Level 2, which promotes consistent and high-quality service provision to women, children, and men affected by domestic violence and abuse.

Integrated Care Steering group minutes
It was noted that the January meeting had been paused because of the escalated system position however work was continuing with the reinstating of integrated wound clinics, for example.

The Quality 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	Additional comments
RISK 1.1 The risk that the Trust does not have **effective systems and processes for assessing the quality of service delivery and compliance with regulatory standards**	**12 (V High)**	• Performance Brief (effective) • QAIG key issues • Clinical Governance report • Risk register report • Mortality Report • Safe staffing report • Patient experience report (complaints, concerns, feedback) • Internal audit – Quality Challenge	Reasonable assurance	This was agreed acknowledging the challenging circumstances and escalated position across the Trust and the wider health and care system
RISK 1.3 The risk that the Trust does not maintain **and continue to improve service quality**?	**8 (High)**	• Covid update – current pressures • Performance Brief (safe) • QAIG key issues • Clinical Governance report • Safeguarding Children's and Adult's Group: minutes • Risk register report • Neighbourhood model transformation project update • Quality Strategy update • Patient experience and engagement report (complaints, concerns, feedback) • Serious incidents report	Reasonable assurance	This was agreed acknowledging the challenging circumstances and escalated position across the Trust and the wider health and care system
RISK 1.4 The risk that the Trust does not **engage with patients and the public effectively?**	**12 (V High)**	• Performance Brief (caring) • QAIG key issues • Patient experience and engagement report (complaints, concerns, feedback)	Reasonable assurance	It was agreed this could be further enhanced by expanding engagement with people to ensure all voices about our services are heard
RISK 1.5 The risk that the Trust's **altered (Covid) capacity** will **affect the quality** of service delivery and patient outcomes	**12 (V High)**	• Covid-19 update – current pressures • Performance Brief • Clinical Governance report • Risk register report • NHS asymptomatic staff testing	Reasonable assurance	This was agreed, considering the circumstances the Trust continues to operate under, whilst acknowledging the

				actions being taken to address the increasing risks around WYOI and CAMHS to reduce any impact on patients

Public Board Meeting: 4 February 2022

Agenda item number: 2021-22 (108d)

Title: Business Committee Chair's assurance report 26 January 2022

Category of paper: For assurance
History: Not applicable

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

Executive summary (Purpose and main points)
This report identifies the key issues for the Board from the Business Committee held on 26 January 2022 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:

Third Sector Strategy
The Executive Director of Operations advised the Committee the planned progress on the action plan would be available for the March meeting. The Committee was advised of some very promising work with third sector partners across Leeds to develop a support service for patients served by our Neighbourhood Teams. The Committee welcomed this example of working with the third sector and how the Trust was working with Social Care colleagues to make the best possible use of the staffing resources available from all sectors. The Committee considered plans for the evaluation of this approach during 2022/23 and the financial issues to be considered. The Committee was advised that a full Third Sector report will be made available for the March Business Committee.

Business Intelligence Strategy (Strategy is in the Board papers)
The initial draft of the Strategy was presented to the Committee in November 2021. A further iteration of the Strategy was presented at the January 2022 Committee meeting. The Committee welcomed the changes that had been made to reflect comments at the November Committee meeting. The Committee also welcomed the assurance from executive colleagues about the level of engagement there had been across the Trust in the development of the Strategy. The Committee supported the ambition of the Strategy and discussion focused on prioritisation of this Strategy compared to other priorities and affordability. The potential for investment in this Strategy facilitating work in other priority areas was noted. The Committee recognised the importance of this strategy to ability of the Trust to efficiently manage services and help highlight and tackle health inequalities. The Committee was keen that the improvements highlighted by the Strategy could be delivered as quickly as possible.

The Committee agreed to recommend the Strategy for approval to the Board with caveats concerning pace, affordability and balance with other Trust priorities.

Premises Assurance Model (update)
The Committee was advised that, as a result of a decision to cease an advisory piece of work with one Trust and commence with another, the review of soft facilities management which would underpin work on the PAM had been delayed. The Trust now expected a report by the end of February and that recommendation and proposed management actions would be brought to the Business Committee as soon as possible after that. The Committee was also advised that it was hoped to secure the advisory services of an expert Waste Management advisor to support the Trust's response to a recently commissioned Waste Management audit.

The Committee noted the update and expressed a desire to consider the outcome of the work commissioned as soon as possible once they had been received an assimilated by

executive colleagues. The Committee also stressed the need to tackle urgent actions highlighted in the Waste Management audit.

Performance Brief (report is in the Board papers)
As had previously been agreed, because of the Trust's continued response to the Omicron variant, the Committee received a significantly pared back Performance Brief with narrative escalations on the safe and caring domains only. The Committee was advised that the Quality Committee had considered safe, caring and effective domains at its meeting two days earlier. No additional escalations on the responsive domain were brought forward over and above the well understood general pressure on waiting times as a result of the pandemic. The Committee was advised that whilst a number of the well-led KPIs remained red there was evidence of some stabilisation, and it is expected that the Trust would begin to see improvements. The Committee received an update on how it was planned to utilise financial resources across the Trust, and across Leeds, over the remainder of the financial year. The Committee was advised of some changes to the information presented at the last Board meeting about the plans to manage resources. The potential for there to be more changes as resources were managed across the ICS and all its partner organisations was noted. The potential for a small surplus to remain in LCH at the year-end was noted.

Health and Safety Compliance Report
The Committee was provided with information on the current level of compliance with health and safety legislation and policies as well as an update on the developments and effectiveness of the Trust's health and safety management system. A new Security and Safety Lead is in post and a review of the security management arrangements is currently underway. Static roles within buildings for security, fire and first aid require review to ensure that there are adequate numbers of trained staff available to respond in an emergency.

The Committee noted some concerning aspects of lack of response to fire safety risk assessments. The Committee welcomed the current significant investment in fire safety work from an estates perspective, but this now needs to be followed with an enhanced fire safety culture and day to day actions in the Trust. The need to continue to develop the organisational culture in all aspects of health and safety was recommended by Committee members. The potential under-reporting of incidents, particularly aggression towards staff was noted and this would be picked up by the new Security and Safety Lead.

The Committee was given details of the eight work-related injuries reported to the Health and Safety Executive under Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 2003 (RIDDOR).

Overall, the Committee welcomed the comprehensive 'position statement' report but agreed that it highlighted the need for continued improvements across a range of areas and could only provide limited assurance. It was agreed that when the Committee returned to its full time duration, a longer discussion on the plans of Health and Safety work for FY22/23 would be held and key personnel from the team would be invited to attend.

Safe staffing report (report is in the Board papers)
The report received set out progress in relation to maintaining safe staffing over the last six months. It covers the range of services provided in the Trust. Noting that the report had been received and discussed at Quality Committee, the Business Committee agreed that its consideration of the report would be better done as part of a wider consideration of

workforce issues, and this would be scheduled as part of the Committee's plans to provide more time on its agenda for this wider discussion. The Committee thanked the report's authors for the helpful and comprehensive commentary and looked forward to future discussions on ensuring each service had the right numbers and mix of staff.

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 2.5 The risk that the Trust does not deliver on its agreed **income and expenditure** position	6 Moderate	• Performance Brief (Finance)	Reasonable	The Trust will at least deliver the required I&E balance this year. The risk score concerns the underlying position which will explored next month as resources available to the Trust and cost pressures are clearer.
RISK 3.1 **The risk that** the Trust does not have **suitable and sufficient staff capacity and capability** and is it maintaining a low level of **sickness absence**	12 V High	• Performance Brief (turnover and stability) • Covid / System pressures update • Performance Brief (Reset and Recovery) • Safe staffing report	Reasonable	The Committee gained reasonable assurance that the Trust was doing what it could in the current circumstances, but the very high-risk rating reflects the continuing difficulties in creating the right staffing capacity across all services.
RISK 3.5 The risk that the Trust does not develop and embed a suitable **health and safety management system**	12 V High	• Health and Safety compliance report • Performance Brief (staff RIDDOR incidents) • Performance Brief (statutory mandatory H&S compliance) • Health and Safety Group minutes • Premises Assurance Model update	Limited	The Committee took some assurance from the Health and Safety compliance report but noted there were important issues and risk to mitigate and there were some items that had been impacted by the pandemic and resultant staff pressures.
RISK 3.6 The risk that the Trust is not maintaining **business continuity** in the event of significant disruption	12 V High	• Performance Brief (Reset and Recovery) • System pressures update • Risk register report • Third sector strategy update	Reasonable	

Trust Board Meeting held in public: 4 February 2022

Agenda item number: 2021-22 (109i)

Title: Business Intelligence Strategy

Category of paper: for assurance
History:
Senior Management Team – 17 November 2021
Quality Committee – 22 November 2021
Business Committee – 24 November 2021
Business Committee – 26 January 2022

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

Executive summary (Purpose and main points)

Over the past 5 years the LCH Business Intelligence (BI) Team have delivered a number of successful projects that have highlighted how a BI provision can be used to support the organisation in its aims. This has increased demand and a strategy is required to lay out how this demand can be addressed.

The aspiration for this strategy is:

> "To put high quality data and intelligence at the heart of LCH decision making processes to deliver the best possible care to every community we serve."

Current business intelligence provision struggles to provide a true Trust-wide view of performance that could deliver insight and intelligence. This is mainly due to a lack of standardisation. Despite these discussions with other Trust has demonstrated that whilst the BI provision in LCH is ahead of many other Trusts, there are other Trusts delivering exceptional examples of impactful BI solutions currently beyond those produced in LCH. This is where the BI provision in LCH aspires to be, utilising quantitative and qualitative information to understand the communities we serve and enable services to deliver effective care and improvements to that care whilst allowing an effective overview of the organisation that spotlights areas for celebration and of concern.

There are 5 aims to deliver the strategy:

- One source of standard information
- Support and upskill colleagues
- Deliver strategically aligned analytics
- Work in partnership
- Exploit and explore new opportunities

Seven key items that will be delivered by this strategy have been identified. They are:

1. An established set of organisation-wide measures available at all organisational levels to all relevant parties via one source.
2. The ability to assess each of the organisation-wide measures for different populations to assess health equity.
3. Delivery of Business Intelligence technologies and processes that have freed up resources to provide more in depth, specialist support.
4. Robust organisation-wide data quality processes with measurable outcomes.
5. Training and support to colleagues in services enabling them to embed the use of data and information in their day-to-day work.
6. More efficient and better aligned Business Intelligence resource within the existing Business Intelligence team and wider corporate teams
7. A clear role in the place and system in relation to Business Intelligence and the ability to capitalise on place and system-wide infrastructure

To enable the achievement of the 5 aims infrastructural developments are required. In year one these include standardisation of systems and measures, improvements

in data quality and infrastructure and implementation of new software. It is identified that clinical engagement will be key to the success of these developments.

In subsequent years the strategy focuses on delivering support to service colleagues to allow them to make more effective use of information, improving data sharing across organisations, delivering more strategic analyses and further improvements to data structures and warehousing.

Barriers to implementation of the strategy are explored. Perhaps the most challenging barrier will be the sharing of information across organisations as this requires a place or ICS level response to establish a legal basis to share information. In addition to this, specific challenges around providing organisational capacity to support initiatives and establishing automated data flows are explored.

Additional resource will be required to support implementation of this strategy. Areas for potential investment are detailed along with preliminary costings and models demonstrating the impact of varying levels of funding. The report identifies potential non-cash releasing efficiency savings to offset the required investment. The level of investment will be subject to prioritisation discussions in advance of 2022/23 budget approval.

The Business Committee has recommended that the Board approve the strategy subject to caveats about Trust investment priorities, affordability and development pace.

Recommendations

The Board is recommended to approve the Business Intelligence Strategy.

Business Intelligence Strategy

Delivering Insight and Intelligence

Author: Victoria Douglas-McTurk, Head of Business Intelligence and Performance

Latest version: 26th January 2022
Current Status: For Approval
Due for Review: May 2023

Previously considered by:

Group	Purpose	Date
Senior Management Team	Opinion on draft	17/11/21
Quality Committee	Opinion on draft	22/11/21
Business Committee	Opinion on draft	24/11/21
Business Committee	Approved	26/01/22

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1 Executive Summary

1.1 Over the past 5 years the LCH Business Intelligence (BI) Team have delivered a number of successful projects that have highlighted how a BI provision can be used to support the organisation in its aims. This has increased demand and a strategy is required to lay out how this demand can be addressed.

1.2 The aspiration for this strategy is:

"To put high quality data and intelligence at the heart of LCH decision making processes to deliver the best possible care to every community we serve."

1.3 Current business intelligence provision struggles to provide a true Trust-wide view of performance that could deliver insight and intelligence. This is mainly due to a lack of standardisation. Despite these discussions with other Trust has demonstrated that whilst the BI provision in LCH is ahead of many other Trusts, there are other Trusts delivering exceptional examples of impactful BI solutions currently beyond those produced in LCH. This is where the BI provision in LCH aspires to be, utilising quantitative and qualitative information to understand the communities we serve and enable services to deliver effective care and improvements to that care whilst allowing an effective overview of the organisation that spotlights areas for celebration and of concern.

1.4 Potential efficiency savings of the initiatives in this strategy have been estimated to be equivalent to staffing costs of nearly £125,000. These are only likely to be realised with appropriate investment.

1.5 There are 5 aims to deliver the strategy:

- One source of standard information
- Support and upskill colleagues
- Deliver strategically aligned analytics
- Work in partnership
- Exploit and explore new opportunities

1.6 7 key items that will be delivered by this strategy have been identified. They are:

1. An established set of organisation-wide measures available at all organisational levels to all relevant parties via one source.
2. The ability to assess each of the organisation-wide measures for different populations to assess health equity.
3. Delivery of Business Intelligence technologies and processes that have freed up resources to provide more in depth, specialist support.
4. Robust organisation-wide data quality processes with measurable outcomes.
5. Training and support to colleagues in services enabling them to embed the use of data and information in their day-to-day work.
6. More efficient and better aligned Business Intelligence resource within the existing Business Intelligence team and wider corporate teams
7. A clear role in the place and system in relation to Business Intelligence and the ability to capitalise on place and system-wide infrastructure

1.7 To enable the achievement of the 5 aims infrastructural developments are required. In year one these include standardisation of systems and measures, improvements in data quality and infrastructure and implementation of new software. It is identified that clinical engagement will be key to the success of these developments.

1.8 In subsequent years the strategy focuses on delivering support to service colleagues to allow them to make more effective use of information, improving data sharing across organisations, delivering more strategic analyses and further improvements to data structures and warehousing.

1.9 Additional resource is likely to be required to support implementation of this strategy. Areas for potential investment are detailed along with preliminary costings and models demonstrating the impact of varying levels of funding.

1.10 Barriers to implementation of the strategy are explored. Perhaps the most challenging barrier will be the sharing of information across organisations as this requires a place or ICS level response to establish a legal basis to share information. In addition to this, specific challenges around providing organisational capacity to support initiatives and establishing automated data flows are explored.

2 The Story to Date – What we have achieved so far

2.1 Over the past 5 years much has been achieved by the Business Intelligence (BI) Team in Leeds Community Healthcare NHS Trust (LCH). We have moved from reports being predominantly manually produced in Excel to dynamic reports delivered via the Performance Information Portal (PIP). This has enabled a large volume of reports to be automatically delivered to services' desktops. We have upskilled and expanded the BI Team and increased understanding in the organisation about how useful data can be in delivering improvements in service management and patient care.

2.2 We have aligned analysts to the business units to provide consistency of service and the development of the specialist knowledge and relationships required to carry out effective analysis and report production for services. Whilst this has been extremely beneficial there is consistently more work to cover than resource allows. This is currently managed via an ongoing prioritisation process that is run in conjunction with business unit colleagues.

2.3 We have implemented a new approach to data quality putting the clinician at the centre of the approach, providing information and support to front line workers that enables them to adjust their practice and improve data quality "at the front door". To date this service has been bespoke to each service, but work is now progressing to more trust-wide approaches.

2.4 The Information Team has moved from within the Clinical Systems Team to the BI Team. This has enabled closer working relationships and improved strategic alignment. Data warehouse structures have been improved to allow more efficient analysis of source data. We have also maintained and developed existing national data flow requirements maintaining data quality scores above 95%. We have automated the IAPT data flow and created a new data flow into the Community Services Data Set where we are again scoring well in the Data Quality Maturity Index.

2.5 These successes have highlighted quite how useful effective provision of information could be to the organisation and how much more we could provide. There are many organisation-wide demands for our resource and a requirement for us to think more strategically about how we respond to the organisation's needs. This and other factors signalled that now is the time to create a strategy that will take the LCH business intelligence function further forward over the next 3 years.

3 The Case for Change – Why do we want to do this?

3.1 This strategy aims to deliver insight and intelligence to the Trust. The aspiration for this strategy is:

> "To put high quality data and intelligence at the heart of LCH decision making processes to deliver the best possible care to every community we serve."

To date BI has been focussed on information coming out of clinical systems. It is time to widen that view. To deliver the best possible insight and intelligence to the organisation we need to integrate reporting processes from other systems into one set of processes to provide a cohesive view of the organisation. This includes information from our corporate information systems such as ESR and Datix and should also look to collate information from softer sources; including cultural and more qualitative analyses. The aspiration for this strategy is to look to provide the right information for the organisation to make decisions regardless of the source or format of that information. Hence this strategy looks beyond being a traditional business intelligence strategy towards being a strategy for insight and intelligence.

3.2 Current business intelligence provision struggles to provide a true Trust-wide view of performance that could deliver insight and intelligence. This is due to a lack of standardisation in information and the associated processes. For example, definitions of services are different across different corporate systems and this makes linking of workforce, finance and clinical information difficult. Issues such as this mean that reporting processes are complex and difficult to convey to non-analytical colleagues; this decreases engagement with data and reporting as colleagues are unable to see the link between reporting and the reality of service delivery. It also increases the resource required to produce meaningful reports as bespoke approaches are required for each service.

3.3 That said, following discussions with other community trusts across the country we have discovered that our current BI function is more advanced than many of the Trusts consulted. However, it is also behind others in the sector and there are valuable examples to learn from where increased accessibility to, understanding and application of data in daily practice has been delivered to great effect. Some notable examples are:

- Royal Cornwall Hospitals NHS Trust have real time waiting times for their regional A&E and MIU units published on their website[1]. Providing useful information to the population they serve on the best place to be seen and the delivering possibility of demand being redirected to less busy units during pressured periods.
- East London NHS Foundation Trust use PowerBI to deliver dashboards to their colleagues' mobile phones.
- In Derbyshire Community Health Services NHS Foundation Trust they have implemented a Clinical Governance Matrix for their Urgent Treatment Centres. This matrix delivers a set of 36 RAG rated KPIs aligned to the CQC domains and 7 pillars of clinical governance. These measures are specific to the service and provide an at a glance overview of performance, clearly showing which domain or pillars might need action.
- Pennine Care NHS Foundation Trust has a dashboard to support weekly executive huddles. This provides key indicators on issues at a trust level such as delayed transfers of care and workforce measures. Pre-pandemic these reports were presented on a screen in a room and the team discussed the issues in person. Currently the process is managed via Microsoft Teams.

3.4 These examples demonstrate quite how impactful good BI solutions can be and where the BI provision in LCH aspires to be.

3.5 Quantitative understanding of our services and patients will deliver a host of benefits. We will be able to fully understand the patients and communities that we deliver our services to and work effectively with our system partners. We'll be able to understand whether we are delivering effective care and what works to improve care. Improved intelligence capabilities will enable us to more effectively manage capacity and demand; ensuring that we have information on what staffing is required to respond to our population and to assess changes in demand and alter service provision accordingly. With more effective understanding of and increased access to data service colleagues will be able to effectively monitor information. Identify where something is changing and understand and provide evidence for that change. We will also be able to deliver a more effective overview of the organisation allowing Senior Management to shine a spotlight on areas for celebration and of concern.

[1] https://www.royalcornwall.nhs.uk/services/urgent-emergency-care/minor-injury-wait-times/

3.6 The cost savings of implementation of this strategy can be assessed by considering 3 scenarios. Firstly, if more modern reporting software were implemented this would enable the BI team to cut the time taken to produce reports by approximately 50%. This takes up varying proportions of the team's time per grade; but when taken as whole could release capacity within the team equivalent to over £30,000 in staff costs.

3.7 Secondly, improvements in reporting functionality could decrease the amount of time manager spend collating and examining information for performance and improvement processes. If these improvements could cut 2 hours a month from one band 7 role per service this would release staff capacity equivalent to nearly £40,000.

3.8 Finally, if improved access to information drove service change that enabled services to save just one hour of band 5 time a week that would equate to staffing costs of over £55,000.

3.9 This totals potential efficiency savings in this strategy at nearly £125,000 per annum. These are only likely to be realised with appropriate investment which is likely to significantly offset this figure.

3.10 This strategy aligns to the LCH vision and values are as follows as it lays out initiatives to:

- deliver information to improve care
- work more collaboratively with partners in the system
- upskill our staff to more effectively use information
- provide information to increase efficiency of services
- deliver initiatives to increase the efficiency of the teams delivering BI

3.11 Specific objectives have been aligned to our 7 magnificent behaviours to demonstrate cohesion with the trust's vision and values.

3.12 Other organisational strategies have been examined during the development of this strategy to ensure that the aims and plans here align. Those strategies include: the Health Equity Strategy, Workforce Strategy, Digital Strategy and Quality Strategy.

4 How Will This Strategy Help the Trust? – Key Deliverables

4.1 There is a set of 7 key deliverables that the Trust will benefit from when implementation of this strategy is complete. These are:

1. An established set of organisation-wide measures available at all organisational levels to all relevant parties via one source.
2. The ability to assess each of the organisation-wide measures for different populations to assess health equity.
3. Delivery of Business Intelligence technologies and processes that have freed up resources to provide more in depth, specialist support.
4. Robust organisation-wide data quality processes with measurable outcomes.
5. Training and support to colleagues in services enabling them to embed the use of data and information in their day-to-day work.
6. More efficient and better aligned Business Intelligence resource within the existing Business Intelligence team and wider corporate teams
7. A clear role in the place and system in relation to Business Intelligence and the ability to capitalise on place and system-wide infrastructure

4.2 Collectively these deliverables will enable us to provide insight and intelligence to the organisation and enable the use of data and information to be embedded in decision making processes.

5 The Plan of Action – What are we going to do?

5.1 There are 5 aims that will help us to achieve our aspiration and deliverables:

- One source of standard information
- Support and upskill colleagues
- Deliver strategically aligned analytics
- Work in partnership
- Exploit and explore new opportunities

5.2 To enable the achievement of the 5 aims development of our infrastructure is required. Once in place this will provide the foundations within our systems and processes that will allow us to deliver. The discussion with Derbyshire Community Health Services NHS Foundation Trust particularly highlighted the need for this work. A long programme developing their data feeds, warehouse and team was necessary to enable implementation of their most effective BI solutions.

5.3 The specific objectives and initiatives required to achieve the aims are laid out in tables in Appendix 1. They are listed under the primary aim. Each area is aligned to the LCH values and behaviours aligns with methods laid out to achieve the LCH vision and an indication of the outcomes and timings for each initiative is given.

One source of standard information

5.4 There should be one place where the organisation goes to obtain information on the standard measures used in the organisation. This source will be well structured and provide information on specific measures at all levels of the organisation. It will also highlight areas of interest and help the organisation to understand what is important to examine. This already exists in the form of the Performance Information Portal (PIP) however further refinement is required to deliver information effectively.

5.5 LCH provides many differing clinical services, each with different priorities and motivations. To date processes and systems have been developed to cater for those very specific requirements and this has resulted in bespoke implementations across the organisation. Delivery of an insight and intelligence service to services with bespoke systems configuration and processes requires a bespoke response. The level of resource required to do this is not currently available. This results in an inconsistent provision of a service across the organisation; only those services with established relationships or those with priority requirements receive the degree of support required.

5.6 Standardisation of systems and processes wherever feasible will allow a centralised team to deliver more consistent support to the organisation and will increasingly allow reports to be created once for the whole organisation rather than per individual service.

5.7 Areas for standardisation include clinical system configuration, report formats and presentation, measures for performance, benchmarking and service definitions. It will also include development of a set of standard health equity “lenses” that can be layered over measures to show how we are responding to specific groups within our community.

5.8 It should be noted that this standardisation does not negate the need for relevant service-specific measures. These will be required to accurately reflect services’ situations. Delivery of standardised systems and processes wherever possible enables this by freeing up resource to develop specific measures and by providing a framework for monitoring and development of these measures.

5.9 Key to the success of standardisation and the use of measures is relevance. We want to provide people with a passion and appetite for data. To do this we will require effective engagement with clinical colleagues so we can demonstrate the value in work to standardise systems and the relevance of measures. Mechanisms will need to be developed in conjunction with those colleagues to enable this. Initial actions will include engagement with clinical leads on the action plans born out of this strategy, discovering what they would find most relevant for measurement, identifying individuals with a particular interest in data and information and establishing an appropriate group to drive clinical engagement. This will allow developments to be driven by the front line so that they effectively support services and ensure initiatives will support delivery of improvements in patient care.

Support and upskill colleagues

5.10 We need to ensure that our colleagues in business units and services are fully engaged with information and understand how it is best used so they are more easily able to manage and improve their services and patient care. We should clearly demonstrate how data and information can inform clinical practice and establish it as a standard tool for use in everyday practice. This will involve decreasing the variation in data literacy in the organisation and ensuring that we are clear on the roles and responsibilities in relation to use of information.

5.11 Key to being able to deliver a consistent insight and intelligence service to the organisation is providing our staff within services and business units with the tools and skills to be able to make effective use of data themselves. Standardisation of systems and processes will allow us to deliver a more easily understood set of processes and principles to the organisation. We will need to support these with appropriate engagement to ensure they are embedded and made best use of. This will include initiatives such as development of a tool kit approach and staff training.

5.12 Clinical engagement in the development of our approach to this will be key to ensure that we are utilising the correct routes for engaging with staff and that we are developing the correct support packages to enable individual clinicians to use data effectively. Mechanisms will need to be established to achieve this. These will be developed in conjunction with clinical colleagues as described in section 5.9 above.

5.13 We will also need to ensure that the BI team themselves receive the appropriate training and support to deliver the aims of this strategy.

Deliver strategically aligned analytics

5.14 We also need to ensure that as a team we are resourced and structured to deliver in depth analysis where aligned with Trust priorities. Currently BI team resource is predominantly redirected to the development of reports, whilst useful these do not deliver the same degree of insight that in depth analysis can. This may be at a service level where teams require specific support or at an organisational level where there is interest in a particular area. These analyses should cross information systems and provide a holistic view of the situation. The resulting analysis should not only present the findings of the analysis, but also make recommendations for improvements to systems and processes.

5.15 Once in place standardisation will deliver significant time savings in relation to insight and intelligence that should enable capacity for strategic analyses. Progression of standardisation is likely to require short and/or medium-term investment to deliver benefit further downstream. Standardisation will only partially deliver the capacity needed to support this aim. There will need to be some consideration of the roles that exist to support insight and intelligence in the organisation.

Working in Partnership

5.16 Making the most of the integration agenda will allow us to exploit opportunities to work more collaboratively across organisations. We will need to actively contribute to the development of this agenda, taking our seat at the table early and being clear about how we want to work in that system thereby ensuring we obtain what we need from the changes and maintain the autonomy we require to function effectively.

5.17 There are extensive opportunities for efficiency savings in this if we can influence city-wide developments to ensure that the CCG/PBP fulfil appropriate roles. These roles should include them being the expert on Population Health Management and the source for collated data relating to the system and place's population including information such as demographics and disease prevalence. In LCH we would look to be customers of this service with the ability to access the data and work collaboratively with Population Health experts on requirements specific to LCH.

5.18 We would also expect that national data sets would be collated and structured at a place and/or system level and that this would be managed by place and/or system level organisations. LCH would be a customer of these data; we would want to be able to access appropriate information in a timely fashion to inform work relevant to LCH. We would contribute by being the expert in the data that we submit and assisting with development.

5.19 One major barrier to making the most of partnership working is data sharing. Mechanisms need to be found that enable data sharing for secondary uses across organisations. Without this the ability to develop intelligence on the system as a whole will be and is currently severely hampered. Responsibility for enabling this should be at a system level.

5.20 These initiatives will enable analysts from any organisation to look at entire pathways of care rather than just the information their organisation produces. It will assist with streamlining system-wide BI processes and prevent duplication of effort across organisations.

5.21 We also need to consider our developing relationship with primary care; we need to define what corporate BI structures we see most effectively supporting the closer working relationship and influence agendas to achieve that.

Exploit and explore new opportunities

5.22 To make the most effective us of the resources at our disposal we need to enable our BI Team to make the most of new opportunities in 3 areas:

- explore new technical and software solutions to increase the effectiveness and efficiency of the BI provision. Beyond allowing more effective presentation and delivery of information to services implementation of more modern software will allow the team to create functionality in less time. The staffing costs saved by implementing more modern solutions are highly likely to exceed the licensing and roll out costs. New technology will provide the ability for the team to develop self-service reporting for services.
- exploit opportunities to obtain and use external funding from national sources/ICS and become better at making use of these resources
- to make the most of the opportunities presented to us by working more closely in partnership at a place and ICS level, with our primary care colleagues and with other community providers across the country (please see “Working in Partnership”)

6 The Things We’ll Need – What will we need to do this?

6.1 Highly specified requirements for resource are not yet available. Where required detailed business cases will be developed to accompany plans and submitted for consideration in due course. We can state, however, that it is envisaged that there may be requirements for additional resource in the following areas:

- Data Quality – widening of the role of the data quality team to support other corporate systems will require additional permanent staffing resource to support
- Commitment to maintain current BI Team staffing levels – there are currently fixed term contracts within the BI Team (equivalent to 1.5 WTE). The requirement for these posts has been ongoing and there is no indication that workload will be changing to an extent where this resource can be lost. A request will be made to make these contracts permanent.
- Power BI and Power Platform – the purchasing of appropriate licenses to support implementation organisation-wide

- Health Equity – Health Equity is a new strategy for the Trust and comes with a wide-reaching set of reporting requirements. Additional resource may be required to establish a set of health equity "lenses" and to layer over each of our reports.
- Data Structures –An initial procurement of an external consultancy to advise on our current structures and recommend developments to direct work and to reinforce the technical expertise of the existing team. Subsequent interim resourcing will be to deliver the planned improvements will be necessary.
- Application programming interfaces (API)s/Web Development Expertise – Procurement of this resource will enable us to make the most of APIs offered by our software providers and to develop automated web solutions. This will be of assistance in removing the need for manual processes to collect and collate data and will allow us to make much more innovative use of the data sources available to us
- Training Support – support to the business intelligence team in developing training and associated documentation to support and upskill colleagues

Appendix 2 lays out some preliminary costings for each of these resource areas.

Additional resource may also be required for the procurement of mapping software. However, as the cost and benefits of this have not yet been determined it is not included here. A separate case to fund this will follow if it is determined to be appropriate.

The total resource required to deliver the strategy within 3 years is not insubstantial with costs per year as per the following table:

	Total		Recurrent	Non Recurrent
Year 1	£ 102,588		£ 40,602	£ 61,986
Year 2	£ 286,843		£ 201,547	£ 85,296
Year 3	£ 240,098		£ 201,547	£ 38,551
Per annum thereafter	£ 201,547		£ 201,547	£ -

As described in section 3 this is offset by efficiency savings within the BI team itself and by efficiency changes within services. However, these will not be cash savings, they will be in the form of released resource that will be available to be used in other areas.

Given the magnitude of the funding required and predicted financial climate within the NHS in coming years 5 different costings have been prepared to demonstrate the impact of less than full funding on delivery of the strategy and these are summarised in the table below. Full details of the costings can be found in appendix 3.

Model	Zero Funding	Minimal Funding	Mid-line Funding	Stretched Funding (over 5 years)	Maximum Funding
Recurrent Funding Required (per annum once all in place)	**£ -**	**£ 128,899**	**£ 171,547**	**£ 186,547**	**£ 201,547**
Non-Recurrent Funding Required (across whole period)	**£ -**	**£ 83,310**	**£ 130,537**	**£ 180,502**	**£ 185,833**
Deliverable	**Impact**				
1. An established set of organisation-wide measures available at all organisational levels to all relevant parties via one route.	Unable to deliver within 5 years	Able to deliver within 5 years	Able to deliver within 3 years	Able to deliver within 5 years	Able to deliver within 3 years
2. The ability to assess each of the organisation-wide measures for different populations in order to assess health equity.	Unable to deliver within 5 years	Unable to deliver within 5 years	Unable to deliver within 5 years	Able to deliver within 5 years	Able to deliver within 3 years
3. Delivered efficiencies in Business Intelligence technologies and processes that has freed up resources to provide more in depth, specialist support.	Unable to deliver	Able to deliver within 5 years	Able to deliver within 5 years	Able to deliver within 5 years	Able to deliver within 3 years
4. Robust organisation-wide data quality processes with measurable outcomes.	Partially able to deliver	Able to deliver within 5 years	Able to deliver within 3 years	Able to deliver within 3 years	Able to deliver within 3 years
5. Training and support to colleagues in services enabling them to embed the use of data and information in their day to day work.	Able to deliver within 5 years	Able to deliver within 5 years	Able to deliver within 3 years	Able to deliver within 3 years	Able to deliver within 3 years
6. More efficient and better aligned Business Intelligence resource within the existing Business Intelligence team and wider corporate teams	Partially able to deliver	Able to deliver within 5 years	Able to deliver within 5 years	Able to deliver within 5 years	Able to deliver within 3 years
7. A clear role in the place and system in relation to Business Intelligence and the ability to capitalise on place and system-wide infrastructure	Able to deliver within 5 years	Able to deliver within 3 years	Able to deliver within 3 years	Able to deliver within 3 years	Able to deliver within 3 years

7 What will get in the way – What might prevent us doing this?

7.1 There will be some challenges that will need to be overcome to deliver the aims of this strategy. Specific barriers are as follows:

Corporate capacity to progress standardisation of the list of services used across information systems

7.2 This could require significant input from corporate teams to re-align services structures within systems such as Oracle and ESR and will require the development and embedding of processes to manage change. This work would need to be prioritised against other corporate objectives.

Service capacity to engage with clinical system standardisation

7.3 Service engagement is required with any changes to clinical information to systems to ensure that they are usable and fit for purpose. Whilst support can be provided from corporate teams active participation from services is required to ensure that information systems appropriately reflect clinical services. Services are under increased pressure since the start of the pandemic and this may required the prioritisation of clinical service delivery over engagement with clinical system changes.

Clinical capacity to engage with development

7.4 Clinical capacity is always at a premium. Without clinical engagement we risk developing measures, reports, training and support that is not fully relevant. This will decrease engagement and will detrimentally affect the aims of the strategy. Mitigation for this would include offering flexibility in mechanisms to engage with clinical colleagues, utilisation of existing networks and forums and having a clear message about the benefits of this work developed in conjunction with available staff.

Complexities in establishing automated data flows

7.5 Establishing processes to automatically flow our data out of corporate and clinical information systems is often a long-winded and complex process. The problems encountered differ from system to system, but have to date included unresponsiveness of software companies, significant cost implications, requirements to develop of new expertise (e.g. APIs) and complex implementation requirements.

Data Sharing

7.6 To effectively work across the place to deliver patient centred care and at an ICS level there will be a requirement to centralise and share timely well-structured data across organisations for secondary uses. Currently data is not available for whole pathways; we are only able to view our own organisation's data. Local bespoke data sharing arrangements are put in place around specific initiatives, but these are time consuming to develop and implement. If legal basis could be found to enable data sharing for secondary uses across organisations this would significantly improve our ability to deliver change to system-wide issues such as transfers of care out of hospital and integrated clinics. Developing the legal basis for this will require a city-wide if not ICS level response and may require organisational restructuring to enable it.

7.7 In addition to the barriers above there is also a risk that services will start to disengage with BI as a result of the implementation of the initiatives laid out in this strategy. In the short to medium term delivery of the strategic infrastructural solutions may manifest as a decrease in the amount of support available directly to services. In discussions with the Business Units to obtain their input to this strategy each asked for additional support. It is therefore possible that this will disengage services and Business Units with the BI team as they will see a decrease in service. This risk can be mitigated by clearly laying out the plan of action and highlighting the longer-term benefits of delivering this strategy. Namely that work to standardise our systems and processes will allow us to deliver more consistent, robust support by removing the requirement to develop bespoke solutions per service. This could also be offset by the implementation of formal change process that clearly lays out the prioritisation of projects within the BI team and allows routes for escalation where needed.

8 Appendix 1 – Action Plans

This appendix provides more detailed action plans designed to deliver the 5 aims of this strategy. The initiatives are listed under the primary aim but are likely to support more than one. Each objective is aligned to the LCH values and behaviours to show how they contribute towards the LCH vision. An indication of the outcomes and timings for each initiative is also given.

One source of standard information

Objectives and Alignment	Initiatives	Outcomes	Over year(s)
Standardisation of Systems and Measures 	Standardisation of SystmOne configuration across all services wherever possible	Defined standards for SystmOne configuration and increased compliance with those standards	1-2
	Engagement with clinical colleagues to develop mechanisms to ensure relevance of developments and measures	Increased engagement and use of data and information by clinical colleagues	1-3
	Standardisation of the set of measures the organisation is assessed against	A defined set of measures in use for assessing our performance along with complete definitions for those measures	1-2
	One source of information for all management purposes	A suite of reports providing information on the set of measure defined for the organisation	1-3
	Development of ability to examine all measures across different communities	A set of defined health equity “lenses” that can be laid over any measure to demonstrate where variation exists	1-2
	Standardisation of the list of services used across information systems.	Increased ability to triangulate information from multiple sources	1-2
		Increased accuracy of information	1-2
	Improved contribution to and use of benchmarking information	Services understand how they compare to similar services across the country and use this to drive improvement	1-3

Improving data structures and warehousing 	Automation of data sources Delivery of improved warehousing structure to enable more effective reporting	Data automatically loaded into the data warehouse from an increased number of sources (ESR/Datix/MES/Health Roster etc.) One warehouse structure that contains relevant information for all services regardless of information system Warehouse structures aligned to facts and dimensions Increased ability to work across clinical and corporate information systems	1-2 1-2 2-3 2-3
Improving Data Quality 	An organisation-wide data quality framework Data quality support to all LCH information systems Focus on improvements in demographic information to support health equity	Robust processes to manage and monitor data quality organisation-wide The ability to respond to and improve data quality regardless of the system in which issues exist Improved data quality relating to patient demographics	1 1-2 1

Support and upskill colleagues

Objectives and Alignment	Initiatives	Outcomes	Over year(s)
Upskill service colleagues 	Engagement with clinical colleagues to ensure effective development of programmes Development of appropriate training programmes for new and existing colleagues	Training is relevant and appropriate and therefore in demand. Improved knowledge of role of BI, the reports available and the actions to take relating to them Increased staff confidence in using data Decreased variation in data literacy across the organisation Increased use of data to identify variation and drive service improvement Increased use of data to provide evidence for the efficacy of service-led initiatives	3 3 3 3 3 3
Support Service Colleagues	Development of standardised approaches for presenting and	Simplified processes allowing for a more centralised BI response and more straight	3

	taking action on information (SPC based)	forward explanation of principles	
	Definition of roles and responsibilities in relation to performance and information monitoring	Staff understand their roles and responsibilities in relation to monitoring information	2-3
		Consistent insight and intelligence service offer across the organisation.	2-3
	Promotion of the BI Team and what we do	Better understanding of the role of BI and how the team can support initiatives	2
	Development of a suite of supporting documentation (relating to measures and processes)	Deliver understanding of measures and how action can be taken to improve services and patient care	2
	Improve visualisation in dashboards to aid understanding	Reports are more impactful and key points for attention are more easily identified	1-2
Upskill and Support BI Team 	Acquisition of API/web development expertise	Appropriate expertise available to leverage opportunities presented via APIs/web development e.g. automated data flows; automated collation of information.	1-2
	Embedding use of 360° feedback in appraisal process	Improved understanding of how we work with colleagues inside and outside of the team	1
	Improvement of appraisal processes with alignment to the strategic plan with clear goals and roles.	More effective monitoring of progress against goals	1
		Clearer roles and knowledge of what an individual's contribution to the overall strategy is	1

Deliver strategically aligned analytics

Objectives	Initiatives	Outcomes	Over year(s)
Create ability to deliver strategic	More effectively integrate	Better understanding of roles within the	1-2

analyses 	within the team Review roles within the BI provision enable us to resource delivery of analytics In conjunction with other corporate teams, review structures and roles to support a more strategic BI provision	team resulting in a more efficient response Increased capacity to carry out strategically aligned analytics Increased ability to examine issues with a cross-organisational perspective. Increased collaboration between corporate teams	 2-3 2-3 2-3
Use resources more effectively 	Development of a more formal change management process Make best use of technology to minimise manual processes and development time (See also exploit and explore new opportunities)	Improved alignment of BI work to strategic initiatives and trust priorities Increased ability to deliver strategic solutions More effective management of requests for work Decreased time spend manually processing information and developing reports	2-3 2-3 2-3 1-2

Working in Partnership

Objectives	Initiatives	Outcomes	Over year(s)
Clarification of roles and aims 	Determine what our desired role in the delivery of BI to the place and ICS is Determine what how best BI is delivered in conjunction with primary care	Increased ability to inform future direction of BI at place and ICS level Decreased duplication of processes and roles across organisations Improved delivery of BI on integrated pathways and initiatives	1-2 3 1-2
Improve data sharing 	Contribute to place and ICS-wide discussions in relation to data sharing underlining the importance of data sharing for secondary uses Contribute to the development of system-wide data sets and sources	Increased availability of data to inform service improvement Improved collaboration with BI colleagues across the place and region Increased understanding of system-wide data sets and how they can be used to inform service improvement	1-3 2-3 2-3

Improve other external relationships 	Capitalise on new relationships with other community trusts creating opportunities for sharing learning and expertise	Better knowledge of "what works" and therefore more successful implementation of initiatives	1

Exploit and explore new opportunities

Objectives	Initiatives	Outcomes	Over year(s)
Explore new technical and software solutions 	Implementation of Power BI	Improved visualisations	1-2
		Decreased time required to develop reports	1-2
		Increased ability to deliver self-service reporting	3
	Examination of how Microsoft Power Platform can be used	Decrease in manual processes required to extract and load data	1
	Investigation of software to enable mapping of data and procurement if appropriate	Ability to overlay data onto maps	2-3
	Investigation of other BI software on the market to determine whether benefits	Improved visualisations and increases in efficiencies	2-3
	Engage in TPPs pilot relating to real time data	Increased frequency of data refreshes for appropriate reports	1
	Explore use of external consultancy to inform BI infrastructure	BI Team feel supported and confident in technical aspects of new roll outs	1
		Increased ability to deliver on initiatives	2
Improve use of funding streams	Link into ICS and national level funding streams to determine whether cases for investment are appropriate	Additional funding for BI initiatives	1-3
			1

	Improve ability to utilise short term or small amounts of funding Become more effective in estimating requirements for BI resource in relation to new projects and contracts	Additional flexibility with resource to respond to short term requirements Improved ability to bid for or highlight needs for additional resource and therefore manage requirements relating to new projects and contracts	2-3
Learn from our partners	Please see “Working in Partnership section”		

9 Appendix 2 – Preliminary Costing

	Year 1		Year 2		Year 3		Recurrent Costs	
Initiative	**Description**	**Cost**	**Description**	**Cost**	**Description**	**Cost**	**Description**	**Cost**
Widen Data Quality Resource to All Corporate Systems	Band 6 - 1 WTE for 3 months	£ 10,662	Band 6 - 1 WTE Permanent	£ 42,648	Band 6 - 1 WTE Permanent	£ 42,648	Band 6 - 1 WTE Permanent	£ 42,648
Maintain BI Capacity	Band 7 - 1WTE for 3 months	£ 13,209	Band 7 - 1 WTE Permanent	£ 52,837	Band 7 - 1 WTE Permanent	£ 52,837	Band 7 - 1 WTE Permanent	£ 52,837
	Band 6 - 0.5 WTE for 3 months	£ 5,331	Band 6 0.5 WTE Permanent	£ 10,662	Band 6 0.5 WTE Permanent	£ 10,662	Band 6 0.5 WTE Permanent	£ 10,662
Power BI and Power Platform	Power BI Licencing (User based)	£ 6,000	Power BI Licencing (P1 Node)	£ 60,000	Power BI Licencing (P1 Node)	£ 60,000	Power BI Licencing (P1 Node)	£ 60,000
	Power Platform Licencing	£ 5,400	Power Platform Licencing	£ 5,400	Power Platform Licencing	£ 5,400	Power Platform Licencing	£ 5,400
Health Equity Report Development	Band 6 - 1WTE for 6 months	£ 21,324	Band 6 - 1WTE for 12 months	£ 42,648	Band 6 - 1WTE for 6 months	£ 21,324		
Data Warehousing Improvements	Consultancy	£ 30,000						
	Band 6 - 1 WTE for 3 months	£ 10,662	Band 6 - 1 WTE for 12 months	£ 42,648				
API/Web Dev Expertise			Contractor/ Service	£ 30,000	Contractor/ Service	£ 30,000	Contractor/ Service	£ 30,000
Training support					Band 5 - 0.5 WTE for 1 year	£ 17,227		
Totals		**£ 102,588**		**£ 286,843**		**£ 240,098**		**£ 201,547**

10 Appendix 3 – Costing Models to Reflect Variable Funding Levels

Minimum

Year	1	2	3	Recurrent
Widen Data Quality Resource to All Corporate Systems				
Maintain BI Capacity	£ 18,540	£ 63,499	£ 63,499	£ 63,499
Power BI and Power Platform	£ 11,400	£ 65,400	£ 65,400	£ 65,400
Health Equity Report Development				
Data Warehousing Improvements	£ 40,662	£ 42,648	£ -	£ -
API/Web Dev Expertise				
Training support				
Totals	**£ 70,602**	**£ 171,547**	**£ 128,899**	**£ 128,899**
Recurrent	£ 29,940	£ 128,899	£ 128,899	£ 128,899
Non-recurrent	£ 40,662	£ 42,648	£ -	£ -
Recurrent (per annum once all recruited)				£ 128,899
Non-recurrent (over whole period)				£ 83,310

Mid-Line

Year	1	2	3	Recurrent
Widen Data Quality Resource to All Corporate Systems	£ 10,662	£ 42,648	£ 42,648	£ 42,648
Maintain BI Capacity	£ 18,540	£ 63,499	£ 63,499	£ 63,499
Power BI and Power Platform	£ 11,400	£ 65,400	£ 65,400	£ 65,400
Health Equity Report Development				
Data Warehousing Improvements	£ 40,662	£ 42,648	£ -	£ -
API/Web Dev Expertise	£ -	£ 30,000	£ -	£ -
Training support	£ -	£ -	£ 17,227	£ -
Totals	**£ 81,264**	**£ 244,195**	**£ 188,774**	**£ 171,547**
Recurrent	£ 40,602	£ 171,547	£ 171,547	£ 171,547
Non-recurrent	£ 40,662	£ 72,648	£ 17,227	£ -
Recurrent (per annum once all recruited)				£ 171,547
Non-recurrent (over whole period)				£ 130,537

Stretched (Over 5 years)

Year	1	2	3	4	5	Recurrent
Widen Data Quality Resource to All Corporate Systems		£ 21,324	£ 42,648	£ 42,648	£ 42,648	£ 42,648
Maintain BI Capacity	£ 18,540	£ 63,499	£ 63,499	£ 63,499	£ 63,499	£ 63,499
Power BI and Power Platform	£ 11,400	£ 65,400	£ 65,400	£ 65,400	£ 65,400	£ 65,400
Health Equity Report Development	£ 10,662	£ 21,324	£ 21,324	£ 21,324	£ 10,662	£ -
Data Warehousing Improvements	£ -	£ 35,331	£ 21,324	£ 21,324	£ -	£ -
API/Web Dev Expertise	£ -	£ 15,000	£ 15,000	£ 15,000	£ 15,000	£ 15,000
Training support	£ -	£ -	£ 17,227	£ -	£ -	£ -
Totals	**£ 40,602**	**£ 221,878**	**£ 246,422**	**£ 229,195**	**£ 197,209**	**£ 186,547**
Recurrent	£ 29,940	£ 165,223	£ 186,547	£ 186,547	£ 186,547	£ 186,547
Non-recurrent	£ 10,662	£ 56,655	£ 59,875	£ 42,648	£ 10,662	£ -
Recurrent (per annum once all recruited)						£ 186,547
Non-recurrent (over whole period)						£ 180,502

Maximum

Year	1	2	3	Recurrent
Widen Data Quality Resource to All Corporate Systems	£ 10,662	£ 42,648	£ 42,648	£ 42,648
Maintain BI Capacity	£ 18,540	£ 63,499	£ 63,499	£ 63,499
Power BI and Power Platform	£ 11,400	£ 65,400	£ 65,400	£ 65,400
Health Equity Report Development	£ 21,324	£ 42,648	£ 21,324	£ -
Data Warehousing Improvements	£ 40,662	£ 42,648	£ -	£ -
API/Web Dev Expertise	£ -	£ 30,000	£ 30,000	£ 30,000
Training support	£ -	£ -	£ 17,227	£ -
Totals	**£ 102,588**	**£ 286,843**	**£ 240,098**	**£ 201,547**
Recurrent	£ 40,602	£ 201,547	£ 201,547	£ 201,547
Non-recurrent	£ 61,986	£ 85,296	£ 38,551	£ -
Recurrent (per annum once all recruited)				£ 201,547
Non-recurrent (over whole period)				£ 185,833

Leeds Community Healthcare NHS Trust

Trust Board meeting held in public: 4 February 2022

Agenda item number: 2021-22 (110)

Title: Proposed change to Standing Financial Instructions

Category of paper: for approval
History: Audit Committee 10 December 2021

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

Executive summary (Purpose and main points)

The Audit Committee is recommending to the Board that it approves a proposal from the Executive Director of Finance and Resources to amend the Standing Financial Instructions.

As the Trust seeks to respond flexibly to the resourcing challenge of ensuring as many staff are employed as total funding permits one issue has been identified that potentially is a barrier to recruitment; the Standing Financial Instructions do not allow flexibility on recruitment. They state:

20.1 Funded establishment

20.1.1 The workforce plans incorporated within the annual budget will form the funded establishment.

20.1.2 The funded establishment of any department may not be increased without the approval of the Chief Executive. Any increases in cost or funding must be linked to the financial plan.

20.2 Staff appointments

20.2.1 No officer or member of the Trust Board or employee may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:

(a) Unless authorised to do so by the Chief Executive.
(b) Within the limit of their approved budget and funded establishment.

20.2.2 The Board, or as delegated will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees.

This means that:

Unless the Chief Executive has delegated a budget to you, including a funded establishment, you may not make any decisions regarding the employment or remuneration of a staff member or hire agency staff. If you do have such a delegated budget, you may not exceed that budget or the funded establishment without approval of the Chief Executive.

Many services now wish to plan their recruitment to avoid long gaps between staff leaving and new staff joining. This may mean taking a risk of anticipating future staff turnover. At present only the Chief Executive can approve the appointment of one or more staff members that may result in the funded establishment being exceeded, even if only for a short and planned period and even if affordable within the financial position of the budget in question and/or the Trust.

It is proposed that the Chief Executive's retained responsibility in this regard is delegated to the Chief Executive or Executive Director of Finance and Resources plus the responsible Director. It is expected that the approving Directors would

assess the workforce plan for the service and the forecast financial position of the relevant budget and the Trust as a whole.

In order to permit this the following is proposed as an amendment to the SFIs. The opportunity has also been taken to clarify the meaning. The existing and proposed SFI (changes in red) are shown on the attached table.

Recommendations
The Board is asked to accept the Audit Committee's recommendation to the changes to SFIs detailed in this paper.

Existing	Proposed	Reason for change
20.1 Funded establishment	**20.1 Funded establishment**	
20.1.1 The workforce plans incorporated within the annual budget will form the funded establishment.	20.1.1 The workforce plans incorporated within the annual budget will form the funded establishment.	No change
20.2.2 The funded establishment of any department may not be increased without the approval of the Chief Executive. Any increases in cost or funding must be linked to the financial plan.	20.1.2 The funded establishment of any department may not be increased without the approval of the Chief Executive or Executive Director of Finance and Resources. Any increases in cost or funding must be linked to the financial plan.	To allow the Executive Director of Finance and Resources to take responsibility for approving changes to funded establishments in addition to the Chief Executive
20.2 Staff appointments	**20.2 Staff appointments and remuneration**	
20.2.1 No officer or member of the Trust Board or employee may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration: (a) Unless authorised to do so by the Chief Executive. (b) Within the limit of their approved budget and funded establishment.	20.2.1 No officer or member of the Trust Board or employee may agree to changes in any aspect of remuneration without following procedures approved by the Chief Executive	To separate out and provide clarity regarding authority to change remuneration
	20.2.2 No officer or member of the Trust Board or employee may hire agency staff such that their delegated budget is exceeded	To separate out and provide clarity regarding hiring agency staff
	20.2.3 No officer or member of the Trust Board or employee may engage or re-engage employees, either on a permanent or temporary basis, such that their funded establishment is exceeded without approval from the Chief Executive or Executive Director of Finance and Resources plus the relevant Director. Any approval given will assess the time period over which the funded establishment will be exceeded, budgetary performance of the service / department and the financial performance of the Trust.	To separate out and provide clarity regarding who can engage etc staff and to amend the authority to exceed funded establishment
20.2.2 The Board, or as delegated will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees.	20.2.4 The Board, or as delegated will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees.	Unchanged

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 4 February 2022

Agenda item number: 2021-22 (111)

Title: Chief Executive and Chair's action:

- **e-Community allocation software**

Category of paper: For ratification
History: N/A

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

Executive summary (Purpose and main points)
Under Leeds Community Healthcare's Standing Orders, Board committees and other groups undertake work on behalf of the Board. At times it may be necessary for urgent matters that the Board, Board Committees and other groups would normally consider at meetings to be dealt with between meetings. These matters would then be formally reported at subsequent meetings for ratification. For the purposes of this document, the procedure relating to such actions is referred to as 'Chief Executive and Chair's action'.

An action has been recently taken which require ratification by the Board:

1. Decision to purchase a digital allocation solution (Allocate's eCommunity software solution) that will help digitally automate visits within the Neighbourhood Teams.

   The action was approved by the Chair and Chief Executive in January 2022, in consultation with two non-executive directors: Richard Gladman and Helen Thomson who are both members of the Business Committee.

Recommendations
The Board is asked to:

- Ratify the decision to purchase the e-Community Allocation software

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 4 February 2022

Agenda item number: 2021-22 (112)

Title: Performance Brief December 2021

Category of paper: for assurance
History: **Quality Committee 24 January 2022**
Business Committee 26 January 2022

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

Executive summary (Purpose and main points)
This report seeks to provide to the Trust Board on quality, performance, compliance and financial matters for the 9 months to December 2021. However, in the light of the current Silver Command response to the Omicron wave, the report provides only the Key Performance Indicator tables. Any matters for escalation were discussed in Quality Committee and Business Committee and anything those Committees wished to bring to the Board's attention will be covered in the Chairs' Assurance Reports or raised verbally by Directors at the Board meeting.

It is planned to bring the usual full report to Committees and Board in March /April when performance against the KPIs for the 11 months to February 2022 will be considered.

Recommendations
The Board is recommended to receive this brief report and assess assurance levels in the light of the Silver Command Omicron response and the overall Covid response throughout the year.

Performance Brief – December 2021

Leeds Community Healthcare NHS Trust

Purpose of the report

This report seeks to provide assurance to the Senior Management Team, Business Committee, the Quality Committee and the Trust Board on quality, performance, compliance and financial matters for the 9 months to December 2021.

In the light of the current Silver Command response to the Omicron wave, the report provides only the Key Performance Indicator tables. Any matters for escalation were discussed in Quality Committee and Business Committee and anything those Committees wished to bring to the Board's attention will be covered in the Chairs' Assurance Reports or raised verbally by Directors at the Board meeting.

It is planned to bring the usual full report to Committees and Board in March /April when performance against the KPIs for the 11 months to February 2022 will be considered.

Committee Dates

Quality Committee – 24th January 2022
Business Committee – 26th January 2022
Trust Board – 4th February 2022

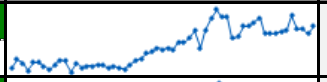
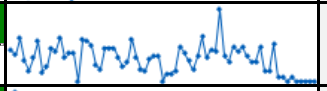
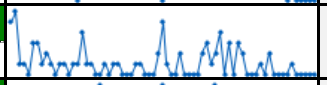
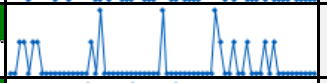
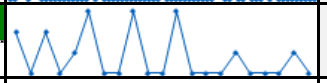
Recommendations

The Board is recommended to receive this brief report and assess assurance levels in the light of the Silver Command Omicron response and the overall Covid response throughout the year.

Safe – December 2021

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

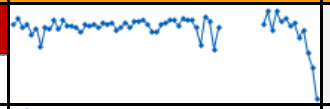
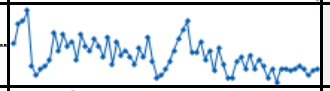
Leeds Community Healthcare NHS Trust

Safe - people are protected from abuse and avoidable harm	Responsible Director	Target - YTD	Forecast	Financial Year	Q1	Q2	Oct	Nov	Dec	Q3	Time Series	Series Data From
Patient Safety Incidents Reported in Month Reported as Harmful	SL	1.4 to 2.07	●	2021/22	1.74	1.96	1.86	1.72	1.92	1.83		Apr-17
				2020/21	2.12	1.97	1.64	1.93	1.92	1.83		
Serious Incident Rate	SL	0 to 0.1	●	2021/22	0.01	0.00	0.00	0.00	0.00	0.00		Apr-17
				2020/21	0.05	0.06	0.04	0.04	0.07	0.05		
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	6	●	2021/22	1	1	0	0	0	0		Apr-16
				2020/21	3	5	0	0	1	1		
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	●	2021/22	0	0	0	0	0	0		Apr-16
				2020/21	1	1	0	0	0	0		
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	8	●	2021/22	2	1	0	1	0	1		Apr-20
				2020/21	4	4	0	0	3	3		
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%	73%				83%		

Caring – December 2021

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

Leeds Community Healthcare NHS Trust

Caring - staff involve and treat people with compassion, kindness, dignity and respect	Responsible Director	Target - YTD	Forecast	Financial Year	Q1	Q2	Oct	Nov	Dec	Q3	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%**	**93.9%**	**90.0%**	**87.0%**	**80.0%**	**85.9%**		Apr-16
				2020/21	-	-	-	-	**95.7%**	**95.7%**		
Total Number of Formal Complaints Received	SL	No Target		2021/22	**23**	**25**	**5**	**7**	**8**	**20**		Apr-16
				2020/21	19	35	8	12	9	29		
Number of Compliments Received	SL	No Target		2021/22	**237**	**180**	**49**	**95**	**72**	**216**		Apr-19
				2020/21	148	244	75	82	104	261		

Effective

Leeds Community Healthcare NHS Trust

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

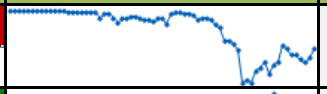
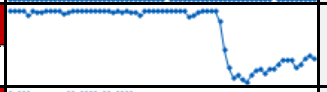
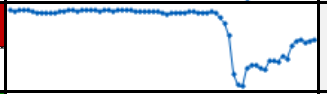
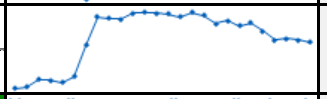
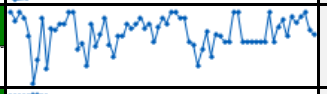
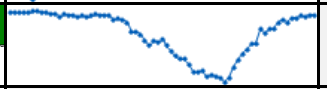
Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Responsible Director	Target - YTD	Forecast	Financial Year	Q1	Q2	Q3
Number of NICE guidelines with full compliance versus number of guidelines published in 2019/20 applicable to LCH	RB	100%*		2021/22		81%	81%
				2020/21	85%	87%	87%
Number of NICE guidelines with full compliance versus number of guidelines published in 2020/21 applicable to LCH	RB	No Target		2021/22		90%	96%
				2020/21	54%	56%	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	1	0	1
				2020/21	1	0	2
Number of Sudden Unexpected Deaths in Infants and Children on the LCH Caseload	RB	No Target		2021/22	3	1	2
				2021	1	1	1
NCAPOP audits: number started year to date versus number applicable to LCH	RB	100%*	●	2021/22	100%	100%	
				2020/21	0%	0%	33%
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%	21%
Total number of audits completed in quarter	RB	No Target	●	2021/22	100%	100%	
				2020/21	4%	9%	36%
Percentage of patients recruited into NIHR portfolio studies (CRN Target 700)	RB	100%*	●	2021/22	2%	33%	45%
				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.***

Responsive – December 2021

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

Leeds Community Healthcare NHS Trust

Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Responsible Director	Target - YTD	Forecast	Financial Year	Q1	Q2	Oct	Nov	Dec	Q3	Time Series	Series Data From
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	●	2021/22	87.3%	83.6%	82.8%	84.2%	87.2%	87.2%		Apr-16
				2020/21	88.7%	76.5%	75.7%	80.0%	80.6%	80.6%		
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	●	2021/22	0	0	0	0	0	0		Apr-16
				2020/21	0	0	0	0	0	0		
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	●	2021/22	43.7%	38.8%	45.2%	49.4%	44.7%	44.7%		Apr-16
				2020/21	24.1%	19.4%	25.9%	32.1%	33.4%	33.4%		
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	●	2021/22	76.1%	85.4%	84.0%	84.4%	85.3%	85.3%		Apr-16
				2020/21	69.2%	71.9%	72.7%	73.2%	71.7%	71.7%		
LMWS – Access Target; Local Measure (including PCMH)	SP	17856	●	2021/22	7610	7474	2552	2673	1420	6645		Nov-19
				2020/21								
IAPT - Percentage of people receiving first screening appointment within 2 weeks of referral	SP	<=2.2%		2021/22	73.8%	66.3%	59.4%	57.7%	55.6%	57.7%		Nov-19
				2020/21								
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	●	2021/22	99.5%	99.8%	100.0%	99.4%	99.2%	99.6%		Apr-16
				2020/21	99.3%	99.3%	99.1%	98.8%	99.4%	99.1%		
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	●	2021/22	89.6%	93.6%	94.7%	95.8%	95.6%	95.4%		Apr-16
				2020/21	37.9%	58.1%	68.4%	69.2%	82.0%	73.2%		

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Well-Led – December 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.

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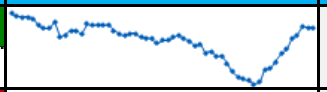
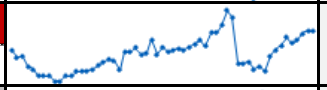
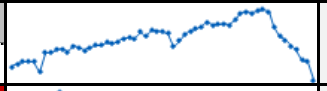
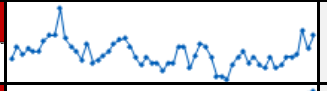
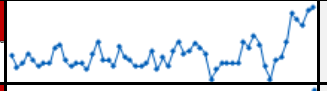
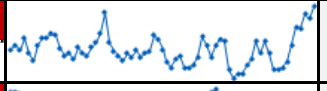
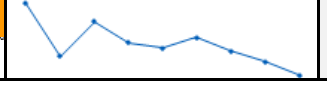
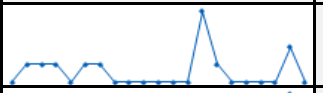
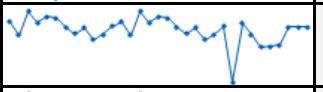
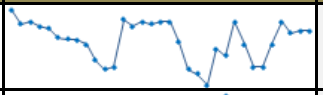
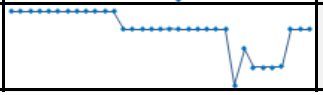
Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target - YTD	Forecast	Financial Year	Q1	Q2	Oct	Nov	Dec	Q3	Time Series	Series Data From
Staff Turnover	LS/JA	<=14.5%	●	2021/22	11.7%	13.5%	14.3%	14.2%	14.2%	14.2%		Apr-17
				2020/21	11.4%	10.0%	9.5%	9.3%	9.1%	9.1%		
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	●	2021/22	18.8%	19.9%	21.4%	22.0%	21.9%	21.9%		Apr-17
				2020/21	21.6%	24.9%	14.8%	14.9%	15.1%	15.1%		
Stability Index	LS/JA	>=85%	●	2021/22	85.8%	83.8%	81.5%					Apr-17
				2020/21	88.6%	89.9%	90.1%	89.9%	90.2%	90.2%		
Short term sickness absence rate (%)	LS/JA	<=2.2%	●	2021/22	1.4%	1.8%	2.7%	2.0%	2.5%	2.5%		Apr-17
				2020/21	1.0%	1.4%	1.7%	1.9%	1.5%	1.5%		
Long term sickness absence rate (%)	LS/JA	<=3.6%	●	2021/22	3.7%	4.9%	4.7%	5.2%	5.3%	5.3%		Apr-17
				2020/21	3.9%	3.4%	3.9%	4.2%	3.8%	3.8%		
Total sickness absence rate (Monthly) (%)	LS/JA	<=5.8%	●	2021/22	5.1%	6.7%	7.4%	7.2%	7.8%	7.8%		Apr-16
				2020/21	4.3%	4.9%	5.2%	6.1%	5.5%	5.5%		
AfC Staff Appraisal Rate	LS/JA	>=90%	●	2021/22	72.9%	70.6%	72.1%	74.8%	74.8%	74.8%		Apr-16
				2020/21	81.8%	83.6%	83.3%	80.4%	79.6%	79.6%		
Statutory and Mandatory Training Compliance	LS/JA	>=90%	●	2021/22	89.2%	88.6%	88.1%	87.7%	87.2%	87.2%		Apr-21
				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	Q1	Q2	Oct	Nov	Dec	Q3	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			Staff Survey					
				2020/21		71.0%				-		
Percentage of staff who are satisfied with the support they received from their immediate line manager	LS/JA	>=52.0%		2021/22			Staff Survey					
				2020/21	-	-				-		
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target		2021/22	**7**	**0**	**0**	**2**	**0**	**2**		Apr-16
				2020/21	2	2	1	0	0	1		
Percentage of staff in each of the AfC bands 1-9 and VSM (including exec. board members)	LS/JA	No Target		2021/22	**11.4%**	**11.7%**	**11.9%**	**12.1%**	**12.0%**	**12.0%**		Aug-18
				2020/21	10.9%	10.7%	10.8%	11.0%	11.1%	11.1%		
Total agency cap (£k)	BM			2021/22	**690**	**705**	**359**	**359**	**359**	**1077**		Apr-19
				2020/21	2546	550	262	86	209	557		
Percentage Spend on Temporary Staff	BM	No Target		2021/22	**4.8%**	**4.5%**	**5.1%**	**5.4%**	**5.2%**	**0.0%**		Apr-19
				2020/21	5.0%	3.9%	4.5%	3.0%	4.5%	4.0%		

Finance – December 2021

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

Leeds Community Healthcare NHS Trust

Finance	Responsible Director	Target - YTD	Forecast	Financial Year	Q1	Q2	Oct	Nov	Dec	Q3		Series Data From
Net surplus (-)/Deficit (+) (£m) - YTD	BM	0.0		2021/22	-2.0	0.0	-0.5	-0.4	-0.4	-0.4		Apr-19
Capital expenditure in comparison to plan (£k)	BM	1963		2021/22	228	75	36	65	298	399		Apr-19
CIP delivery (£k)	BM	655		2021/22	132	133	133	133	134	400		Apr-19

The Trust remains on course to meet its statutory financial duties.

Trust Board Meeting held in public: 4 February 2022

Agenda item number: 2021-22 (113)

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

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Category of paper: For assurance
History: Senior Management Team 19 January 2022

Responsible director: Chief Executive
Report author: Risk and Safety Manager / Company Secretary

Please note: this report has been formatted for compliance with the Accessible Information Standard.

Executive summary (Purpose and main points)

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

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

The report provides the Board with information about risks currently scoring 15 or above, after the application of controls and mitigation measures. It also provides a description of any movement of risks scoring 12 (high risks) since the last report was received in December 2021.

Levels of assurance have been provided to the Board for nine out of the 20 strategic (BAF) risks during November 2021, with reasonable assurance given to all nine. Quality Committee felt unable to provide a level of assurance regarding strategic risk 1.5 (If, as a result of the Trust's altered capacity due to the Covid-19 pandemic, the Trust cannot deliver services in a timely and equitable manner, then the impact will be further increases to waiting lists, sub-optimal outcomes for patients and complaints to the Trust.) as patient outcomes were not yet known.

There is one extreme risk scoring 16 (extreme) currently on the risk register

- Risk 1002 Coronavirus (Covid-19) increased spread of infection

There are 6 risks scoring 12 (very high)

One risk scoring 12 or more has been added to the risk register

- Resuscitation training skill and compliance

One risk has been de-escalated from a score of 12

- Inability to deliver service at Wetherby Young Offenders' Institute (WYOI) due to reduced staffing levels

Recommendations

The Board is recommended to**:**

- Note the new and escalated risks, which have been scrutinised by Quality and Business Committee

1. Introduction

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.

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), which have been scrutinised by the Quality and Business Committees.

The report provides a description of risk movement since the last register report was received by the Board (December 2021), including any new risks, risks with increased or decreased scores and newly closed risks.

2. Background

This paper has previously been considered by the Senior Management Team (SMT) at its meeting on 19 January 2022.

3. Risk register movement

3.1 New or escalated risks (scoring 15+)

No new risks scoring 15+ have been added to the risk register since December 2021.

One risk has been escalated to a score of 15+ since December 2021.

Risk 1002 Coronavirus (Covid-19) increased spread of infection

Previous score 9 (high)
Current score 16 (extreme)

Description: As a result of the national situation of Covid-19 spread, and the planned introduction of asymptomatic staff testing, there is a risk of a local increase in positive cases +/- outbreaks in Leeds which could have an impact on workforce and service delivery.

Reason for escalation: The situation has worsened considerably due to the new Omicron variant and the organisation is experiencing major problems with staff affected and therefore gaps in service delivery. The rate in Leeds has gone up exponentially and now stands at 1750 cases per 100,000 with the rate in the over 60's increasing now as well. This means this risk is now probably higher than at any stage. The mitigation continues around business continuity plans and the Trust has enacted Silver Command but the risk remains very high at this time.

Expected date to reach target: 31/03/2022
Risk Owner: Executive Director of Nursing
Lead Director: Executive Director of Nursing

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

One risk has been deescalated below 15 since December 2021.

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

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

Title: Inability to deliver service at WYOI due to reduced staffing levels

Description: As a result of five out of twelve nursing posts being vacant 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 de-escalation: Recent progress made with recruitment, and an agency worker is in post to support service delivery. Additional actions have been taken to explore staffing options such as paramedic cover.

Expected date to reach target: 30/04/2022
Risk Owner: Head of Service
Lead Director: Executive Director of Operations

3.3 **Risks scoring 12 (high)**

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.

Table 1. Details of 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	Increase in referrals 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 functionality to run a system capture of all safeguarding cases	12
1047	Increased volume of callers using the Leeds Sexual Health Appointment Line due to no walk-in service	12
1057	Primary care reduced staffing levels - Wetherby YOI and Adel Beck	12
1067	Introduction of female children into the secure estate	12
1070	Capacity pressures in Neighbourhood Teams impacting on ability to deliver full range of clinical supervision and annual appraisals	12
1085	Resuscitation training skill and compliance	12

3.4 **New or escalated risks (scoring 12)**

One new risk scoring 12 has been added to the risk register since December 2021

Risk 1085 Resuscitation training skill and compliance

Initial score: 15 (extreme)
Current score: 12 (high)
Target score: 3 (low)

Description: The Trust has been unable to deliver face to face resuscitation training since March 2020. When training resumes it will take one year to offer a session to every registered member of staff who requires one based on a ratio of 1 staff to 6 trainers and a 42-week year. There is a risk that no assurance can be provided around level of competency of clinical staff in relation to this skill. This could result in inaccurate CPR being administered to patients or the public and physical or psychological harm to staff as a result.

Controls in place: Since March 2020 staff have maintained compliance with training requirements through the completion of an e-learning for health programme. This has ensured that staff have retained knowledge and awareness of CPR and procedures, but it has not assessed practical application of skill and competency.

Actions:
Offer bespoke training or use of equipment that provider trainee feedback
Redesign of the programme to consider online learning prior to skills session reducing the face-to-face time down to an hour
To ensure staff are aware of the support available should a cardiac arrest occur and they have physical/psychological harm.
Offering bespoke training to identified staff that have a lack of confidence of competence

Expected date to reach target: 25/03/2022
Risk Owner: Executive Director of Nursing
Lead Director: Executive Director of Nursing

3.5 **Risks de-escalated from a score of 12**

One risk has been de-escalated from a score of 12 (high) to 6 (medium).

Risk 772 Waiting times in ICAN Hub Medical Services above acceptable levels

Description: There is reduced capacity in paediatrician staffing across all 3 ICAN hubs, due to staff vacancies (retention rates and difficulties recruiting to specialism). Early intervention is key for all children with a long-term neurodevelopmental condition and there is a risk of delays in families' access to new patient assessment and follow-up care within the paediatric neuro-disability service. This could be detrimental to the long-term outcomes for the child and have an impact on the family's health and wellbeing. There is a risk of breaching waiting times. There is a risk that LCH are deviating from local agreement / pathway for early intervention as well as contravening the NICE guidance around cerebral palsy. This could have a financial and reputational impact for the Trust. Risk of missing early diagnosis & deterioration of conditions (i.e. spasticity)

Reason for de-escalation: Additional paediatric time has been sourced and funded.

Expected date to reach target: 31/03/2022
Risk Owner: ICAN Head of Service
Lead Director: Executive Director of Operations

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4. Board Assurance Framework Summary

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)

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.

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.

Details of the committees' agreed assurance levels and commentary about specific risks is provided at **Appendix A** (please also refer to the Chairs' assurance reports in the Board papers pack).

The Board should note that Quality Committee felt unable to provide a level of assurance regarding strategic risk 1.5 (If, as a result of the Trust's altered capacity due to the Covid-19 pandemic, the Trust cannot deliver services in a timely and

equitable manner, then the impact will be further increases to waiting lists, sub-optimal outcomes for patients and complaints to the Trust.) as patient outcomes were not yet known.

5. Recommendations

The Board is recommended to**:**

- Note the new and escalated risks, which have been scrutinised by Quality and Business Committee

Appendix A. Board Assurance Framework levels of assurance

Details of strategic risks (description, ownership, scores) +B3:I12								Level of Assurance				
Risk		Risk ownership		Risk score				Committee agreed level of assurance				
Strategic Goal	Risk	Responsible Director	Responsible Committee	Likelihood	Consequence	Risk Score	Risk score movement	No	Limited	Reasonable	Substantial	Additional Information
Provide high quality services	**RISK 1.1** If the Trust does not have effective systems and processes for assessing the quality of service delivery and compliance with regulatory standards then it may have services that are not safe or clinically effective.	SL	QC	3	4	**12**				✓		
	Risk 1.2 If there are insufficient clinical governance arrangements put in place as new care models develop and evolve, the impact will be on patient safety and quality of care provided.	RB	QC	3	3	**9**						
	RISK 1.3 If the Trust does not maintain and continue to improve service quality, the impact will be diminished safety and effectiveness of patient care leading to an increased risk of patient harm.	SL	QC	2	4	**8**				✓		The Quality Committee (Nov 21) agreed assurance was Reasonable overall (with elements that were Limited). See November 2021 assurance report.
	RISK 1.4 If the Trust does not engage patients and the public effectively, the impact will be that services may not reflect the needs of the population they serve.	SL	QC	4	3	**12**						
	RISK 1.5 If, as a result of the Trust's altered capacity due to the Covid-19 pandemic, the Trust cannot deliver services in a timely and equitable manner, then the impact will be further increases to waiting lists, sub-optimal outcomes for patients and complaints to the Trust.	RB	QC	4	3	**12**						The Committee didn't feel that it could offer an assurance level at this time as patient outcomes were not yet known.
	RISK 1.6 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	**RISK 2.1** 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**				✓		
	RISK 2.2 If the Trust does not deliver contractual requirements, then commissioners may reduce the value of service contracts, with adverse consequences for financial sustainability.	SP	BC	2	3	**6**				✓		
	RISK 2.3 If the Trust does not improve productivity, efficiency and value for money and achieve key targets, supported by optimum use of performance information, then it may fail to retain a competitive market position.	BM	BC	3	3	**9**						
	Risk 2.4 If the Trust does not maintain the security of its IT infrastructure and increase staffs' knowledge and awareness of cyber-security, then there is a risk of being increasingly vulnerable to cyber attacks causing disruption to services, patient safety risks, information breaches, financial loss and reputational damage.	BM	AC	3	4	**12**						
	RISK 2.5 If the Trust does not deliver 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**				✓		
	RISK 2.6 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**						

Recruit, develop and retain the staff we need now and for the future	**RISK 3.1** If the Trust does not have suitable and sufficient staff capacity and capability (recruitment, retention, skill mix, development , and a low level of sickness absence) then it may not maintain quality and transform services.	JA/LS	BC	4	3	**12**				✓		
	RISK 3.2 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**				✓		
	RISK 3.3 If the Trust does not fully engage with and involve staff then the impact may be low morale and difficulties retaining staff and failure to transform services.	TS	BC	3	3	**9**				✓		Additional sources of assurance were provided to the Business Committee so that the Committee could offer an informed opinion on the management of this risk ie staff engagement report was received at Business Committee November 2021, in addition to the Workforce quarterly report.
	RISK 3.4 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**						
	Risk 3.5 If the Trust does not further develop and embed a suitable health and safety management system then staff, patients and public safety maybe compromised, leading to work related injuries and/or ill health. The Trust may not be compliant with legislation and could experience regulatory interventions, litigation and adverse media attention.	BM	BC	4	3	**12**				✓		
	Risk 3.6 If the Trust is unable to maintain business continuity in the event of significant disruption, there is a risk that essential services will not be able to operate, leading to patient harm, reputational damage, and financial loss	SP	BC	3	4	**12**						
Work in partnership to deliver integrated care and care closer to home	**RISK 4.1** 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**						
	RISK 4.2 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: 4 February 2022

Agenda item number 2021-22 (114)

Title: Patient Experience Six Monthly Report.

Category of paper: For assurance.

History: Quality Committee 24 January 2022

Responsible director: Executive Director of Nursing and Allied Health Professionals.

Report author: Helen Rowland, Specialist Quality Lead

Executive summary

Purpose:

This report provides the six-monthly update of Patient Experience within Leeds Community Healthcare NHS Trust (LCH).

The report incorporates the information required for the complaints report as laid out in section 18 of The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009).

The report provides a review of complaints and concerns, feedback via surveys, engagement activity, and wider feedback for 1 July 2021 to 31 December 2021; providing an overview of themes, learning and action. It compares the data and qualitative information with previous years and presents key information in relation to Covid-19.

Main points:

1. There has been a slight increase in the number of complaints as expected in the last 6 months review, with 47 received, compared to 43 from1 January- 30 June 2020. However, this remains lower than 2020.
2. The top 3 subject areas for complaints received remain consistent with the previous year.
3. The Trust received two Covid-19 related complaints between 1 July – 31 December 2021; this was 4% of all complaints received by the organisation.
4. There have been no new claims made to the Trust during the reporting period.
5. Work continues to support services with patient experience activity and supporting services to engage with people digitally and online where appropriate, including the Friends and Family Test.

Recommendations

The Board is recommended to:

- Receive this report
- Note the updated information

PATIENT EXPERIENCE SIX MONTHLY REPORT

1 INTRODUCTION

1.1 This report provides the six-monthly update of Patient Experience within Leeds Community Healthcare NHS Trust (LCH).

1.2 The report incorporates the information required for the complaints report as laid out in section 18 of The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009).

2 BACKGROUND

2.1 This report will focus on the themes and learning emerging from patient feedback, and how this is shared across the Trust to ensure continuous quality improvement.

2.2 This report will include the impact of Covid-19 on complaints, concerns, compliments, and patient experience.

3 LCH PATIENT EXPERIENCE

3.1 LCH collects patient experience feedback through a variety of channels, these are all recorded centrally between two different systems. Complaints, concerns, enquiries and compliments are collected / recorded within the Datix® system held by the Trust. The Friends and Family Test (FFT) and the comments provided with it are collected via an external system provided by Membership Engagement Services (MES).

4 COMPLAINTS, CONCERNS & COMPLIMENTS

4.1 From 1 July 2021 – 31 December 2021, LCH received 47 complaints which were managed under the 2009 regulations and according to The Patient Experience; Dealing with Compliments, Concerns and Complaints Policy. There was an increase from complaints received (43) in the first six months of 2021, and a decrease from the same period in 2020 (67). For details of complaints numbers see Appendix 1.

4.2 Anecdotally from discussions with regional Complaints Managers the number of complaints is consistent with other NHS Trusts locally. It is anticipated that the number of complaints will continue to rise in 2022 in response to services resetting post changes made in response to Covid 19.

4.3 97% of all complaints received by the Trust were acknowledged within 3 working days (46 out of 47). One complaint was discussed and acknowledged on day 4 at the request of the complainant.

4.4 The highest number of complaints were from services in the Specialist Business Unit (40% / 19), followed by 30% (14) from the Adult Business Unit and 25% (12) from the Children's Business Unit. Leeds Sexual Health Services and Community CAMHS received the highest number of complaints during the reporting period, each receiving 6 (13%). See Appendix 1.

4.4 27 of the 47 complaints received between 1 July – 31 December 2021 have been closed. 100% of all closed complaints were responded to within 180 days of receipt. One complainant withdrew their complaint following discussion with the service.

4.5 The average length of time to provide a response to a complainant was 38 days. 80% (21 out of 26) of closed complaints were closed within 40 working days of receipt, the Trust standard, the same as the first six months of the year.

4.6 Of the 5 complaints closed after 40 days; one was extended on our request due to staff leave, this was negotiated and agreed with the complainant, four were renegotiated with the complainant to meet their request to meet with the service prior to a written response in line with best practice.

4.7 Of the 26 complaints closed during this period, 10 were fully or partially upheld and 16 were not upheld.

4.8 From 1 July – 31 December 2021, the Trust received 288 concerns an increase of 60 from the last reporting period. The number of concerns reported this year remains higher than last year which may be an impact from service resetting. The two main reasons cited in reporting the feedback were communication issues with the patient and the decisions or clinical judgement and /treatment plan made by the clinician. See Appendix 1.

4.9 The Trust has received a total of 431 compliments between 1 July – 31 December 2021. This is lower than previous for the same period in 2020 (See Appendix 1).

5 COVID- 19

5.1 The Trust received fourteen concerns and 2 complaints where the complainant cited Covid-19 as related to the feedback given during this reporting period.

5.2 Of the two complaints one was in regard to accessing Podiatry services, this has been resolved with the service and the complaint withdrawn by the complainant. The second complaint was a multi-sector complaint, involving the Health Case Management team and provision of nursing home care.

5.3 Ten of the fourteen concerns related to access and availability of services including appointments for the following services ICAN (2), 0-19 PHINS (2), Children's Community Nursing (1), Podiatry (3), MSK (1) and Neighbourhood Teams (1)

6 PATIENT EXPERIENCE (COMPLAINTS) TRAINING

6.1 Due to capacity to attend training, there have been no formal complaint training sessions delivered between July and December 2021. Support continues to be provided to teams as requested. The appointment of a new Complaints Officer provides an opportunity in January 2022 to review the current provision and establish a new programme of training and updates.

7 OVERARCHING THEMES

7.1 The top three subjects for LCH's complaints closed during period 1 July – 31 December 2021 were:

- Clinical judgement and treatment
- Attitude, conduct, cultural and dignity issues (includes Staff attitude and communication)
- And equally ranked:
    - Appointment
    - Discharge from service
- These subjects are similar to the top three subjects for complaints closed in the previous 12 months. These being:
- Clinical judgement and treatment
- Appointments
- Attitude, conduct, cultural and dignity issues (includes Staff attitude and communication)

See Appendix 1 for more information

7.2 Complaints citing Clinical judgement and treatment

7.2.1 In line with national reports "Clinical judgement and treatment" continues to be one of the top three subject areas for complaints at LCH for the past 5 years. Between 1 July – 31 December 2021, 38% (18 out of 47) of complaints received were due to issues around clinical judgement and treatment. The number of complaints related to clinical judgement/treatment were six across all three business units.

7.2.2 An example of learning and improvement in this arena is changing practice within the 0-19 PHINS. Following a complaint question raised regarding the timeliness of information provided by the 0-19 PHINS, they have reflected on their guidance for information on giving infants vitamin supplements. Instead of starting the discussion at the 9 -12 month developmental review where infants are breast fed, they are now beginning the conversation at the 3-4 months. The change ensures all parents have appropriate information and time to explore their choices, making decisions that are right for their family and in line with national policy.

7.2.3 Learning from a complaint to the MSK and Rehabilitation Service was the importance of having checking processes in place if a referral to another service has been agreed. The checking process ensures that a referral is made, and the patient informed. The learning has been shared with all services across the Trust as part of the Learning from Complaints template that has been re-introduced by the Patient Experience Team.

7.3 Complaints citing attitude, conduct, cultural and dignity issues

7.3.1 21% (10 out of 47) of received complaints between 1 July – 31 December cited issues concerning attitude, conduct, cultural and dignity, and was the second most common area for complaints received. The number of complaints related to attitude, conduct, cultural and dignity issues was highest in the Specialist Business Unit with four complaints received, followed by the Children's

Business Unit with three and Adult Business Unit with two. There was one concerning QPD provision that also cited attitude issues.

7.3.2 An example of learning following a complaint for the Patient Experience Team is reviewing how they make reasonable adjustment for patients and their families if there is a communication need. This has resulted in renegotiated timeframes to suit complainants, provision of more time to explore issues to ensure the right concerns are investigated, provision of a named lead for the complainant to talk to, to work outside traditional office hours and use of digital technology such as face time to aid communication. All these will be part of the revised processes to ensure even better implementation of the current Patient Experience; Dealing with Compliments, Concerns and Complaints Policy

7.4 Complaints citing communication issues with the patient

7.4.1 For the period 1 July – 31 December 11% (5 out of 47) of all complaints received highlighted communication issues with the patient. The Specialist Business Unit received three complaints, and the Children's Business Unit two complaints.

7.4.2 Three complaints are still being investigated so there are no final conclusions in terms of possible learning and improvement.

8 CLAIMS

8.1 There have been nine requests for information as part of the claims process, one has been rejected as does not pertain to LCH. The other eight have not proceeded to a claim. There have be no new claims received during 1 July – 31 December 2021.

8.2 There have been no closed Claims during 1 July 2021 – 31 December 2021.

9 PATIENT ENGAGEMENT

9.1 Friends and Family Test

9.1.1 During the reporting period of 1 July – 31 December 2021 there have been 1219 Friends and Family Test (FFT) responses, this continues to decrease. (See Appendix 2). It is noted that the percentage of people reporting a very good or good experience declined in the last 3 months of the year to 80% in December 2021 from 96% in July 2021.

9.1.2 The decrease in the number of 'Very good' or 'Good' responses to the FFT in November and December is likely due to the reduction in the overall number of completed FFTs. This is assessed likely due to increased service workload and ongoing pressures within teams. It has been noted that many responses where patients have selected a 'Don't Know' or 'Neither Good nor Poor' that the accompanying comments are positive. This suggests their experience has still been positive despite the lack of 'Very good' or 'Good' response to the FFT question.

9.1.3 To increase accessibility the print and online FFT versions are offered in easy-read format and in different languages (Urdu, Punjabi, Polish, Romanian and Slovak) supporting service users with additional requirements. Other Community Trusts have requested copies of these versions. As an example of good practice they have also been shared by the NHS Insight Team. Services continue to promote the use of the FFT with users adding the online URL and QR codes to text messages, emails, and posters.

9.1.4 The FFT continues to be used by services to learn and improve; for example, a user attending the Tier 3 Specialist Weight Management Service shared how they had difficulties in joining an online session. The service user suggested the development of a step-by-step guide to help people who aren't as familiar with digital appointments and sessions. The service has developed a guide which is sent to all patients offered the session. The guide contains information on the six Digital Inclusion Hubs in Leeds that patients can access for technical support if needed.

9.1.5 The FFT platform, MES (Membership Experience System) also supports services to develop more focussed patient experience questionnaires, with 14 new surveys commencing between 1 July 2021 – 31 December 2021. This included surveys by;

- Leeds Chronic Pain Service looking at reasons why people may have missed their appointments and what support they might need to attend in future, with particular focus on those offered telephone and video appointments
- The Cardiac Service wanting to explore how users felt managing their condition at home during the COVID-19 pandemic and their general experience of the service during this time.
- Leeds Sexual Health Service are running a survey for young people under 18 years of age, to find out about their experience of accessing the service and what can be improved
- Police Custody Suites have developed a new survey to ask how respectful and informative care feels for patients in this environment. They have also incorporated the FFT question into this survey, so this service will contribute to the FFT data moving forward.

9.2 Engagement Champions

9.2.1 The LCH Engagement Champions have continued to meet every other month between July and December 2021, with 15 – 20 champions attending on average each meeting. Agenda items have included support for services to re-implement the Friends & Family Test, how to set up and run a focus group, health equity and equitable access to services, Accessible Information Standards, and the ongoing implementation of this Trust wide. In addition, Touchstone attended our September meeting to talk about Peer Support and the benefits this has for service users within the Leeds Community Pain Service.

9.2.2 LCH Engagement Champions have used the network to share and celebrate their work. At the November meeting, the Children's Speech & Language Therapy service shared their recent success hosting a focus group, looking at their current care model, whether digital appointments are accessible enough and whether follow up support is satisfactory. CAMHS also shared how they

have updated changed the Autism Assessment Pathway information leaflet to an easy read document to help improve accessibility. Lisa Smith, Learning Disability Lead, supported these projects and ran a session for Champions on creating accessible documentation, in particular tips and steps for creating easy-read information.

9.2.3 LCH Engagement Champions meetings also provide a forum to discuss the 'How Does It Feel For Me' video projects produced by Healthwatch Leeds that follow patient and carer journeys over a six month period. Healthwatch attended our meeting in November to talk about this project and we are hopeful that two services have identified patients to take part from LCH.

9.2.4 Planning is in progress for a celebration event in 2022 where Champions will share and celebrate what is happening in services and teams.

9.3 Digital Inclusion

9.3.1 As part of the digital inclusion project, 20 digital tablets have been gifted to carers accessing the Health and Homeless Inclusion Team, 0-19 PHINS Heath Visiting, CAMHS and Armley Neighbourhood Team.

9.3.2 The Patient Experience Team is currently developing a repository of video stories, that will include feedback from the Digital Tablets for Carers to highlight the difference the project is making to carers.

"I went to see a patient where a tablet was given to my patient, who is elderly, has no literacy and never used a mobile phone. When I arrived, she was facetiming her brother in Ireland! She was so delighted, thought it was quite magical to be able to see and hear relatives she hasn't seen for years and has been so isolated due to Covid. As it is large, she has been able to access it much easier than a phone. Also, her son and carer has used to read messages and have GP appts and another brother has used it for his universal benefit claim, had been sanctioned previously for not engaging with the online process of looking for work and not wanting to get help at the job centre, So huge success!"

Feedback from a colleague from the Health and Homeless Inclusion Team

9.3.4 The Patient Engagement Champions attended the 100% Digital Leeds bespoke training session in July and August 2021. The training aimed to support staff having digital conversations; supporting continuing engagement with digital services.

9.4 Always Events

9.4.1 Due to ongoing pressures across all services, Always Event projects within ABU and SBU are currently paused until Spring 2022.

9.4.2 The Children's Business Unit have continued with their Always Event project looking at Transitions from children's services to adult services, and how communication and information provided can be improved during this time for families.

9.4.3 A survey of 46 families identified that parents and young people see clear and timely communication is hugely important. 50% of respondents also reported

that having a single point of contact would make a big difference to their experience of transitions

9.4.4 The results of the patient survey were shared with staff at the CBU Festival, and in 2022 the aim will be to have the project accredited by NHS England & Improvement

9.5 Big Leeds Chat

9.5.1 The Big Leeds Chat is a city-wide partnership project that started in 2018 as a means of hearing what matters most when talking about their health care from people living in Leeds, with a particular focus on hearing the voices of people with the greatest health inequalities.

9.5.2 The Big Leeds Chat 2021 took the form of a 'roadshow', with a Local Chat event in each of the 15 Local Care Partnership areas. Additional events were hosted with specific communities of interest, for example Leeds Dads, LGBTQ groups, sheltered housing complexes and St George's Crypt. These chats were supported by the Patient Engagement & Experience Officer from LCH, a core member of the Big Leeds Chat Working Group.

9.5.3 In total, 40 local chats took place between September and November 2021 and a report from the Big Leeds Chat Working Group will be available early in 2022. 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.

10 NEXT STEPS

10.1 There will be changes in the Patient Experience Team from January 2022 with the appointment of a new Complaints and Claims Manager.

10.2 Work to support the implementation of the Health Equity and Third Sector Strategies will continue to help improve access and experience of vulnerable communities and those at highest risk of health inequalities. This will work with supporting the Trust to comply with Accessible Information Standards.

10.3 The current Patient Involvement Strategy is due for review in 2022 and will be a key delivery for the team

11 RECOMMENDATIONS

The Board is recommended to:

- Receive this report
- Note the updated information

Appendices

Appendix 1: Complaints, Concerns and Compliments Data

Figure 1: Number of Complaints Received by Leeds Community Healthcare NHS Trust from January 2020 (Source: Datix Reporting System 3 January 2022)

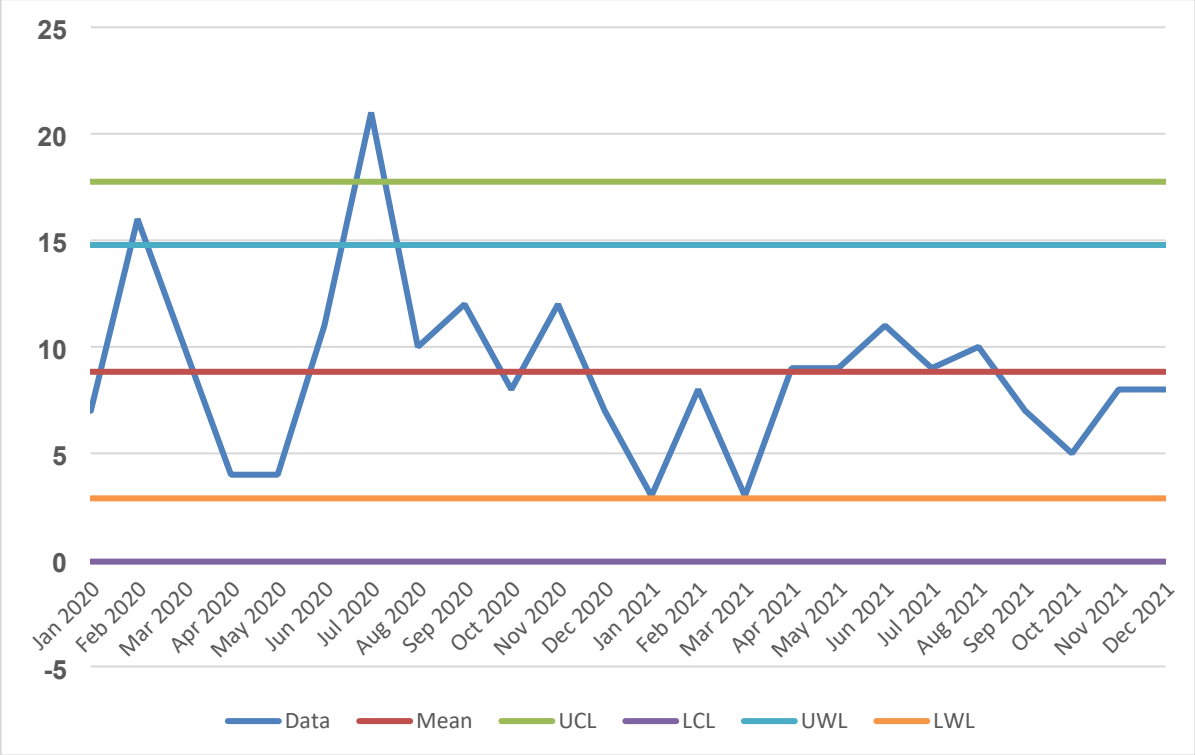


Figure 2: Number of Complaints Received by Leeds Community Healthcare NHS Trust Business Units between July – December 2021 (Source: Datix Reporting System 3 January 2022)

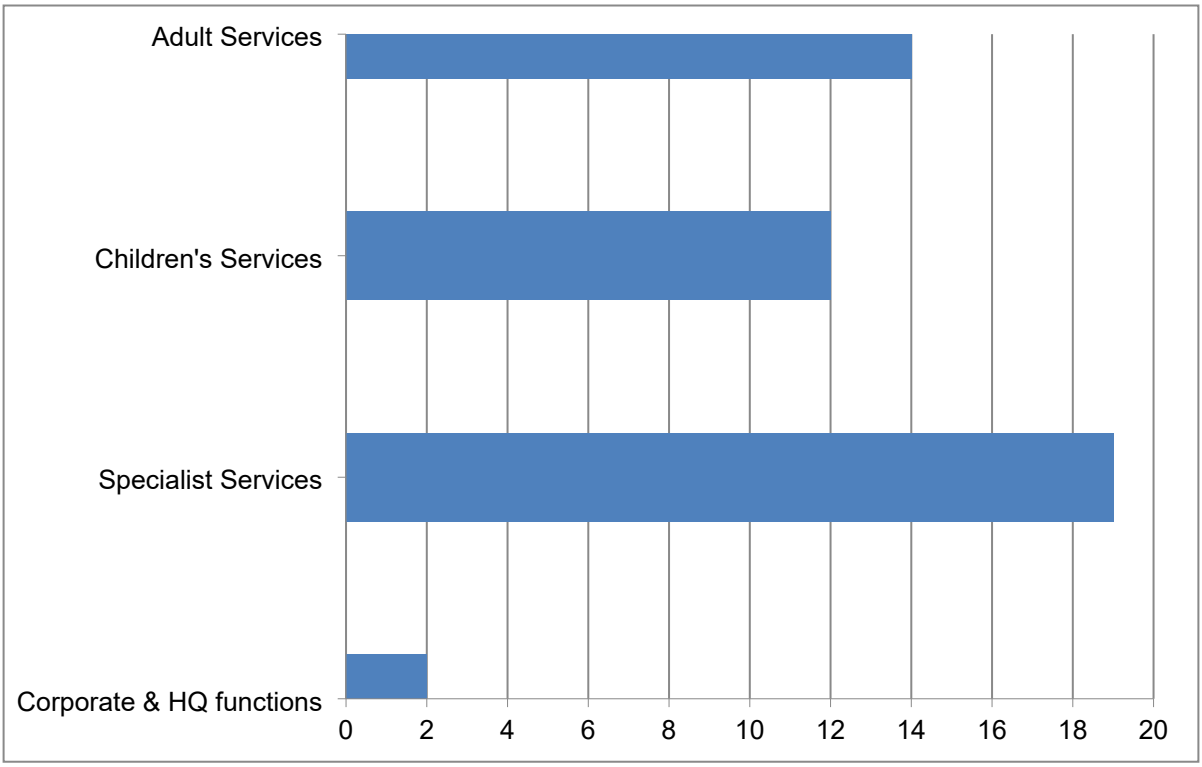


Figure 3: Number of Complaints Received by Leeds Community Healthcare NHS Trust Services between July – December 2021 (Source: Datix Reporting System 3 January 2022)

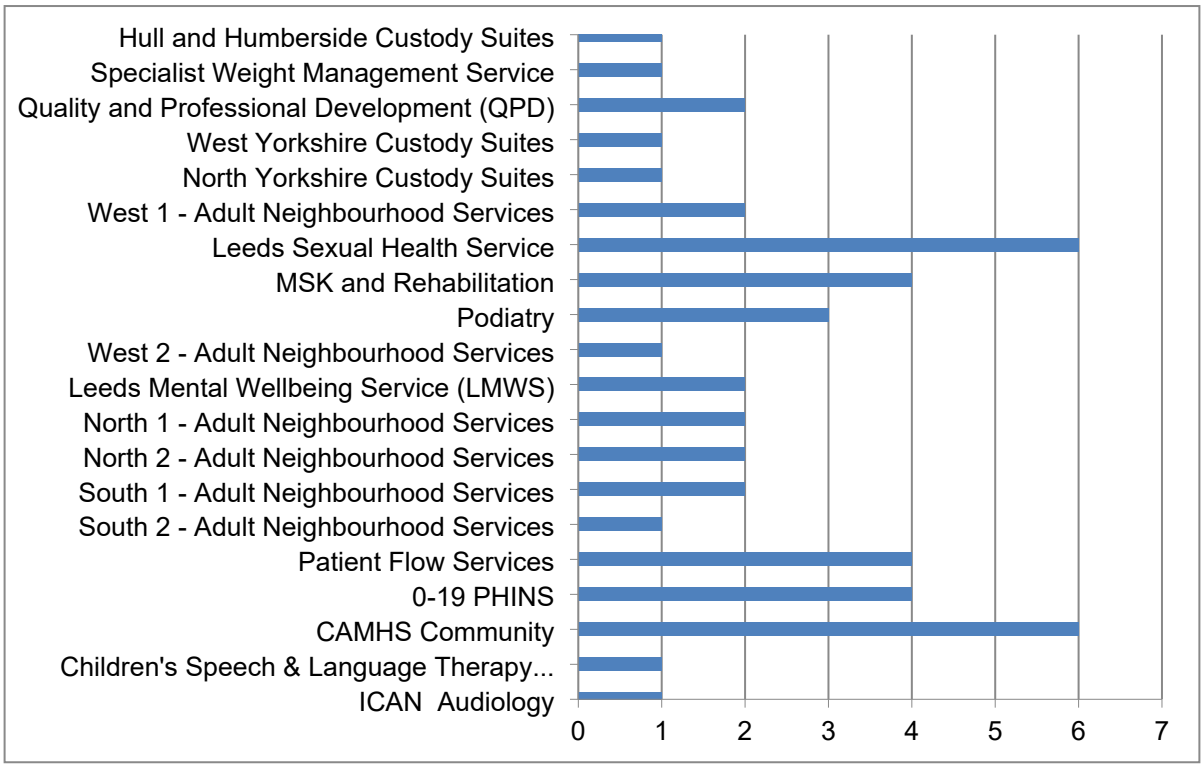


Figure 4: Outcome of Closed Complaints Received by Leeds Community Healthcare NHS Trust between July – December 2021 (Source: Datix Reporting System 3 January 2022)

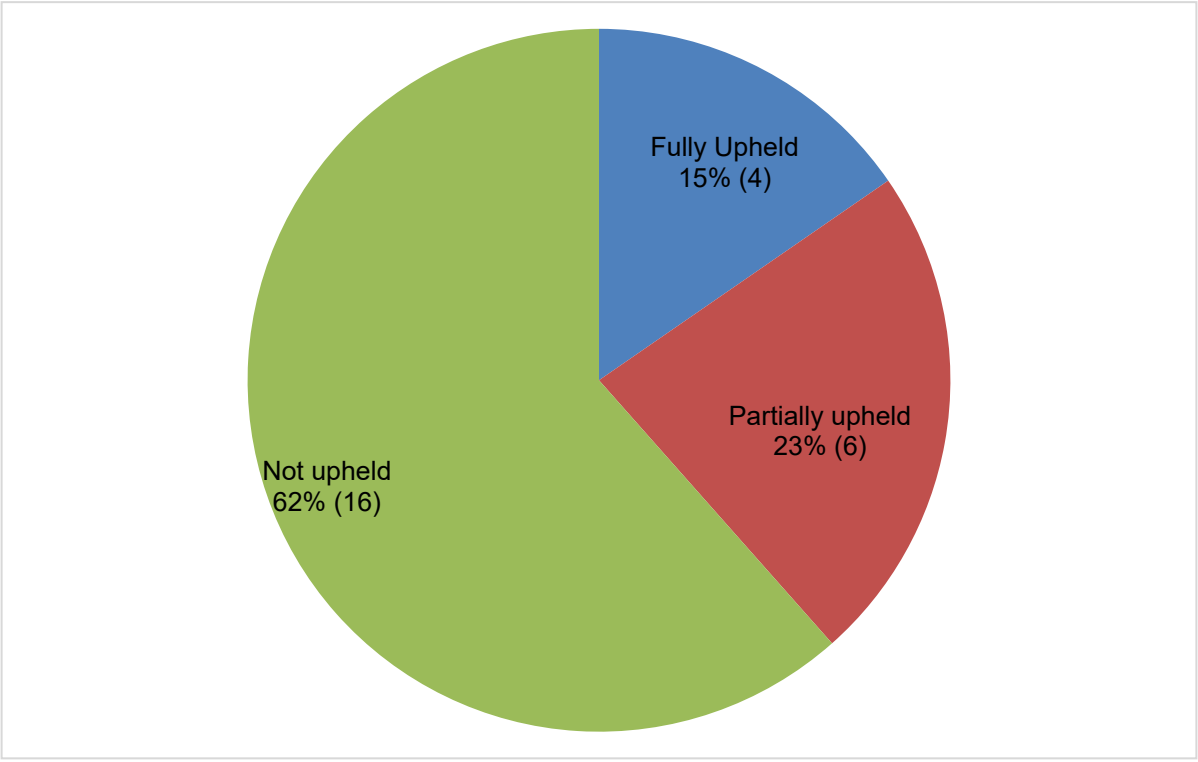


Figure 5: Subject of Complaints Received by Leeds Community Healthcare NHS Trust between July – December 2021 by Business Unit (Source: Datix Reporting System 3 January 2022)

	Adults	Children	Specialist	Corporate	Total
Access and availability	1	0	3	0	4
Appointment	0	0	2	0	2
Attitude, conduct, cultural and dignity issues	2	3	4	1	10
Clinical judgement/Treatment	6	6	6	0	18
Communication issues with the patient	0	2	3	0	5
Confidentiality of information	0	0	1	0	1
Connected with the management of operations/treatment	1	0	0	0	1
Discharge	2	0	0	0	2
Handling complaints	0	0	0	1	1
Medication	2	0	0	0	2
Patient Information - Patient case notes/records	0	1	0	0	1
Total	14	12	19	2	47

Figure 6: Subject of Closed Complaints by Leeds Community Healthcare NHS Trust between July – December 2021 (Source: Datix Reporting System 3 January 2022)

	Total
Appointment	2
Attitude, conduct, cultural and dignity issues	5
Clinical judgement/treatment	12
Communication issues with the patient	2
Connected with the management of operations/treatment	1
Discharge	2
Handling complaints	1
Patient Information - Patient case notes/records	1

Figure 7: Subject of Closed Complaints by Leeds Community Healthcare NHS Trust between July 2020 – June 2021 (Source: Datix Reporting System 3 January 2022)

	Total
Access and availability	1
Appointment	16
Attitude, conduct, cultural and dignity issues	12
Clinical judgement/Treatment	27
Communication issues with the patient	6
Confidentiality of information	1
Connected with the management of operations/treatment	2
Discharge	1
Medication	2

Figure 8: Number of Concerns Received by Leeds Community Healthcare NHS Trust from January 2020 (Source: Datix Reporting System 3 January 2022)

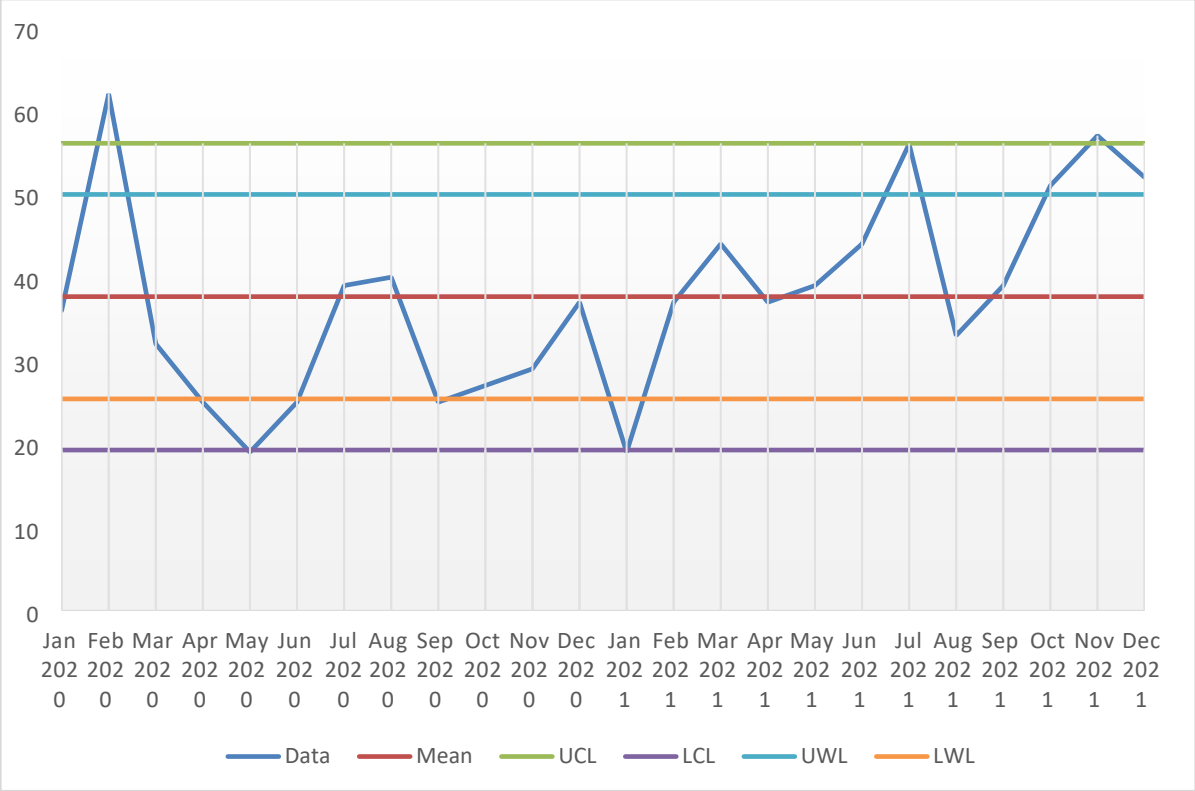
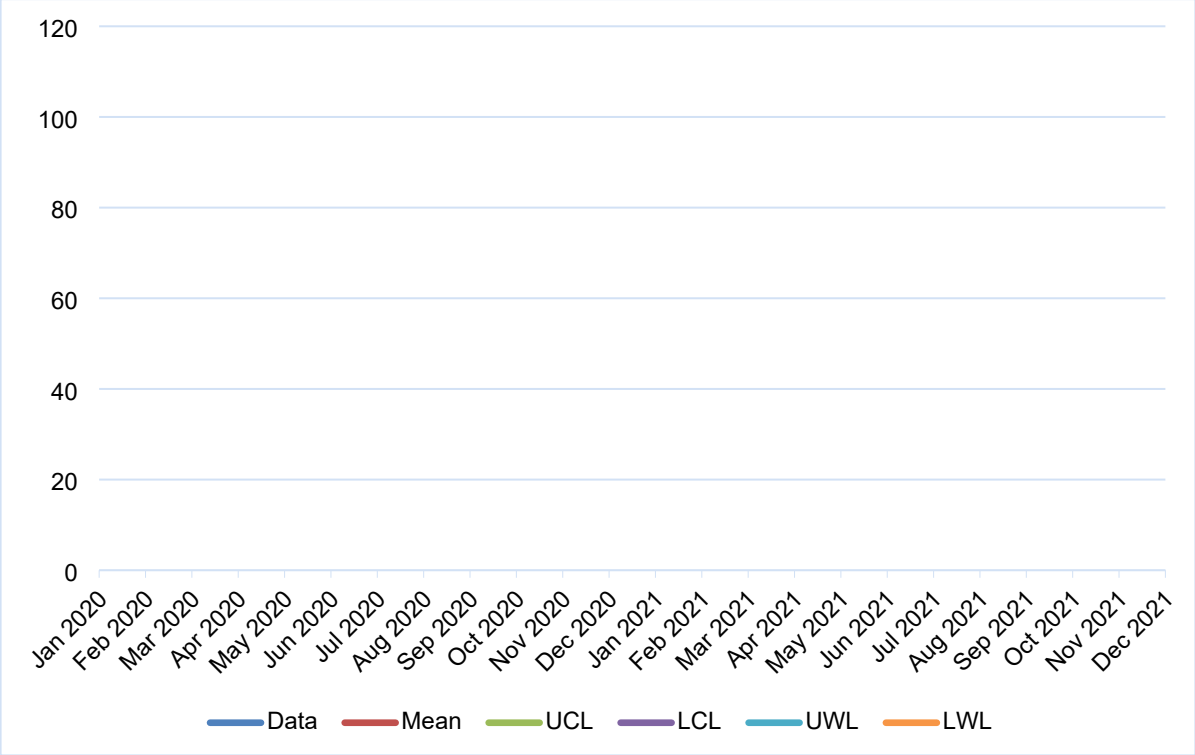


Figure 9: Subject of Concerns Received by Leeds Community Healthcare NHS Trust between July – December 2021 (Source: Datix Reporting System 3 January 2022)

Note: Concern subject was not always reported

	Total
Access and availability	6
Appointment	41
Attitude, conduct, cultural and dignity issues	19
Clinical judgement/treatment	53
Communication issues with the patient	70
Connected with the management of operations/treatment	5
Environmental matters	2
General enquiries	3
Medical device/equipment	5
Medication	4
Patient Information - Patient case notes/records	1
Patient Property	2
Treatment/Procedure - other	1

Figure 10: Number of Compliments Received by Leeds Community Healthcare NHS Trust from January 2020 (Source: Datix Reporting System 3 January 2022)



Appendix 2: Patient Engagement Data

Figure 11: Friends and Family Test Received by Leeds Community Healthcare NHS Trust between April 2021 – December 2021 (Source: Membership Engagement Services)

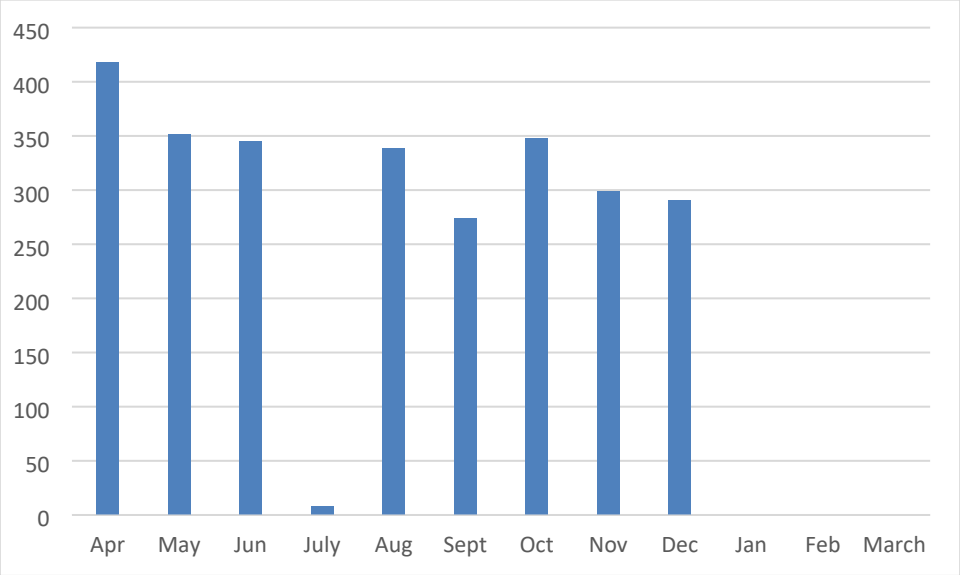


Figure 12: Percentage of Respondents Reporting a "Very Good" or "Good" Experience with Community Care through FFT (Source: Membership Experience System)

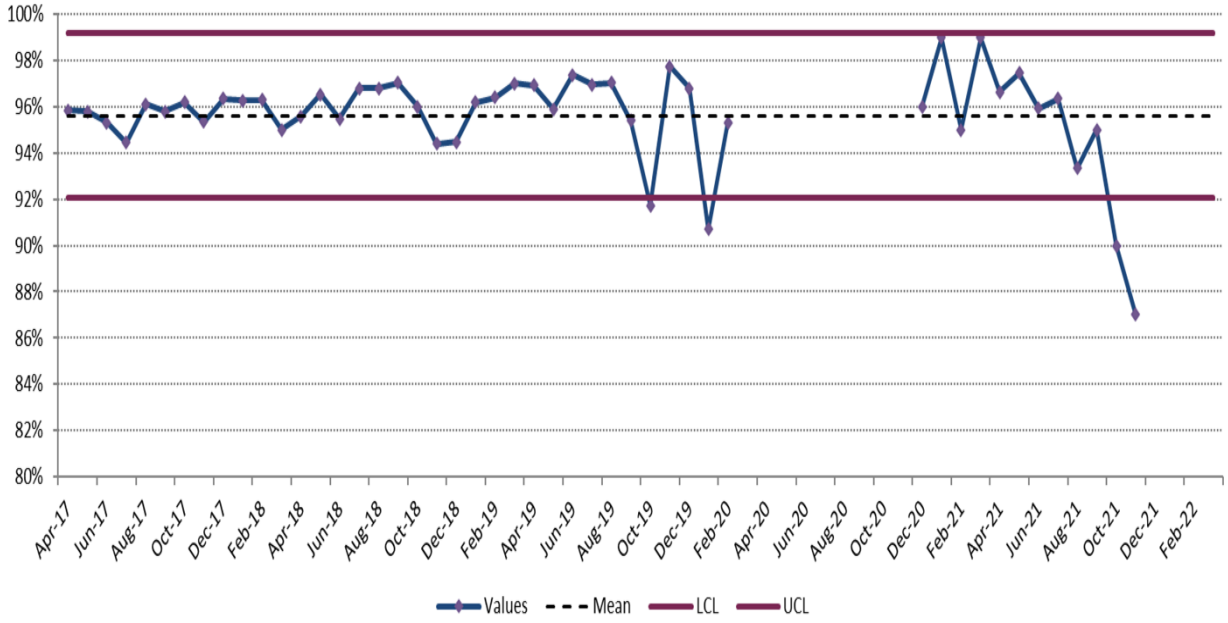


Figure 13: Number of FFT Respondents per month for all LCH services (Source: Membership Experience System)

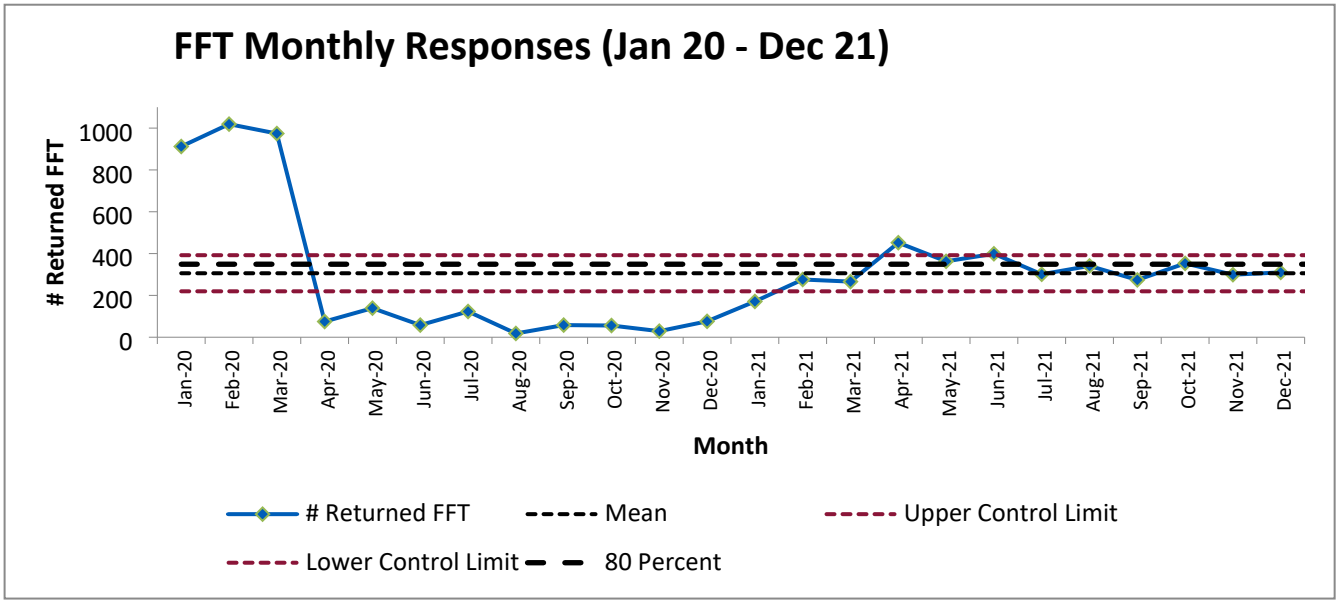


Figure 14, 15, 16: Wordcloud of positive and negative key words taken from FFT comments received between July – December 2021 (Source: Membership Experience System)


"good communication skills"
knowledgeablevery
"staff are fantastic"
"above and beyond"
"they were brilliant"
"good hands"
"well organised"
committed
"amazing service"
"great service"
"good attitude"
exemplary
"positive attitude"
"excellent service"
"wasted time"
"waste of time"
capable
precise
knowledgeable
dedication
disorganised
expertise
skilful
skilled
"positive attitudes"
efficiently
professional
"feel rushed"
"good listening skills"
excellence
expert
efficient
competent
methodical
competence
thorough
knowledgable
dedicated
"felt rushed"
"attention to detail"
knowledge
"fantastic service"
"in depth"
professionalism
proficient
"exceptional service"
"brilliant service"
"positive approach"
"wonderful service"
"great attitude"


"high standard of care"
"felt looked after"
"confident in the care"
"received excellent care"
"efficient and professional"
"took great care of me"
"not have been better"
"care and consideration"
"nothing was too much trouble"
"looked after us"
"care and attention"
"very best care"
impersonal
"no support"
"very thorough"
"no care"
"lack of care"
"excellent service"
"fobbed off"
"smooth process"
mismanaged
"caring nature"
"very caring"
"exemplary
"thorough check"
"caring staff"
"polite caring"
negligent
"excellent treatment"
"pillar to post"
"exceptional care"
"thorough examination"
"care not so good"
"very well looked after"
"best possible care"
"efficient and caring"
"care and compassion"
"very positive experience"
"outstanding care"

Board Meeting held in public: 4 February 2022

Agenda item number: 2021-22 (115)

Title: Freedom To Speak Up Guardian Report 2022 (six monthly report)

Category of paper: for assurance

Responsible director: Chief Executive
Report author: Freedom To Speak Up Guardian

Executive summary (Purpose and main points)

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

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

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

This report covers the period of 6 August 2021 to 4 February 2022. It offers a record of the work of speaking up at Leeds Community Healthcare NHS Trust and across the wider system.

Recommendations

The Board is recommended to note the report and continue to enable the embedding of this work across the Trust.

1. Introduction

1.1 This paper provides an overview of the work of the Freedom To Speak Up Guardian, basic activity data and recommendations on the role and its development from 6 August 2021 to 4 February 2022.

2. Background

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

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

2.3 Following a competitive recruitment process, the Trust appointed its Freedom Speak Up Guardian in November 2016 and the appointee took up post on 1 December 2016. The trust has created a form of work to enable staff to speak up and be heard.

3. Current position

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

3.2 Work with the Race Equality Network has been developed. The Race Equality Network Speaking Up Champions are offering and delivering a positive and quality service to trust staff. Work with the Race Equality Network, the staff support group for those clinically extremely vulnerable and staff who have not received vaccinations continues.

3.3 The FTSUG works at local, regional and national levels. The local work at LCH continues to develop. The feedback from staff using the FTSU route is very positive about the support it offers, how it enables their voice to be heard and how the trust leadership quickly starts to respond to issues. We manage to resolve the majority of cases raised. Some are very difficult to fully resolve due to different perspectives, the complexity of the concerns and concerns which are multi-layered.

3.4 The FTSUG works regionally through the Freedom To Speak Up Regional Network for Yorkshire and the Humber. The FTSUG works with the National

Guardian Office in developing speaking up in the wider health and care system. Several NHS Trusts and national NHS bodies have had consultations and conversations with LCH about our work and approach to speaking up. The FTSUG offers mentoring and support to guardians at different trusts. The FTSUG also attends the national NHS Confederation Race and Health Observatory Stakeholder Engagement Group and the national NHS Employers Staff Experience Steering Group to support their work and thinking and share LCH work and approaches.

3.5 Work on the Gap Analysis is near completion. This looks at the reviews by the National Guardian Office of NHS trusts where concerns about the experience of speaking up have been raised. The Gap Analysis will measure LCH with the learning and recommendations contained in these reviews. The LCH FTSUG and the FTSUG at Leeds Teaching Hospital have created a basic Gap Analysis tool to carry out this work.

3.6 Work supporting managers respond and work well with concerns is happening. The FTSUG offers a conversation to any manager in a service where a concern is raised and we ran a successful 'Speaking Up and Leadership' online module for managers last year which we hope to repeat in the future.

3.7 The work supporting Freedom To Speak Up Guardians at Leeds City Council continues and is moving towards recruitment. Work supporting Leeds General Practice continues with Leeds CCG and the Leeds GP Confederation.

4. Activity data

4.1 The table below shows the volume and type of activity with which the FTSUG has been engaged between 6 August 2021 and 4 February 2022. The table also indicates the nature of the issues raised with the FTSUG.

The table below details speaking up concerns formally raised.

Business Unit	Numbers of concerns formally raised	Issues
Adult Business Unit	1	Culture, leadership, time for staff meetings and support
Children and Families Business Unit	6	Caseloads, patient care, staff dynamics, health and wellbeing
Corporate Services	0	
Specialist Business Unit	6	Culture, behaviours, staffing, team dynamics, health and wellbeing

4.2 Thirteen concerns were raised formally by LCH staff members concerning LCH services. Twenty one concerns were informally supported or resolved without being formally raised.

There were two other concerns addressing the trust as a whole. One was on mandated vaccinations for staff and one was on the need for compassionate conversations.

The Race Equality Speaking Up Champions had one informal case.

This brings the overall concerns raised within LCH to thirty seven.

There was also a LCH staff member who the FTSUG has supported to raise a concern with their former trust on issues of behaviour and race.

4.3 Two staff colleagues who formally raised concerns are from Black, Asian and minority ethnic communities and of these concerns none have related it to issues of race. Three staff colleagues who informally discussed concerns are from Black, Asian and minority ethnic communities and two of these was related to issues of race. A staff was also supported to raise a concern with NHS trust that involved race. A staff member raised informally issues of disability and work. No other protected characteristic featured in the formal and informal work.

5. Themes

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

5.2 Colleagues from Black, Asian and other ethnic communities are raising concerns around themes of inclusion and equity. We are continuing to create the best ways to support and hear these staff voices. These staff colleagues report being supported and heard.

5.3 Leadership, culture and behaviours in teams are ongoing key factors that have featured historically. Health and wellbeing, ways of working and workloads are also appearing in concerns.

5.4 We are seeing more cases resolved or supported informally which fits with our ambition that concerns are addressed via local conversations and work.

6. Assurances and Future Work

6.1 The assurances given to the organisation with the role are threefold national engagement, organisational spread and local comparison.

We are reporting quarterly to and work positively work with the National Guardian Office. Secondly, the FTSUG is meeting staff from across all business units of the trust and at different roles / levels. There were no formal concerns raised from the corporate services at the trust but colleagues from corporate services did approach the FTSUG and issues were addressed or supported informally. Third, in terms of local comparison with neighbouring NHS trusts, we evaluate well in terms of staff who speak up.

6.2 The following are ongoing and future work and plans.

- Gap Analysis work is proceeding. Work on outcomes for the service is underway and the next annual report should feature an outcome analysis of the speaking up work. The new Speaking Up policy has been written and is

out for consultation. It has been peer reviewed by the FTSUG at Locala to ensure it fits national requirements and good practice around speaking up work.

- To further support our speaking up work, we will undertake a new peer review of speaking up at the trust in 2022-23. The last peer review was in 2016. Locala have agreed to undertake this review.
- A conversation about the new national guidance on Speaking Up Champions (which limits champion work to awareness raising and signposting only) is ongoing with the REN Speaking Up Champions to decide next steps in how this work will develop.

- There will be a special focus on staff with protected characteristics in the trust to see how speaking up can support these staff when needed.

7. Conclusions

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

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

7.3 The FTSUG work supports the work of building new ways of working and our commitment and behaviours for excellent clinical care and compassionate culture.

8 Recommendations

8.1 The Board is recommended to accept the report and continue its support to embed our speaking up work.

Trust Board meeting held in public: 4 February 2022

Agenda item number: 2021-22 (118)

Title: Mortality Report Quarter 3 2021-2022

Category of paper:	**For assurance**
History:	**Quality Committee 24 January 2022**

Responsible director:	**Executive Medical Director**
Report author:	**Deputy Medical Director**

Executive summary

Purpose of this report:

To provide the Board with assurance regarding the Mortality figures and processes within LCH NHS Trust in Quarter 3 2021-2022.

Main points to note:

- Quality Assurance & Improvement (QAIG) Group have met regularly and are quorate. The last meeting was the 19th of October 2021, and the next meeting is the 18th of January 2022.
- 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 – similar to previous quarters but in addition
    - Increasing number deaths in the under 65 years age band, and people with multiple co-morbidities / complex needs
    - Increased use of agency staff secondary to COVID-19 pandemic having an adverse effect on staff numbers
    - Increasing system pressures can reduce the timeliness of equipment being received
- One regular theme is linked to the underappreciation of the possibility of an unexpected rapid deterioration. It is therefore important to explore with a person an advanced care plan as early as possible and in addition have available anticipatory medication on hand. This is challenging considering the current difficult working environment & system pressures that are being experienced. The impact from cessation of lower-level visits, outpatient attendances and the primary care focus away from proactive care out of necessity due to system pressures could all be considered potential contributory factors to this.
- We are continuing to explore with the citywide Palliative Care Network Informatics Group the potential to view the LCH subset of the collated city-wide data set incorporated in the CCG EPaCCs report included in Quarter 2. Whilst LCH specifically reports on our own EPaCCs data, we are currently unable to identify how many of the excess bed days included in the citywide report that are related to patients on an LCH caseload.
- The Specialist services with the highest number of deaths are as expected, Adult Nutrition & Dietetics, Adult Speech & Language Service, and the Respiratory Service[1]
- Gender data broadly tracks each other with a higher number of females to males, but note[4] that there is a wide gender difference in Nov 2021 with preponderance of females. This pattern is also observed in 2020 and 2019, with a similar but slightly delayed picture in Dec/Jan 2018. A possible explanation is that there is an increase in deaths in the 80-89 age band too that month, which has a greater percentage of females.
- Despite the increased number of patients continuing to choose to die at home, and the notable system pressures due to the ongoing impact of the

pandemic it was notable that in quarter 3, all patients carers' were fully supported to enable the patient to achieve their PPD[5]

- Beeston & Woodsley NTs have an increased number of deaths in IMD deciles 1 & 2 above the population percentage in that area of IMD Deciles 1&2[6]. This is over a significant period (Apr 2019 – Dec 2021), so is now included in the quarterly review to consider trends. There is a suggestion that this could be partly explained by an increased percentage of over 70s in the IMD deciles 1&2 in those NTs.
- Deprivation & Deaths under 70 years as % total deaths are broadly unchanged from the data previously presented in Q2
- An apparent increase in unexpected deaths noted in one month this quarter was appropriately investigated and a discrepancy noted in regarding to recording. It transpired that date of recording had been utilised instead of date of death. This was discovered when we investigated an increase in unexpected deaths in a recent month
- Due to the ongoing issues currently with the effects of the COVID-19 pandemic on staffing levels formal mortality review meetings have been paused temporarily but mortality reviews continue to take place, with support from the Medical Directorate.

Children

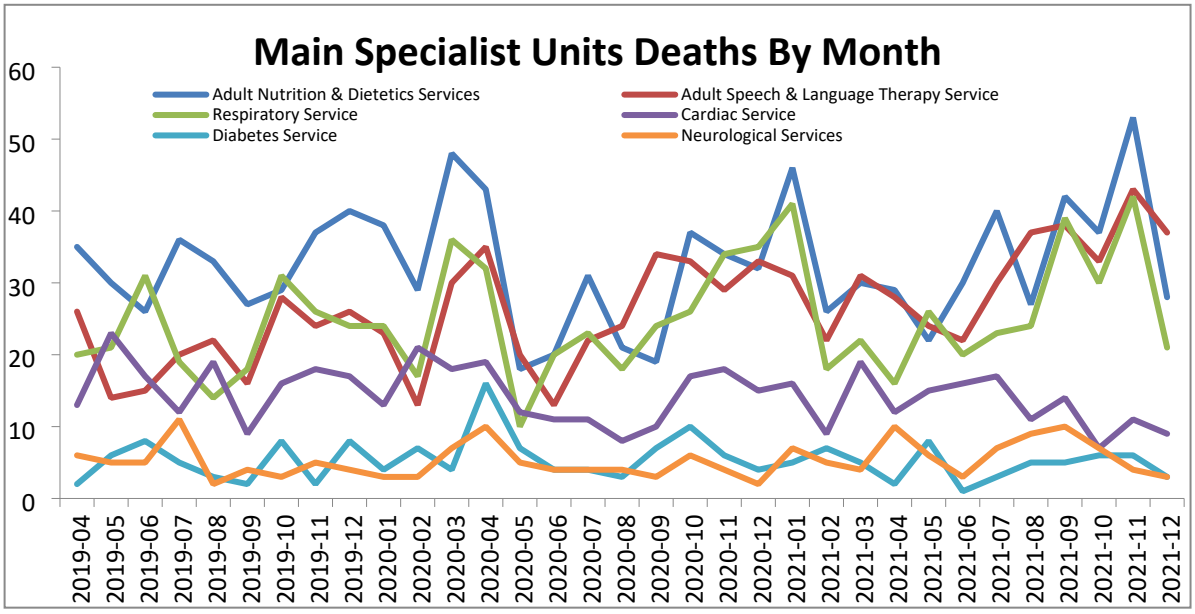
- Mortality in children has not shown any significant deviation from numbers expected over the course of Q3 or the preceding year
- Chair of LCH Child Death Review Group has yet to be appointed
- The process for reporting to CDRG & CDOP is in the process of being updated to ensure the right clinicians are included to ensure the correct information is being collated
- A recent SUDIC highlighted the incorrect use of a child's electronic record. A child's EPR was left open for several days, and therefore not updated with the subsequent death of the child, which could have allowed an inappropriate referral, letter or contact with the family. The next meeting on 26thJanuary 2022 will discuss and action accordingly the correct use of the EPR and recording of death notification.

Recommendations:

- The Board is recommended to receive this assurance regarding Trust mortality processes during Q3 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

References/Appendix

1.



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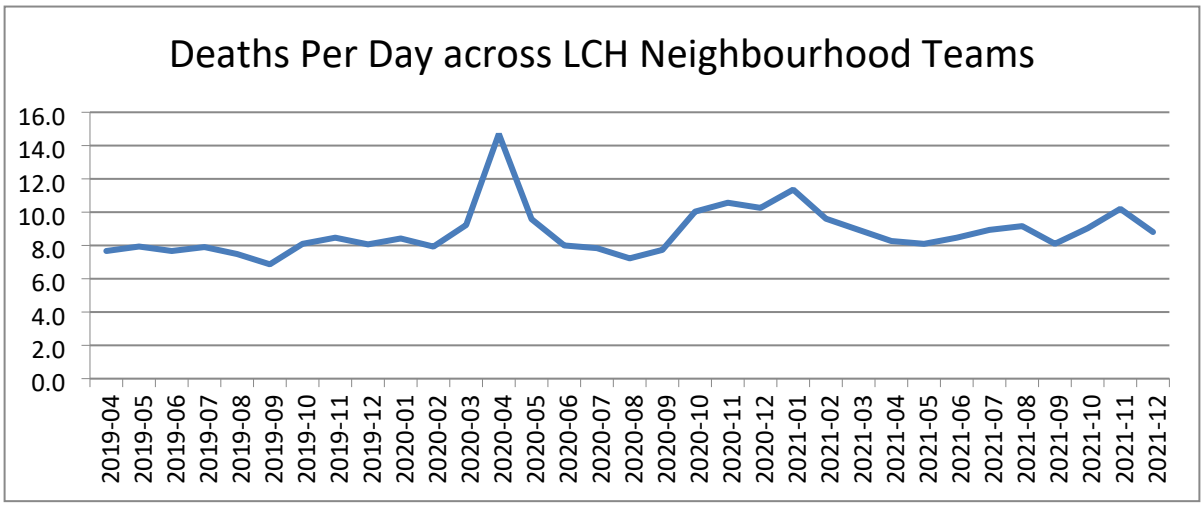


1 Note - December 2021 figures are subject to change

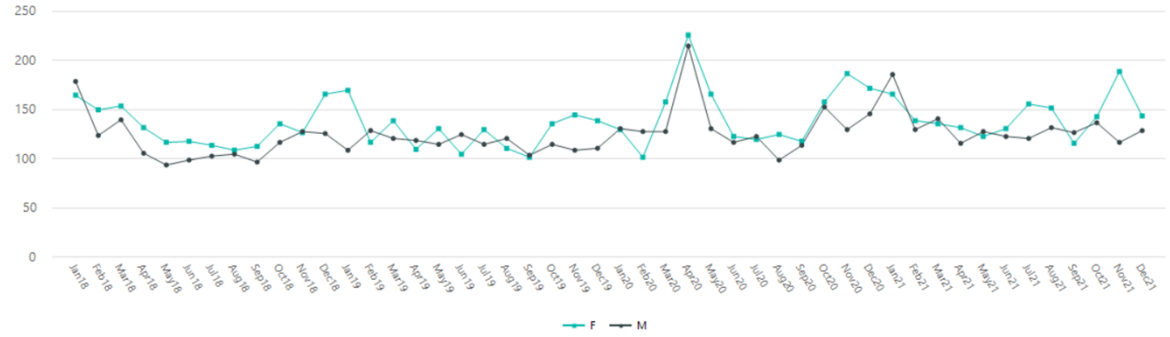
The average number of 'Daily Deaths' across LCHs Neighbourhood Teams remained relatively stable prior to the COVID-19 pandemic, perhaps with a slight rise. This was overshadowed as the COVID-19 pandemic gained momentum peaking in April 2020. There has been a lower but more sustained increase between October 2020 and March 2021, and more recently in November 2021.

3. Death registrations and occurrences by local authority and health board published 11th January 2022
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard

Place	COVID-19	All Cause	COVID %
Care Home	67	1173	6%
Home	71	2200	3%
Hospice	25	578	4%
Hospital	612	3816	16%
Elsewhere	4	154	3%
Total	779	7921	10%

This data represents data from the Leeds Authority area rather than LCH but illustrates the overall picture of 2021. 52% of all-cause deaths occurred out of hospital in Leeds with 21% of COVID-19 related deaths occurring out of hospital.

4. Total NT Deaths by gender



Note a wide gender difference in Nov 2021 with preponderance of females. This is also seen late in 2020 and 2019. In 2018 it was in Dec /Jan of that winter. It will be interesting to see whether this trend indeed occurs again in November 2022. A possible explanation is that there is an increase in deaths in the 80-89 age band too that month, which has a greater percentage of females.

5. Actual Place of Death

2.3 Actual Place of death

Where 'patient undecided', 'pt unable to express preference' or 'discussion not appropriate' these patients may also have 'ActualPlaceOfDeathNOTrecorded'

Actual Place of Death	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total	%
Care Home	46	46	42	55	43	45	44	52	47	420	20%
Home	87	99	95	101	105	86	100	125	93	891	43%
Hospice	26	32	35	31	31	31	29	30	37	282	13%
Hospital	34	28	27	33	36	36	24	31	24	273	13%
Unknown	19	15	29	20	18	17	33	26	48	225	11%
Total	212	220	228	240	233	215	230	264	249	2091	100%

The reasons for not achieving PPD have not changed from previous quarters (67% for home environment reasons, 23% for clinical reasons).

6. Neighbourhood Team Deaths between Apr

19 - Dec-21 By IMD Decile

NT	1	2	3	4	5	6	7	8	9	10	Grand Total	% Deaths in Deciles 1&2	% Population in Decile 1&2	Difference
Armley	333	165	69	52	114	31	24	3	1		792	63%	62%	1%
Beeston	236	71	47	21	1	7	2	3	1		389	79%	63%	16%
Chapeltown	502	52	12	1	33	14	9	7	13	3	646	86%	90%	-4%
Holt Park	85	27		30	47	3	53	23	104	102	474	24%	16%	8%
Kippax	2	3	88	3	117	111	199	41	111	18	693	1%	0%	1%
Meanwood	154	42	36	11	32	67	119	136	166	111	874	22%	26%	-3%
Middleton	333	86	91	39	17	156	119	103	5	1	950	44%	39%	5%
Morley	28	84	152	27	40	132	106	88	25	15	697	16%	7%	9%
Pudsey	31	47	161	28	115	65	98	58		19	622	13%	9%	3%
Seacroft	392	65	65	38	91	103	141	75	34	18	1022	45%	48%	-3%
Wetherby	2	2	1	21	15	58	90	32	69	113	403	1%	0%	1%
Woodsley	77	139	72	36	53	76	106	21	29	18	627	34%	18%	17%
Yeadon	3	55	26	1	70	77	120	108	105	150	715	8%	4%	4%
Grand Total	**2178**	**838**	**820**	**308**	**745**	**900**	**1186**	**698**	**663**	**568**	**8904**	**34%**	**31%**	**3%**

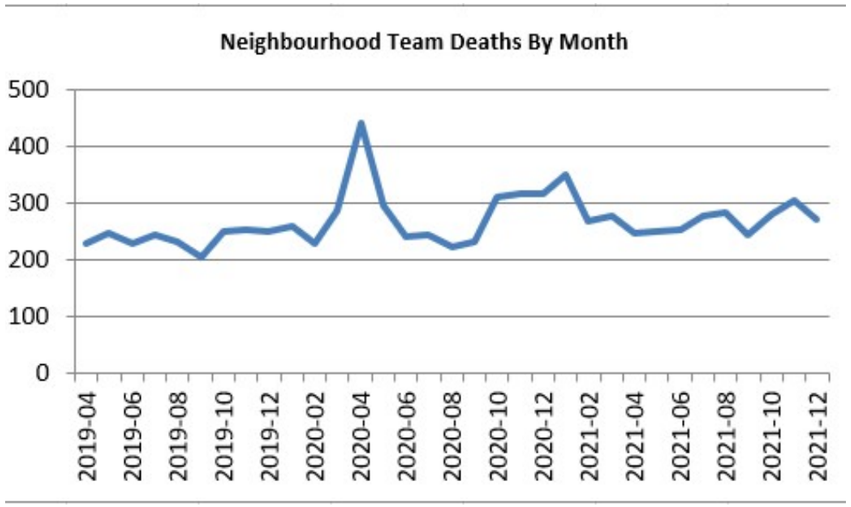
Beeston & Woodsley NTs have an increased number of deaths in IMD deciles 1 & 2 above the population in that area. This is over a significant period, so we are adding to our quarterly review to consider trends.

Note the data for December (and elsewhere in this report) are subject to change as the records are updated after death variably. Practices rather than LCH set the date of death field.

RAG rating

Q3 Adult Mortality and LeDeR Review October—December 2021

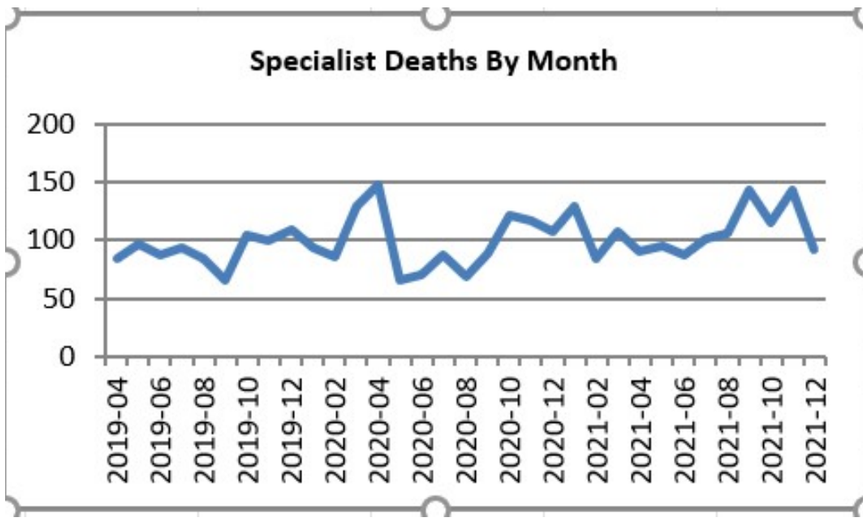
Leeds Community Healthcare NHS Trust

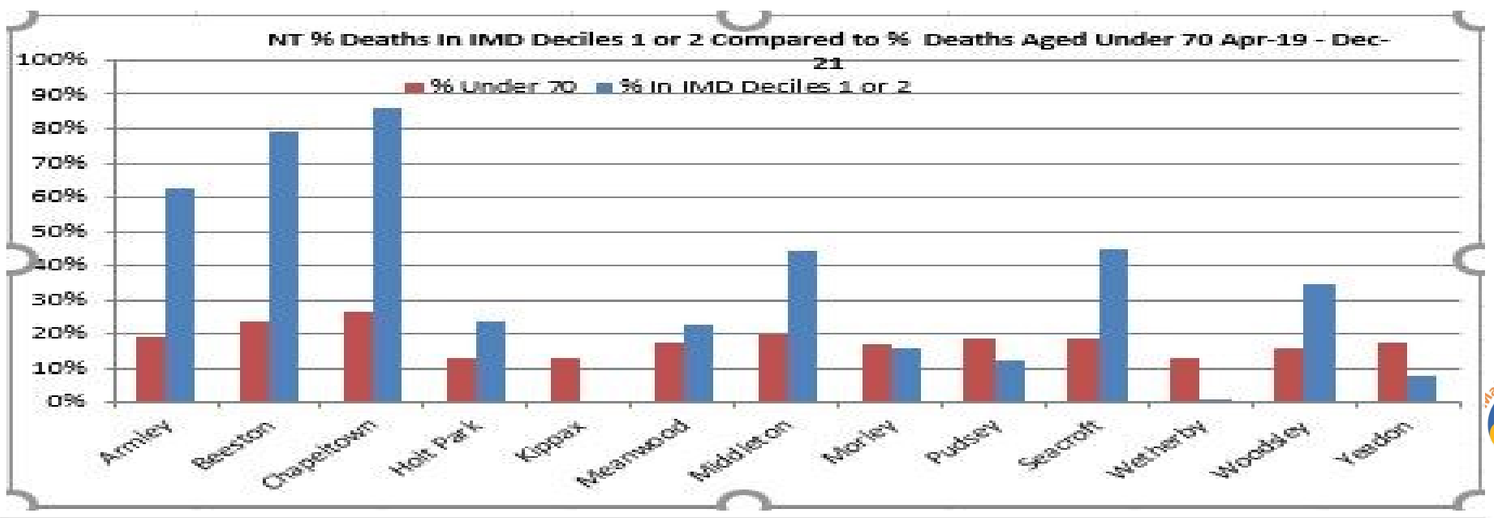


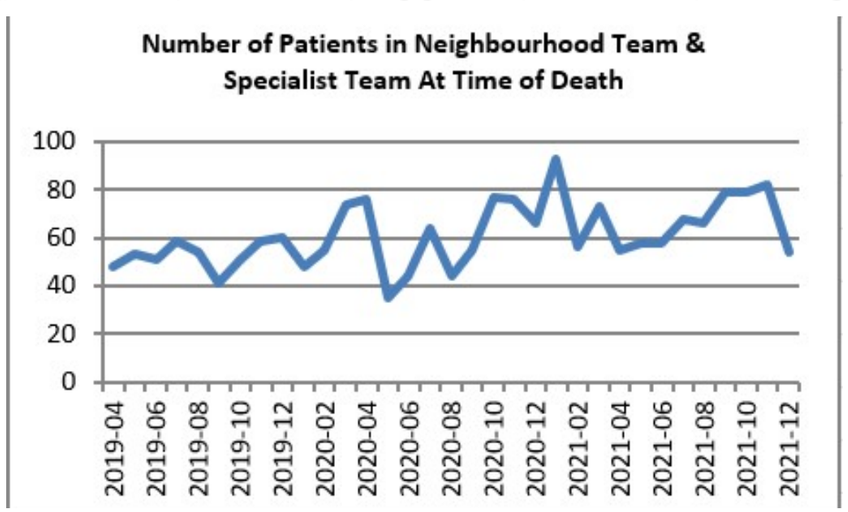
Oct - Dec 21 Mortality Figures for NTs & Selected Sp

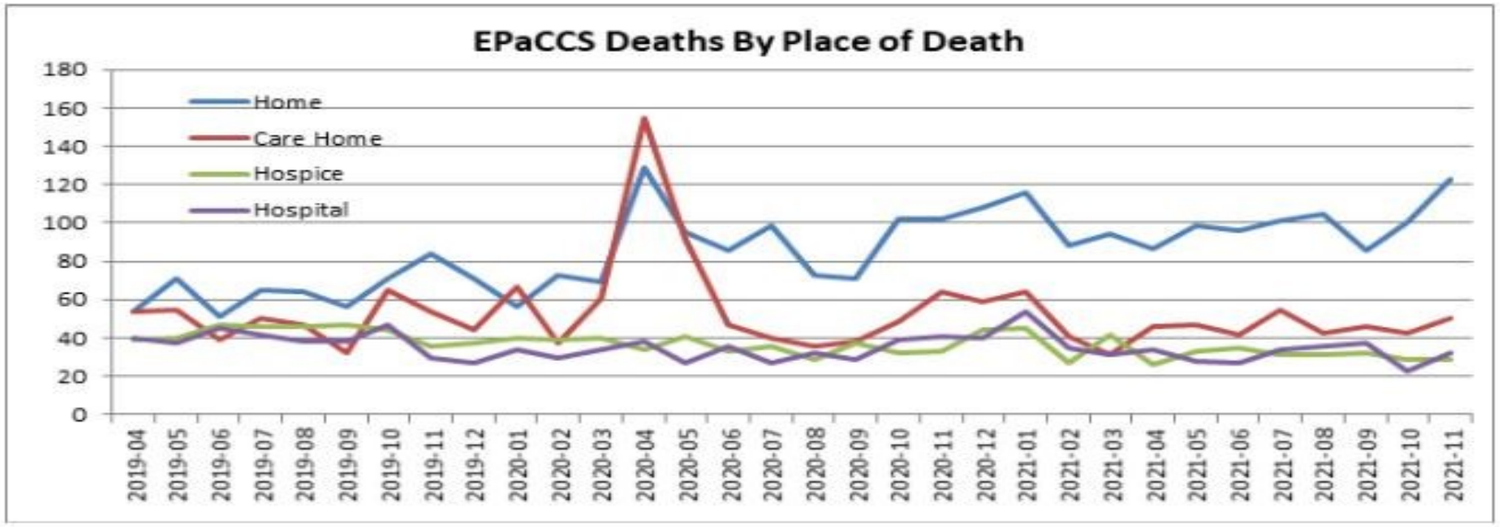
Deaths	Oct-21	Nov-21	Dec-21
Total	316	367	311
NT	280	306	273
Specialist	115	143	92
Specialist not in NT	36	61	38
In NT & Specialist	79	82	54
Specialist Deaths in Multiple Units	13	19	14

Adult Data	Q1	Q2	Q3	Q4
Level 1	**987**	**581**	624	
Level 2	**290**	**116**	163	
Unexpected deaths	**78**	**77**	100	
Expected deaths	**352**	**498**	522	
Alliance CCB deaths		**1**		
Virtual Ward deaths	8	**4**	5	
LeDeR	**8**	**7**	3	
Serious Mental Health	**0**	**0**		









S1 Systems, processes & practices to keep people safe	S4 Medicines management	S5 Track record on safety	S6 lessons learned & improvements made	E1 Standards, legislation & evidence-based practice	E2 Outcomes of care & treatment	E3 Staff skills, knowledge & experience	R4 Listening & responding to concerns & complaints	ESF safe care & treatment	ESF staffing arrangements	ESF protection from abuse	ESF assurance, monitoring & risk management

RAG rating

Q3 Adult Mortality and LeDeR Review October to December 2021

NHS Leeds Community Healthcare NHS Trust

Analysis

- Total Adult deaths in Q3 = 994. There has been an overall 10% rise seen n Q3. This is consistent with the sustained increase in patients choosing to die at home.
- ABU deaths Q3 = 859 (11% increase) SBU deaths = 396 (7% increase). 135 deaths were in SBU only and 215 in both Neighbourhood and Specialist teams.
- 77 deaths in Q3 were reported as unexpected (Q2=69 and Q1-77).
- 11% increase in patients dying in their own home in Q3 compared to Q2. Overall, 53% increase when Comparing Apr-Dec 21 with Apr-Dec 19 (Pre Covid)
- 3 patients died who had a learning disability
- 5 patients died whilst receiving care on the Virtual Ward for Frailty (VW(F) (Q2=4). All deaths whilst on the VW(F) are reviewed in the Adult Mortality Review meeting, whilst learning points were noted, none related to lapses of care and patient safety incidents. Key learning in Q3 was the delay in the transfer of patients deemed to be moving into the End of Life onto the regular Neighbourhood Team Palliative Care Support.
- 80% of patients achieved their 1st choice for preferred place of death and 84% achieved either 1st or 2nd choice. This is 2% and 3% more when compared to Q2 1st choice for preferred place death and for either 2st or 2nd choice respectively.
- 79% of patients had a verification of expected death completed in their own home. This is comparable to the previous quarters (Q2=77% and Q1=80%)
- **Equity** — Armley, (62%) Chapeltown (85%) &Beeston(79%) noted to have high percentage of patients referred from deciles 1&2 . No trends re age band seen for SBU.
- 5% of deaths for excluded services (SBU) were audited as per agreed process . MSK (4) Podiatry (17) . No themes/lapse in care identified for the deaths reviewed.

Contribution to Making Stuff Better

- Work to create a digital solution to manage and streamline the mortality process was paused in December due to the impact of the pandemic on leadership capacity, this will be restarted in Q4.
- SBU will explore the recording of Preferred Place of Death whilst on a LTC caseload.
- We now have an established and robust data set provided by the BI team which enables deeper analysis and facilitates better understanding of mortality trends and the impact on quality, this has been further enriched with the addition of equity data.
- Data from both the Respiratory and Frailty Virtual Wards has been added to Datix to enable accurate analysis
- Rob Arnold and Ruth Burnett are continuing to support both business units to explore ways to improve GP attendance and involvement in mortality reviews.
- The establishment of the virtual Adult Mortality Review Meeting format is enabling a wider group of staff to attend both as case presenters and representatives of the teams where the review deaths occurred. In December the number of staff able to attend was impacted by the increase in system pressure

Themes

- The reduction in numbers of Covid deaths seen in the community continued in Q3
- The established joint mortality review process, the collaborative sharing of learning across ABU and SBU, demonstrating a greater level of co-working for reviewing and monitoring all adult deaths which is a positive achievement.
- The theme of increasing numbers of both deaths in the under 65 age band & those patients with multiple comorbidities & complex needs continued in Q3.

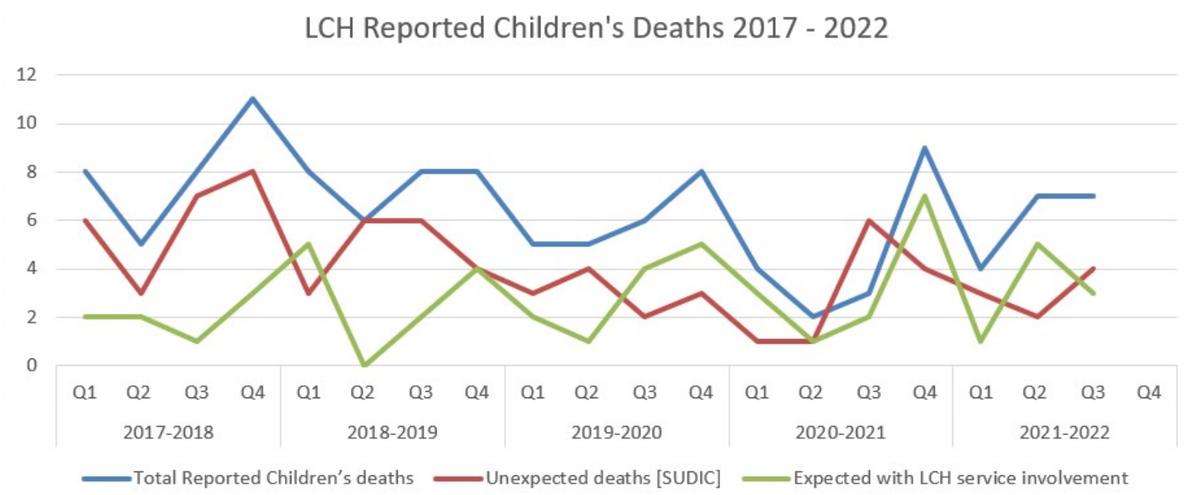
Risks

- The increase in system pressures & the numbers of deaths occurring in patients own homes, availability of equipment required to safely mitigate patient & carers risk has increased. Delays in equipment provision has affected supply chain and the impact of the pandemic on availability of equipment. Collaborative working with LCES is helping to mitigate this risk.
- Significant increase in agency staff undertaking end of life care with concerns relating to providing continuity and consistent quality care (High numbers of different providers) Work is underway with commissioners to mitigate this.

RAG rating

Children's Mortality Group Q3 2021/22

NHS Leeds Community Healthcare NHS Trust



Quarter 3 21/22	Total	Unexpected/ SUDIC	Expected with LCH service involvement
October	2	1	1
November	3	2	1
December	2	1	1

Themes

The Child Death Overview Panel has continued with good representation from LCH.

Learning and Actions

All learning shared and specific actions documented on the meeting minutes with named leads at CDRG and CDOP.

The Agency Report Form/ Child Death Review Reporting Form process has been re-viewed for LCH to ensure that the right clinicians are receiving them and therefore the right information is collated for CDRG and CDOP.

Work needs to continue to ensure consistent process in registering child deaths on SystmOne and notifying clinicians working with the family. CBU new Quality Lead is working with leads from each of the services to achieve this.

Risks

Leeds Child Death Review Meeting has been without a chair—we will review the meeting and terms of reference at the next meeting on 26th January 2022 and hope to have a new chair following this.

There is currently a number of child deaths that need to be reviewed. Additional meetings will likely need to be put in place .

S1 Systems, processes & practices to keep people safe	S4 Medicines management	S5 Track record on safety	S6 lessons learned & improvements made	E1 Standards, legislation & evidence-based practice	E2 Outcomes of care & treatment	E3 Staff skills, knowledge & experience	R4 Listening & responding to concerns & complaints	ESF safe care & treatment	ESF staffing arrangements	ESF protection from abuse	ESF assurance, monitoring & risk management

RAG rating

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		LCH Learning and Actions taken
October 2021	3 months old child SUDIC Known to LCH 0-19 PHINS Staying in Cheshire at time of death Awaiting details on cause of death	
October 2021	7 months old child, born prematurely Expected death Cause of death - Neonatal hypoxic encephalopathy Known to LCH 0-19 PHINS and Children's Community Nursing Team Died at home with family and Martin House staff surrounding her	Good working between LCH and Martin House
November 2021	3 months old child SUDIC Cause of death - Downs, Cardiac Defect, Bronchiolitis Known to LCH 0-19 PHINS , Speech and Language Therapy, ICAN and Children's Community Nursing Team	
November 2021	3 years 10 months old child Expected death Cause of death - Embryonal Tumour with Multilayered Rosettes Brain-stem (ETMR) Known to LCH 0-19 PHINS and Children's Community Nursing Team	
November 2021	8 years 4 month old SUDIC Awaiting full post mortem—? peritonitis Known to LCH 0-19 PHINS universal pathway	Child Death Overview Panel to review system learning re response to covid and face to face appointments. Concern raised tat father was not documented on SystmOne - further exploration has occurred and the child was born prior to electronic records being primary record, information was recorded on the paper records.
December 2021	16 years 8 months old young person SUDIC Muscular disease, spinal muscular atrophy Non-invasive ventilation at night and wheelchair user Cause of death - not clear yet, post mortem found significant intrathoracic bleeding. Awaiting histology Known to LCH Speech and Language Therapy, 0-19 PHINS, Children's Community Nursing Team	LTHT involved The Medicines and Healthcare products Regulatory Agency (MHRA) and drug producer as young man was part of early access to medicine scheme supported by MHRA. SUDIC process not followed by some agencies - reminders sent regarding SUDIC applying to all children and young people under 18 unless expected where RESPECT form should be completed.
December 2021	Expected death of 6 month old child. Known to LCH Children's Community Nursing Team and 0-19 PHINS RESPECT form in place. Died at home surrounded by family	

Trust Board Meeting held in public: 4 February 2022

Agenda item number: 2021-22 (119)

Title: Serious Incident Six Month Report

Category of paper: For assurance

History: Quality Committee 24 January 2022

Responsible director: Executive Director of Nursing and Allied Health Professionals

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Report author: Incident and Risk Assurance Manager

Executive summary

A report of the Trust's management of serious incidents is produced bi-annually to provide the Board of Directors with the assurance that the serious incidents are being managed and investigated effectively. The report also provides assurance that learning is acted upon appropriately to improve patient care and experience.

All serious incident investigations are subject to an investigation to understand the cause/s and contributing factors to the incident. The investigation seeks to understand the chronology of events and the possible reasons when the care has not been delivered in line with the expected standard.

The investigation process explores LCH systems and processes and contributory factors to patient safety incidents to identify learning for improvements, and reduce the risk of reoccurrence

The learning identified, and reflected within this report, has been shared with individuals, services and across the Business Units as appropriate to facilitate reflection, discussion, and improvement.

Recommendations

The Board is recommended to:

- Receive and note the contents of this paper.

Serious Incident Report

1 Introduction

This paper specifically considers LCH patient safety incidents which have been reviewed and reported as serious incidents following the guidance from NHS England's Serious Incident Framework, published in March 2015. LCH is also incorporating guidance from the national Patient Safety Strategy 2019.

On completion of a serious incident investigation the resulting report is reviewed at a panel held at forty-five days. The panel is chaired by either the Assistant Director of Nursing and Clinical Governance, the Assistant Director of Allied Health Professionals and Professional Practice or the Head of Clinical Governance. It is then finally approved for submission to the service's commissioner by the Executive Director of Nursing and Allied Health Professionals or Executive Medical Director.

2 Background

A report on serious incidents is produced bi-annually to provide the Board of Directors with the assurance that the incidents are being managed, investigated, and acted upon appropriately. The report also provides assurance that action plans are developed from the investigations to ensure improvements in patient safety, care and experience.

The action plans are developed to ensure that the learning identified from the investigations are considered from a process and system perspective. Where individual learning is identified, appropriate supportive actions are implemented to ensure colleagues and teams are supported to learn and develop.

A selection of serious incidents is identified every quarter to be shared at the LCH Safety Summit. There have been two Safety Summits this period, one in September and one in November 2021.

3 Strategic Executive Information System (StEIS) reportable Serious Incidents for the Reporting Period.

The Trust reported thirteen serious incidents on the StEIS system during the reporting period. Following further review, four of these were de-logged from StEIS as they did not meet the serious incident criteria. Therefore, nine were progressed to a full serious incident investigation compared to 31 in the previous reporting period of January 2021 to June 2021.

Serious Incidents by Category and Quarter Reported

Incident category	Jul - Sept	Oct-Dec	Total
Pressure ulcer	3	0	**3**
Slips, trips, falls and collisions	2	2	**4**

Abuse – (A patient known to the youth justice service attacked a member of the public with a knife)	1	0	**1**
Unexpected Death - reported by Leeds Mental Wellbeing Service (LMWS)	1	0	**1**

As of 10th January 2022, two of the above remain under investigation and seven have been completed and finally approved by the Executive Director. Eight serious incidents from January to June 2021 have also been completed in this reporting period and are included in the outcomes and causes section. Action plans generated from serious incident investigations are agreed at the final review meeting and added to Datix® for monitoring purposes.

A dedicated action planning meeting will be introduced in the next reporting period to ensure the learning from serious incidents is captured in action plans that have been agreed by the action owners and can be measured for completion.

The Trust had no never events in this reporting period.

StEIS Reporting Timeframe in quarter two and three 2021/22

All serious incidents are identified at the Rapid Review Meeting and reported on the StEiS database within 48 hours of making the decision to comply with national standards.

During this reporting period, 100% were reported on StEIS within 48 hours of the decision being made that there were lapses in care that met the criteria to report a serious incident.

Serious Incident Outcomes

Of the 15 completed serious incident investigations, 14 concluded that there were lapses in care. The remaining 1 was confirmed to have no causative / contributory lapses in care; however, significant learning was identified for the teams involved and therefore they remained logged on StEIS.

Rapid Review Templates

During this reporting period, the templates were updated with prompts to include both staff and patient voice as to why incidents have occurred. In addition, the Pressure Ulcer Rapid Review template now includes the aSSKINg prompts to encourage this clinical framework in our assessment of pro-active pressure prevention care. This is intended to embed consideration of evidence-based care into the initial investigations and support overall improvements for pressure ulcers.

Serious Incident Causes and Contributory Factors

The tables below show the causes and contributory factors identified during this reporting period.

Cause	Total
Risk assessment not completed / patient risks not identified	4
Lack of effective case management / senior review	3
Risk assessment not completed accurately	2
Lack of effective pressure ulcer management	2
Communication - Breakdown with external services	2
Communication - Breakdown within LCH services	2
Delay in provision of equipment due to LCH	2
Patient – Concordance	1
Inappropriate clinical judgement / reasoning (triage or at visits)	1

Contributory Factors	Total
Staff - Capacity and Demand Issues	6
Failure to follow policy or agreed procedure	6
Inappropriate clinical judgement / reasoning (triage or at visits)	5
Lack of / inadequate staff training	3
Patient – Concordance	2
Incorrect provision / use of equipment	2
Delay in Datix reporting in line with policy	1
Communication - Breakdown within LCH services	1
Other (please document elsewhere)	1

Learning

The learning from the concluded serious incidents is shared with the reporting teams using the leaflet for learning. The most frequent learning identified from Investigations from the reporting period were:

Importance of thorough and prompt assessment of necessary equipment required on patient discharge.

Importance of escalation of wounds to specialist services at point of discovery, in those with contributory medical history such as diabetes, as per trust guidelines.

Lying and standing blood pressure to be checked for all patients where a falls risk is identified and when not recorded, clearly documented why - completed action

To increase the awareness in the Neighbourhood Team of advocacy services to support patients whose relationships with family have broken down.

Improve communication with care homes regarding safeguarding concerns

To improve documentation concerning pressure risk assessment and management.

Ensure clear evidence of falls risk assessment

Ensure the appropriate delegation of complex wound care to qualified and senior staff

Ensure patients at risk of falls have a full Physiotherapy assessment

4 Risks

Recurring Themes

Although the Trust has reduced the number of serious incidents this reporting period compared to the last, there is a noted recurrence of themes from learning identified. This suggests that learning is not being embedded.

An organisational approach has been initiated to introduce a dedicated action planning meeting for each review to ensure the actions are appropriate, achievable and measurable. A final action has been added to all serious incident and internal concise action plans for a clinical audit of the action plan three to six months after completion. This aims to provide assurance that actions are embedded or provide evidence to initiate a quality improvement audit cycle to ensure they become embedded.

5 Assurance

Internal Audit

During this reporting period an assurance review of the Management of Incidents, Serious Incidents and Pressure Ulcers was undertaken by LCH internal auditors, The Internal Audit Association (TIAA). The review concluded reasonable assurance in relation to the robustness of processes in place for the identification, investigation, reporting and management of incidents and serious incidents. This included how lessons learned are managed, communicated and disseminated across the Trust.

The review also considered the process for understanding and learning from pressure ulcer incidents. It identified that in 7 of the 18 cases reviewed, although the lessons learned and corresponding actions/recommendations had been recorded on the incident report form, Datix had not been fully populated with the outcomes or it was not possible to correlate the actions in Datix against those on the report form.

A recommendation was made that Datix is fully populated with details of the lessons learned and actions for all serious incidents logged. An internal review was completed by the Incident and Assurance Manager for the previous 12 months to review all serious incident reports. This was to assure all actions have been added to Datix as per Trust standard.

This review concluded that all actions from serious incidents signed off by the Executive Director for Nursing and Allied Health Professionals during 1st September 2020 – 19th December 2021 have been uploaded to Datix. A final assurance check has been added to the process and the Quality Lead will compete a final review and close serious incidents to ensure Datix is fully populated. This will be monitored quarterly by the Head of Clinical Governance.

In addition, the Incident and Assurance Manager will complete a quarterly review of randomly selected completed serious incidents for the next 12 months to ensure this learning is embedded. This review will also incorporate non-serious incident investigations to ensure this process is embedded across all learning opportunities.

Patient Safety Summits
To enhance wider learning across the Trust, we have held two Patient Safety Summits in this reporting period. Both have taken place via MS Teams with good attendance and additional learning identified across Business Unit conversations. A *safety summit snapshot* newsletter is circulated with key learning messages after each summit to support a further dissemination of learning (Appendix 1 and 2).

Induction, Preceptorship and Training
During this reporting period, the Trust Induction and Preceptorship training slides were reviewed to include Just Culture in line with the expected changes associated with the national Patient Safety Strategy. This includes a focus on systems approaches and a focus on human factors.

After the restructure of the serious incident training, we have trained a further 109 members of staff during this reporting period; feedback received has remained positive.

Serious Incident Investigation Terms of Reference (TOR)
During this reporting period, the serious incident templates were reviewed and updated to improve the core Terms of Reference and to include South West Yorkshire Foundation Trust (SWYFT) requirements. This is to ensure relevant areas are covered within any joint investigations, support improvements in the recording of learning, and enhance the quality of investigations.

Datix
Improvement work in Datix® has taken place to enhance the quality of reporting and monitoring to support the changes detailed.

6 Duty of Candour

All incidents in this report are subject to the statutory Duty of Candour process as notifiable safety incidents. Once considered at a Rapid Review Meeting to meet the serious incident criteria, the team providing care informs the person/people affected, provides an apology, explores any requirements for the investigation from the patient or family perspective and explains the LCH investigation process.

A letter confirming this initial discussion is then sent. The CQC Regulation 20 states this should take place as soon as practicably possible. Within LCH, we have continued to monitor our performance against a 10 day timeframe.

The serious incidents this period have achieved this standard with either a letter being sent within the 10 days or clear documentation that the patient/family have stated they do not wish to have any communications sent to them. There were two patients who had passed away and did not have an identified next of kin.

The letters have been completed and saved in Datix should a next of kin contact LCH. It is clearly documented in Datix the difficulty in contacting appropriate next of kin.

7 Recommendations

The Board is recommended to:

- Receive and note the contents of this paper.

Appendix 1

Safety Snapshots newsletter issue 5 (November 2021)

Our 4th Patient Safety Summit took place on Tuesday 28 September 2021. Two scenarios were shared, one from the Children's Business Unit and one from the Adult Business Unit, followed by great learning conversations **#wearecontinuouslylistening,learningandimproving**

Scenario 1: Child with complex needs	
This scenario focuses on a case study for a child with complex needs known to the Community Paediatric Service and Inclusion Nursing Service. This scenario reiterated the complexity of the people we care for in community and the importance of effective communication across services and organisations.	
Learning	**Action**
The importance of working together to ensure multi-agency discharge planning so we get it right first time for both patients and staff.	• Do you always ensure the persons voice is heard in discharge planning conversations, or any other multi-disciplinary meetings? • Whilst we can't be responsible for the actions of others, do you always ensure when a person is under the care of another service / organisations, that you inform them of your involvement? • Karen Otway / Cat Duff (Business Unit Quality Leads) are going to follow up with neighbouring Trusts the benefit of including our Children's Community Nursing teams and Education staff in complex discharges for school age children. • Maxine Watchorn, one of our Neighbourhood Clinical Quality Leads suggested this could be improved with a wider audience at safety summits. We are going to explore how this can be implemented **#findingsolutions #workingtogether**.
The ReSPECT process gives an opportunity to create personalised recommendations for patient's clinical care and treatment in a	• The ReSPECT process has increasing relevance for people who have complex health needs, people who are likely to be nearing the end of their lives, and people who are at risk of sudden deterioration or cardiac arrest. • Do you care for people like this? Have they had the opportunity to say what matters to them in terms of their future care and treatment?

future emergency.	**Further information:** Leeds Palliative Care Network website pages: https://leedspalliativecare.org.uk/professionals/resources/advanced-care-planning/ (advance care planning resources including ReSPECT) https://leedspalliativecare.org.uk/professionals/education-training/respect-training-resources/ (includes links to the Resus Council website elearning resources) My LCH Planning Ahead Training page (information for ReSPECT Signatories) Training and Events (lch.oak.com)
Caring for people with more complex needs means we need to care well, for our staff.	• Do you and your staff know what health and wellbeing support is available in LCH? Check the myLCH page out here. • Do you make time for 'hot de-briefs' after a particularly difficult clinical situation? Watch this space for the introduction of Schwartz Rounds in LCH in the New Year. More information is available here.

Scenario 2: Missed opportunities to implement end of life care	
This scenario focuses on an 82 year old gentleman living in residential care who was referred in to the Neighbourhood Teams requesting therapy support. There were missed opportunities to implement end of life care related to a diagnosis of liver cancer.	
Learning	**Action**
This gentleman passed through a number of care settings and communication could have been better.	• Is your handover of care to other services / organisations robust enough to ensure the continutation of high quality care? • Do you always ensure the persons voice is heard in conversations with other services / organisations? • Whilst we can't be responsible for the actions of others, do you always ensure when a person is under the care of another service / organisations, that you inform them of your involvement? • Work is currently underway to look at an improved handover of care template in SystmOne. Do you use an easy structured communication tool to handover information about people, for example, SBAR tool here.

Do you know about the Discharge to Assess process?	• Discharge to Assess beds are community beds available in Leeds for people who have no rehabilitation needs and would be otherwise waiting in hospital for a care package to start, or increase, or for people awaiting a 24hr care placement. • More information is available here.
This gentleman's new diagnosis of liver cancer was not communicated between services and therefore there were missed opportunities to implement end of life care planning.	• As above – do you care for people who have complex health needs, people who are likely to be nearing the end of their lives, and people who are at risk of sudden deterioration or cardiac arrest? • Do these people receive a holistic review of their needs and wishes as you meet them and when there is a change in their condition? • Have they had the opportunity to say what matters to them in terms of their future care and treatment?

Appendix 2

Safety Snapshots newsletter issue 5
(November 2021)

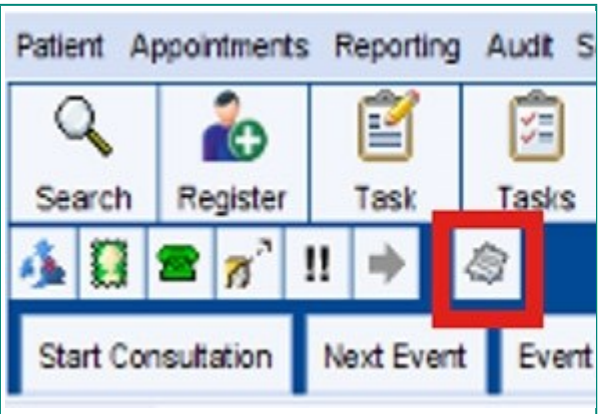
Our 5th Patient Safety Summit took place on Thursday 18 November 2021. Two scenarios were shared, one from Specialist Business Unit and one related to general learning from falls reviews. Both were followed by great learning conversations **#wearecontinuouslylistening,learningandimproving**

Scenario 1: Community follow up after poor hospital discharge

This 92 year-old lady known to the LCH Cardiac Service with end stage heart failure, subsequently died following a fall and a fractured neck of femur. This case was reviewed through both the rapid review process and the mortality review process. Both reviews identified a wealth of good practice, in addition to some key learning points captured below.

Learning	Action
The art of effectively managing heart failure symptoms whilst maintaining an adequate blood pressure so as not to increase an individual's risk of falls is a very careful and challenging clinical balance.	• Always remember there are experts available to help and support clinical decision making.

	• LCH have a Cardiac Team available for advice on **0113 843 4200**.
You are increasingly caring for people with complex health and social care needs in the community. Working together is critical to working effectively and providing the right care at the right time in the right place for your patients.	• We agreed to re-circulate the recent Communications spreadsheet across Adult and Specialist Business Unit. This provides you with contact details for each service to enable you to phone a named person for a conversation about how you work together to deliver personalised care **#caringforourpatients #findingsolutions #workingtogether** • Where you are one of a number of services involved in care, is the patient (and are you) clear on who their primary contact is? • How often do you request a multi-disciplinary conversation about individuals with particularly complex needs? A multidisciplinary approach involves drawing appropriately from multiple disciplines to redefine problems and reach solutions to complex situations. These are great tools to support best practice and personalised care #caringforourpatients #workingtogether #findingsolutions #makingthebestdecisions
Individuals, who have mental capacity, will sometimes make decisions you feel are not in their best interests. Whilst it is important you explain the consequences of their actions, to ensure they are fully informed to make their personal decision, it is also important this is recorded.	The MCA4 form is available via 'Communication and Letters' on SystmOne Live. In addition, to improve access to this, a new button has been added to the toolbar of SystmOne.

	 The new button to open the MCA4 form is shown within the red box. The positioning of this button on the toolbar may vary slightly depending on the SystmOne unit in which you are logged into. This button will only be visible in SystmOne live and not SystmOne Mobile.

Scenario 2: Feedback from falls reviews	
A number of recent incidents related to patient falls were reviewed due to an emerging trend and cluster of harm. The deep dive of a small sample of incidents identified a number of areas of good practice where embedding learning from previous fall incidents is evident.	
Learning	**Action**
Clinical risk assessment tools, for example, Falls Risk Assessment Tool (FRAT) Level 1 are tools to support your clinical decision making, not to overrule it.	• Preventing falls requires a multifactorial approach, including targeted case finding, comprehensive assessment of risk factors and implementation of appropriate interventions #caringforourpatients • Whilst a score of three or more on a Level 1 falls risk assessment should trigger a more detailed assessment of risk and how to mitigate that risk (Tier 2), if in your clinical opinion your patient is at risk of falling, or at risk of significant harm if they were to fall, complete a Tier 2 assessment anyway. Prevention is better #caringforourpatients #makingthebestdecisions • Don't forget, frailty can cause falls and falls can cause or accelerate.
Bone protection medication for people at an increased risk of falling.	• Assessing fracture risk and consideration of preventative treatment is another priority #makingthebestdecisions

	• A group of medicines called bisphosphonates are the most commonly prescribed bone protection treatment, and whilst they won't prevent someone from falling, they may reduce the harm that occurs #caringforourpatients
Postural Blood Pressure	• It has been demonstrated through the rapid review process that you are recording lying and standing blood pressures measurements at one minute and three minutes more consistently and more reliably. Which is great evidence that you are embedding learning from patient safety incidents #caringforourpatients #workingtogether #findingsolutions • Suggestions made at Summit will be explored through the Neighbourhood Transformation Programme to enhance self-care and supported care through Telehealth (the provision of healthcare remotely by means of technology) and the training of carers.

Leeds Community Healthcare NHS Trust

Trust Board held in public: 4 February 2022

Agenda item number: 2021-22 (120)

Title: Safe Staffing Report

Category of paper: For assurance

History: Quality Committee 24 January 2022

Responsible director: Executive Director of Nursing and AHP's

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Report author: Clinical Leads for the Business Units and Director of Nursing and AHP's.

Executive summary

The report sets out progress in relation to maintaining safe staffing over the last six months. It covers the range of services provided in the Trust. The statutory requirements and data is contained in an appendix with the main body of the paper being used to provide assurance to the Board in relation to the effect of staffing pressures on services and how these are being mitigated. It also includes the significant impacts on staffing of the current pandemic ongoing since the middle of March 2020.

Safe staffing has been maintained across the one inpatient unit for the time period. The paper sets out the mitigation in place and also triangulates elements of patient safety data to the staffing numbers where this is possible.
There continues to be an impact from the pandemic on staffing and in particular in recent weeks in relation to the Omicron variant. The Trust has also been in command-and-control arrangements with Silver command having been declared in mid-December 2021.
Work continues to look at establishing clear guidance and being able to define safe staffing across the range of LCH services, however this is complex and especially in the absence of national guidance.

Recommendations

The Trust Board is recommended to:

Note the contents of the report and the progress being made.

Safe Staffing Report

1 Introduction

We continue to use a set of principles as set in Appendix1 below to monitor safe staffing in our one in-patient unit and wider teams in the absence of a national definition of community safe staffing. This is also underpinned by the national Quality Board good characteristics (Appendix 2).

2 Background

In line with the NHS England requirements and the National Quality Board (NQB) recommendations, this paper presents the six-monthly nursing establishment's workforce review.

In addition to reporting on the in-patient area the paper also provides information on all the Trusts services as requested by Board. It is to be noted for this reporting period that the Community Neurological Rehabilitation Unit (CNRU) has remained closed.

The paper also provides some triangulation of patient safety data to staffing numbers to provide assurance to the Board in relation to the effect of staffing pressures on services and how these are being mitigated.

3 Current position/main body of the report

3a) Specialist Business Unit (SBU):

During the second half of the year all the positions in the senior leadership team have been filled this includes 3 staff on secondment. Having all positions filled has provided stability to the business unit.

Services have continued to deliver care to clients who access their services and additional monies have enabled services where possible to increase staffing levels to enable them to address the back logs which happened following the initial onset of the pandemic.

All services have demonstrated flexibility and adaptability to meet the demands. Some services have found recruitment of staff difficult due to the national shortages of staffing groups; further information will be provided below.

During this time the Community Neuro rehabilitation inpatient centre has remained closed, and staff have been redeployed. The service has gone through a redesign process, this is due to be signed off fully in early 2022. This has resulted in job reprofiling taking place including looking at the role of the technical instructor, non-registered staff and apprenticeships. Support for the staff has been put in place to help them whilst the changes are taking place.

The Speech and Language Therapy (SLT) service has faced problems recruiting new staff as there is a national shortage of this professional group. The service has adapted the way it provides care, this has included introducing virtual consultations which has enabled staff living outside of Leeds to be utilised. The service has now put in place developmental roles to improve the workforce position.

There are no gaps within the Podiatry service. The service is actively working with universities to strengthen links and explore employing students throughout their holidays to offer them work experience and create an understanding of the community offer. The service is also working with clients to strengthen self-management and help them to take responsibility for their own care.

The dental service continues to have problems delivering care to Paediatric patients (Risk 994). Availability of specialist level Dentists is a national problem particularly ones with Paediatric skills, the team is working with local and regional colleagues to develop flexible solutions.

The Musculo-Skeletal (MSK) service is facing challenges with recruiting to positions as they become available both in the core service and First contact Physiotherapy (FCP), this is affecting capacity within the service. The service now has clarity regarding the educational requirements of the FCP training programme, and the service is supporting staff to complete this training however this is having a further impact on capacity and patient facing delivery time. Regionally colleagues have also shared that they are struggling to recruit to FCP positions. A provider network has been set up to explore the challenges across the city. The service continues to offer junior developmental opportunities.

Within the city and nationally the introduction of Additional Roles Reimbursement Scheme (ARRS) roles in primary care is providing opportunities for staff with this skill set which is affecting the work force as staff now have more choice as to where they work. LCH will continue to work with primary care to ensure that the total workforce is utilised to ensure all aspects of care can be delivered safely. Staff have also reported that the pandemic has made them evaluate their work life balance which is also influencing their career pathway.

The workforce within the Diabetic service is small and the demand is outstripping the available capacity currently. Work is ongoing across the whole system looking at developing a work force with the appropriate skills and competence to address the needs of this patient group.

The Dietetic service also has a similar focus looking at the workforce of the future to ensure capacity can meet demand and address some of the challenges in recruiting suitably qualified staff. This includes working with the universities to recruit directly and work with colleagues in primary care looking at the pathway to develop opportunities.

The Leeds Mental Wellbeing Service (LMWS) has welcomed new monies and the recognition of the demand on the service. The service is focusing on training of Psychological Wellbeing Practitioners (PWP’s) and Cognitive Behavioural Therapy (CBT) therapists, they are also planning to explore recruiting other Health Care Professional’s with the appropriate skill set for example Occupational Therapists to work within the service. The service is also working with partners and looking at cross organisational working to develop career pathways to help with retention of staffing.

Both Wetherby Young offenders institute and Police custody suites have faced problems with staffing levels, this is now improving following a focused recruitment drive which included a social media campaign. There has also been work undertaken to look at focusing on employing staff with the appropriate clinical skills

rather than discipline specific, for example, Paramedics. Work is also ongoing to look at embedding student placements within the services to provide them with an early opportunity to broaden their experience.

Staff within the Long Covid pathway service have continued to develop the pathway and a highly skilled workforce to enable them to deliver appropriate interventions based upon current evidence-based practice. This work has been recognised both nationally and internationally.

There have not been any incidents or complaints across the business unit associated with staffing issues.

3b) Children's Business Unit (CBU)

As a C1 service Hannah House has remained open to support vulnerable children and families with short breaks. The service continues to provide 24/7 care for a long-term ventilated child in the "step-down bed". Regular liaison has continued with social care and commissioners regarding a foster care placement being facilitated and this is now being progressed and it is expected that the necessary adaptations to the home environment will be completed by the start of April 2022 and the child will be able to be discharged home.

Hannah House has maintained safe staffing levels throughout the reporting period; this has included use of Clinical and Support Service (CLaSS) staff at times. Two nights have been cancelled by the service in the reporting period due to low staffing. Hannah house was closed to admissions in December for a total of 11 days due to an outbreak of covid (two members of staff). Hannah House will attempt to replace any nights lost due to this.

Inclusion Nursing support children who attend Leeds Specialist Inclusive Learning Centres (SILCs), and the children with complex health needs in partnership sites. The service is a C1 service to ensure healthcare provision for vulnerable children and families, where children are attending school. There are some staffing issues which are being addressed with support from Human Resources. There has been one moderate harm incident reported by the service related to a child being discharged from hospital with an incorrect sized gastrotomy button being inserted. The Serious Incident (SI) investigation identified no learning for the team who acted appropriately in responding to the issue. There have been no complaints received. The service has identified pressures and has reported at Opel level 3 over a number of months. This is related to staff sickness, both long and short term, coupled with an increase in the number of children coming into the SILC sites in September 2021, some of which have increased capacity by building extensions. Further increases are expected in the next year as a new site will be opening and work continues to ensure the workforce capacity is there to deal with this.

Continuing Care and Health Short Breaks Team.
The service continues to provide care to children in family homes. There has continued to be a high level of both long- and short-term staff sickness and staff vacancies. The remaining staff have worked flexibly alongside support from Hannah House staff, CLaSS and agency especially to prioritise night time cover. The service has been reporting Opel level 3 or above over a number of months due to staffing issues and a small increase in continuing care packages. The service has continued to provide training to education staff for ventilated children to enable them to access

school. They also support private providers delivering care to children with complex needs, by providing advice and where necessary training for staff, and to parents/carers, nurseries etc. There have not been any moderate or major harm incidents. There is an ongoing recruitment campaign.

Children's Community Nursing
The team provides a C1 domiciliary service for children and young people with a wide range of nursing needs. They deliver nursing interventions, undertake assessments, plan care, and provide advice and support, and end of life care. They are also involved with providing training for families, schools, nurseries, third sector and carers. There have been no moderate or major harm incidents received by the service. No complaints have been received.

The Children's Nursing Service has created a temporary (6 month) post of a Clinical Lead to work alongside the Service Manager and teams. The new post holder started in January 2022 and their role will include nursing workforce planning and professional development of the workforce. They will link with other community nursing services across the Integrated Care System (ICS) to scope out other service's workforce tools and identify if they could be used within the Children's Nursing Services. They will also establish a relationship with the LCH Neighbourhood Teams to consider the safer nursing care tool that is being considered as part of the National Community Nursing Plan.

0-19 Public Health Integrated Nursing Service (PHINS)
The 0-19 PHINS Service consists of Specialist Public Health Nurses (Health Visitors & School Nurses), Staff Nurses, Family Support Workers and Health Care Support Workers working geographically within six citywide teams. The Admin Single Point of Access (SPA) based at Stockdale House is also integral to 0-19 service delivery.

There has been some stability in the band 3,4 and 5 workforce in the latter part of the year, it has however remained challenging regarding the band 6 staffing levels due to a significant number of practitioners leaving the service or reducing hours through flexible working. The difficulty alongside this has been recruiting to vacant posts due to a national shortage of Health Visitors and School Nurses and competing vacancies in neighbouring Trusts.

The 0-19 PHINS is contracted to provide 125 Whole Time Equivalent (WTE) Health Visitors and 20 WTE School Nurses. The table in Appendix 3 shows the number of WTE practitioners employed within the service from July 21 to December 21 which continues to show a deterioration for Health Visitors and a small improvement for School Nurses.

The service has been reporting at Opel Level 3 for the past six months as capacity pressures have been further impacted by sickness, special leave and Covid isolation. Because of this there has been an adjustment to the service offer, previously reported to Quality Committee.

Band 6 staffing resource has been monitored though a service bespoke capacity tool which helps determine the capacity requirements of each team on a daily basis. This information has been presented at the twice weekly CBU bronze meetings and has been useful in determining where B6 movement is needed within teams.

The service has continued to ask for CLASS support and has offered additional Band 6 hours throughout.

A rolling programme of recruitment has continued over the past 6 months which has been supported by the recruitment team and HR. The Comms team have also supported the development and launch of a series of recruitment videos whilst working alongside an external production company.

In regard to future workforce planning the service is currently over recruiting to Band 5 Staff Nurses to support more of the Band 6 C1 work. Several of the Band 5's have also expressed an interest in the Specialist Community Public Health Nursing (SCPHN) course which will give them the qualification to become a Health Visitor or School Nurse. The service has 15 current SCPHN students and has provisionally agreed to host 15 SCPHN students' placements in September 22.

CAMHS has experienced pressures with recruitment and retention and increased demands for services evidenced by an increase in referral rates. CAMHS are reporting to CBU Bronze meetings with teams at OPEL levels 1-3. There continues to be significant work around workforce planning and demand and capacity in CAMHS which will translate into a strategic workforce plan. Significant investment from LCH has supported outsourcing for both school age neurodevelopment assessment and therapeutic interventions for children and young people with emotional disorders. We look forward to an increase in CAMHS capacity for young people aged 17.5 who require specialist transition support following investment from the CCG. The roll out of the Mindmate Support Team will continue to gather pace in the coming financial year and offer a consistency in the early intervention offer in the city.

The community teams have continued to deliver care using a hybrid approach of face to face and virtual appointments. There are vacancies across the whole of CAMHS and specific difficulties during this period recruiting to team manager and senior clinical staff. As part of the CAMHS Transformation Programme a workforce plan is being developed. Overall, we have seen an increase in referrals to all areas of the service. As of 31st December 2021, new external referrals in the 2021-22 reporting year are 2% up on the same period in 2020-21. The number of young people open to CAMHS at the end of December 2021 was 4087. This has increased by 300 in the last 6 months, mostly due to high referral rates and pressures on waiting lists.

The Crisis team are fully recruited to currently and in addition are waiting for an additional two new starters who will have a specific remit of liaison with Leeds Teaching Hospitals and Leeds and York Partnership Foundation Trust.
Crisis referrals (in hours) are above the 2020-21 monthly average of 45 referrals, with an average of 56 referrals received each month between July 2021 and December 2021. November 2021 was an especially high month, with 81 referrals received. This reporting year to date 98% of Crisis in hours referrals were seen within 4 hours of the referral being received, which is above the commissioner set target of 90%.

The Crisis line has been operational since November 2021. The Crisis line team are currently fully recruited. 86 calls were received in November 2021, and 126 calls were received in December 2021. The increase in helpline calls may be due in part to increased awareness of the offer, but it is interesting to note that while calls to the Crisis helpline increased in December 2021, emergency referrals to the Crisis team decreased (from 81 in November 2021 to 49 in December 2021). Going forward we will continue to monitor the impact of the Crisis line on Crisis referrals and other

parts of the service. The Crisis line team have been able to support Community CAMHS including MindMate SPA with mutual aid during December.

There is an improving picture of recruitment in the Eating Disorders recently and increased funding from the CCG resulted in 3.6 WTE being successfully recruited to and in post towards the end of this reporting period. A Consultant Psychiatry vacancy is being supported with a locum. Overall referral rates continue to be higher than previous years, with a current year to date average of 15 referrals per month, compared to 13 per month in the same period in 2020-21. During this reporting period there were 9 breeches of young people being seen within the waiting time standards. There has been mutual aid from Community CAMHS and additional hours worked in the Eating Disorder Service to support whilst recruitment and induction of new staff was taking place.

It is important to note that whilst we have not been able to progress the work on safe staffing as quickly as we would have liked to partly due to ongoing impact of the covid pandemic, the ongoing work on the Critical Services and Business Continuity/Emergency Planning supports the work on Safe Staffing across the whole of the Business Unit.

The Health and Wellbeing of all staff has been and continues to be critical during this time. We have continued to encourage staff to access regular supervision, one to ones and appraisals. The Business Unit continues to support colleagues to access the LCH wellbeing offer and several teams have accessed team support from the Organisational Development team including psychological support. The Children's Management team have set up CBU Live via MS Teams which gives all staff the opportunity to hear regular Business Unit updates and raise concerns/ask questions with Managers and Leads.

3c) Adult Business Unit (ABU) Neighbourhood Teams

As previously stated there are no nationally agreed staffing levels for community teams or evidence based tools. The Trust continues to develop the work to set safe staffing levels in community teams. Leeds is one of the test sites to develop a community based registered nurse safer staffing tool. During June 2021 Seacroft Neighbourhood Team piloted the tool and data has been submitted to the national team at NHS England. We are awaiting feedback from this national pilot regarding next steps for LCH in conjunction with actions from the Neighbourhood Model Transformation Programme (NMTP).

The NMTP is underway and is providing an opportunity to revisit and refresh the Neighbourhood Model, including a number of workstreams specifically focussed on staffing issues. There is a real focus on staff engagement as part of the Programme, with many staff contributing their suggestions for improvement, although this has been compromised more recently due to severe capacity pressures. We are using a wide range of engagement approaches to maximise opportunities for staff to contribute to the Programme.

Information is provided in Appendix 4 in relation to staff turnover and sickness rates. Also included is the breakdown of temporary staff used through the LCH CLASS system. We continue to support staff who are able to work from home.

Staffing is monitored and managed on a twice daily basis through the Capacity and Demand reporting tool with senior clinical and operational oversight seven days a

week. Towards the end of the reporting period ABU and the Trust initiated a Bronze and Silver Command process to have additional oversight of capacity and demand and decision making required to inform the actions that are initiated to ensure patient and staff safety is maintained. This included mutual aid across the organisation. Staffing levels are monitored within the Adult Business Unit monthly performance process and any additional actions required considered by the Adult Business Unit senior leadership team. The improving availability of detailed staffing information through the e-roster system enables improved planning and reporting. In addition, a quarterly update report reviewing key indicators for Neighbourhood Team quality and workforce is provided to Quality Committee and Business Committee.

The Patient Complexity Tool (PCI) was successfully trialled in the West 2 Neighbourhood Teams providing helpful qualitative detail to consider alongside other capacity and demand information. In time this will add detail about the complexity of individual staff and team caseloads as well as size of caseload and will further support safe practice. This information will also inform the skills and training needs within the teams. Planned rollout to other Neighbourhood Teams has been delayed due to ongoing capacity and demand pressures but rollout will continue as soon as possible as part of the NMTP. A significant gap in the information provided by the tool relates specifically to End of Life Care and we are exploring ways to overcome this. Virtual consultations have been tested in Meanwood (therapy assessment) and South 1 Neighbourhood Teams (staff to staff consultation) and further rollout, using a service improvement approach.

The main recruitment challenge in Neighbourhood Teams continues to be in recruitment of registered nurses reflecting the national shortfall in these roles. Recruiting sufficient advanced clinical practitioners and District Nurses continues to be difficult reflecting the national picture. Despite an ongoing national shortfall in therapists, there has been a recent increase in the number of appointable applicants for registered therapy roles in Neighbourhood Teams, reflecting the establishment of new clinical roles and career development opportunities. Whilst core staffing levels have improved, the next challenge for Neighbourhood Teams is to recruit in response to additional investment in community services (Physiotherapy, Occupational Therapy, Neighbourhood Nights Service, Pharmacy Technicians and Neighbourhood Clinical Assistants).

In addition to the ongoing recruitment issues teams are experiencing reduced capacity due to the ongoing impact of COVID, particularly the impact of self-isolation, and the Omicron Variant We continue to support staff who are able to work from home. Close working with CLaSS ensures that available bank and agency staff are targeted at teams with the greatest staffing challenges. The Trust wide resourcing group chaired by the Executive Director of Nursing and AHPs and the Director of Workforce coordinates actions to support recruitment across the Trust including the Neighbourhood Teams. In addition, the contract with the local private sector provider continues with a local provider to support capacity in a number of teams with particular staffing challenges from a combination of vacancies and sickness.

Work is underway to ensure that additional mutual aid staffing are supported and enabled to undertake work that’s fits with their skill set and are deployed to maintain essential service delivery where that is required, building on the learning and feedback from staff about their previous redeployment experience.

The new District Nursing training programme is progressing we supported 15 registered nurses to undertake the course in 2020. 14 registered nurses have places on the District Nursing training programme that commenced in September 2021. 9 nurses completed the 2020 full time course in September 2021 and they are being supported to move into District Nursing roles within the Neighbourhood Teams. 3 Band 7 District Nurses have also been recruited from within the existing Band 6 District Nursing workforce. During the last 6 month period the numbers of B7 District Nurses has increased to 18 now working within the Neighbourhood Teams. External recruitment to the new Band 7 District Nurse role is ongoing.
Internally we have continued to support Band 5 nurses with a development programme to enable them to progress to the next steps in their careers. We are now offering this programme to ensure equality of access to this development opportunity for part time staff. Investing in staff in this way supports staff recruitment and retention, and enables us to develop services in response to the NHS Long Term Plan. Supporting the development of Advanced Clinical Practice (ACP) clinicians able to respond to the skills and competency requirements of the Enhanced Health in Care Homes and Urgent Same Day Response workstreams, along with the effective and safe management of deteriorating patients within the Virtual Ward and the enhanced Neighbourhood Team offer. We are testing new approaches to joint working with primary care to support people resident in care homes in several Neighbourhood Teams. The development of District Nurses and ACPs takes a minimum of 2 years and requires detailed forward planning for release and support of staff along with targeted recruitment and retention of LCH trained staff.

Staff experience remains variable and is influenced by a number of factors Staff engagement is ongoing in all teams and a range of local initiatives continue to be implemented to improve staff experience and engagement in context of COVID-19. The support to staff developed during the earlier stages of the pandemic using of virtual technology has opened up new ways of maintaining contact within and between teams and senior leadership. However, staff report that whilst this is valuable they miss the face to face opportunities for more informal support and connection. The Trust has implemented a wide range of additional support mechanisms to support staff health and wellbeing during the COVID 19 period, with ongoing efforts to ensure that these measures are responding to staff feedback, for example additional support in relation to End of Life care (EOL) delivery.

Monitoring patient safety incidents that are related to staffing issues or concerns constitutes a key area for review. Within the latter part of Q3 QPD provided additional support and resource to monitor ABU incident investigations, mortality reviews and any complaints raised by patients, families and staff as always and any issues related to staffing levels will be escalated to the senior management team (SMT).

There are a number of routes for staff to share their feedback and discuss Solutions to local and citywide issues including:

- Regular team meetings
- Neighbourhood Model Transformation Programme engagement activities
- Additional staff support sessions related to COVID-19 and EOL care (virtual and face to face where required)
- Executive Director of Nursing and AHPs and other Board Member visits/engagement sessions (including virtual) e.g. Team LCH meetings
- Regular time with and focussed support from ABU Leadership Team when required

- Maintaining individual staff 1:1s with their supervisor or line manager
- Appraisal and reported clinical supervision rates have reduced during COVID escalation. A recovery plan is now in progress to ensure that all staff have an up to date appraisal and that clinical supervision is reported accurately for all teams
- Monthly quality and performance panel
- Presentations at Quality Committee e.g. End of Life
- Clinical drop ins
- Specific drop ins for the CMs, ACMs and DNs / senior nurses, Leadership Team members with support from the ODI team as required.

There have been a total of 17 complaints and 237 compliments were logged in the reporting period January to June 2021 (compared to 10 complaints and 226 compliments in the previous 6 months). No new themes have emerged. As previously reported the audit of cancelled and rescheduled visits continued during this period, with a temporary pause during December 2021 due to escalating capacity and demand pressures. This daily review of all Neighbourhood Team rescheduled and cancelled visits showed that due to capacity and demand issues there continued to be a number of registered nurse visits that were rescheduled or undertaken by a non-registered member of staff. There was senior clinical oversight of decision making and clinical risk. Business Intelligence also produce a weekly report of this data from SystmOne data. These will continue to be monitored closely with involvement of the Director of Nursing and AHPs who reports to the Senior Management Team regarding any areas of escalation from this audit work.

Quality, safety and patient experience continue to be monitored through:
- Completion of essential work completed on the day and includes the oversight of mutual aid measures required to undertake this.
- Daily handovers (added in December2021 to the essential work guidance)
- Safety huddles
- Quality Board - incidents, complaints, patient FFT returns
- Caseload reviews (this remains an area where there is on-going work to embed and added In December 2021to the Neighbourhood Team essential work guidance)
- Clinical supervision and safeguarding supervision
- Review meetings post serious incidents
- Sharing patient safety memos and learning from incident memos

Some of the routine work associated with monitoring and understanding impact has been disrupted over the last 6 months in response to the ongoing pandemic related sickness and absence in the Neighbourhood Team leadership.

4 Conclusion

This paper presents the six-monthly review to Committee and Board in relation to safe staffing. The paper demonstrates that the Trust has maintained safe staffing in the six-month reporting period, despite many challenges.

The paper has captured some of the unique challenges associated with the current Pandemic and it is anticipated that these challenges will continue and the focus will remain on ensuring delivery of high quality, safe services to our patients.

Work will continue to develop safe staffing tools for all LCH services, but in the absence of national solutions this is challenging.

5 Recommendations

The Board is asked to receive and note this report.

Appendices
Appendix 1

- Patients can be treated with care and compassion.
- The determination of safe staffing levels is not a single process but rather an on-going review taking into account clinical experience in running the wards or team.
- The quality of service as determined by outcomes, including patient experience and national guidance and development of further tools. All patients have a thorough and holistic assessment of their needs.
- All patients have a care plan which sets out how the goals for their admission, care plan or treatment episode will be set.
- Staffing numbers allow full and timely implementation of the care plan.
- Staff numbers are sufficiently robust to allow the team or unit to function safely when faced with expected fluctuations and with the inevitable occurrence of short term sickness of staff.
- Operational Managers and Unit Managers are able to call upon additional resources if this is required by the particular needs of the inpatient group on a particular shift.
- A clear system of outcomes focussed on patient experience, patient safety and patient outcomes are in place and the information from these measures informs how the Operational and Clinical Leads run services.
- There is not an undue reliance on temporary staff to fill nursing rotas.

The agreed processes for clinical prioritisation are followed in periods of escalation

Appendix 2

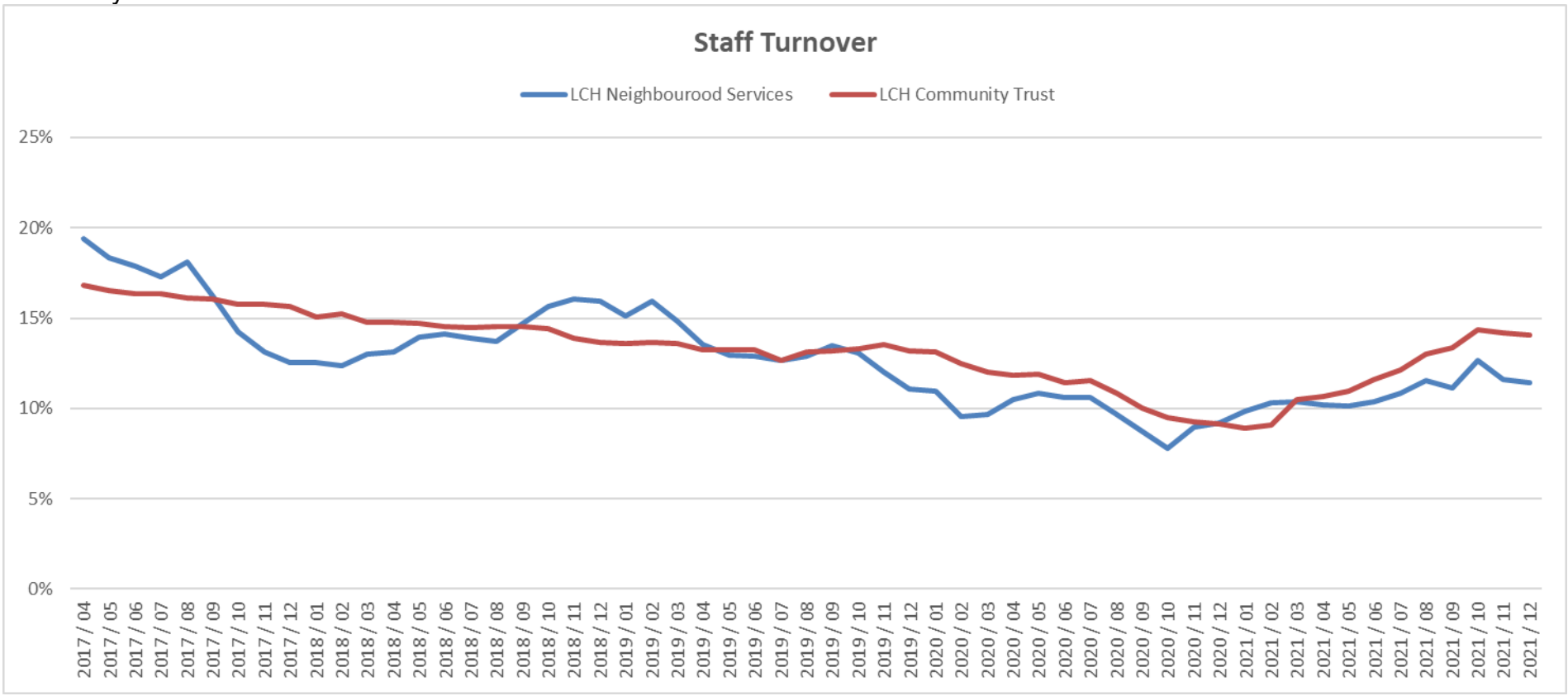
National Guidance

In line with the NHS England requirements and the NQB recommendations, this paper presents the six monthly nursing establishment's workforce review. The focus remains on The National Quality Board framework of 9 characteristics of good quality care in District Nursing. This builds on the three expectations which were published in 2016 (Right Staff, Right Skills, Right Place and Time)

Appendix 3
0-19 Public Health Integrated Nursing Service (PHINS)

	July	August	September	October	November	December
Health Visitors	103.22	102.91	108.09	101.59	99.78	98.82
School Nurses	10.29	9.65	13.56	13.56	13.56	13.56

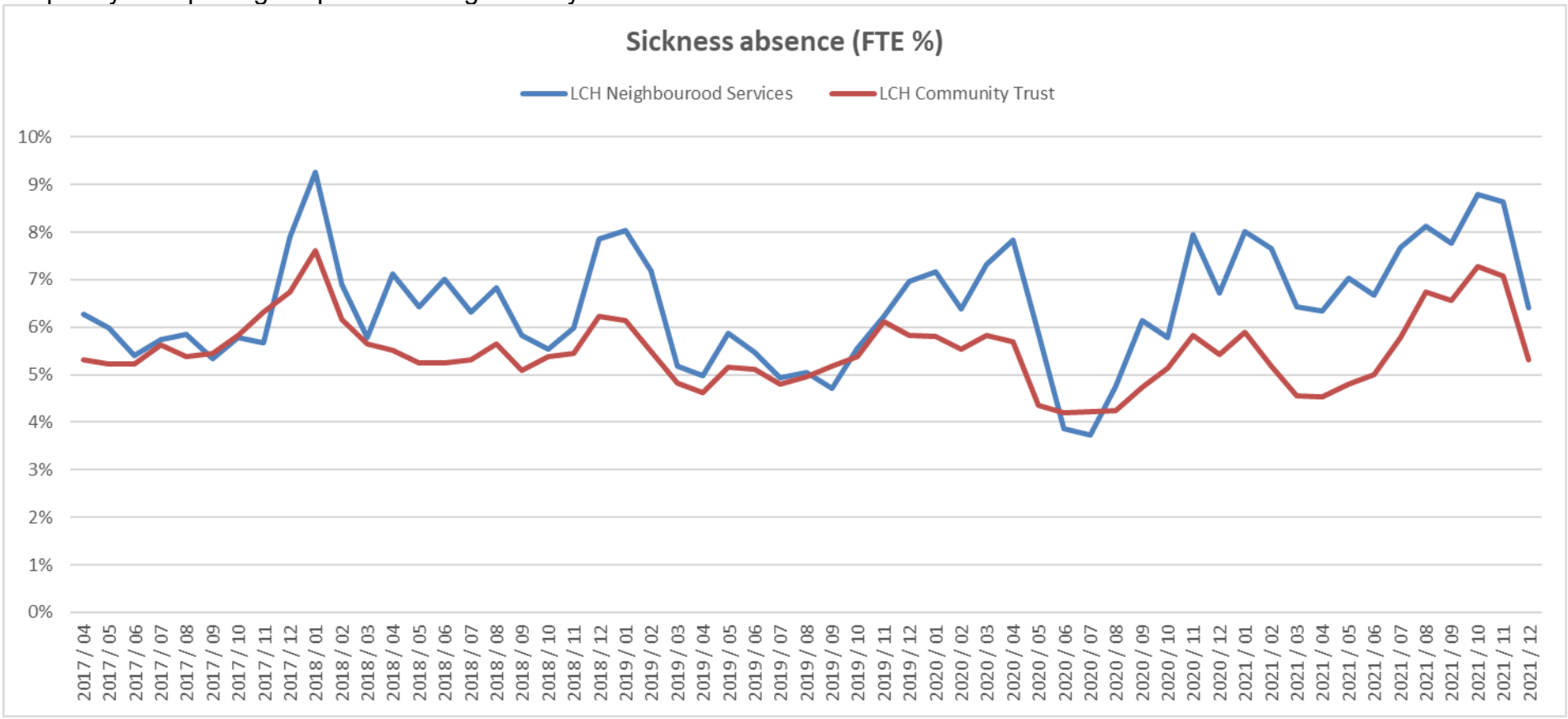
Neighbourhood Teams
Staff Turnover
As shown in the chart below Neighbourhood Team turnover has increased somewhat in the last six months although it continues to compare favourably with 2017 levels.



Number of leavers <12 months
As shown in the chart below, the number of leavers in their first 12 months of employment in Neighbourhood Teams is stable over the last period.

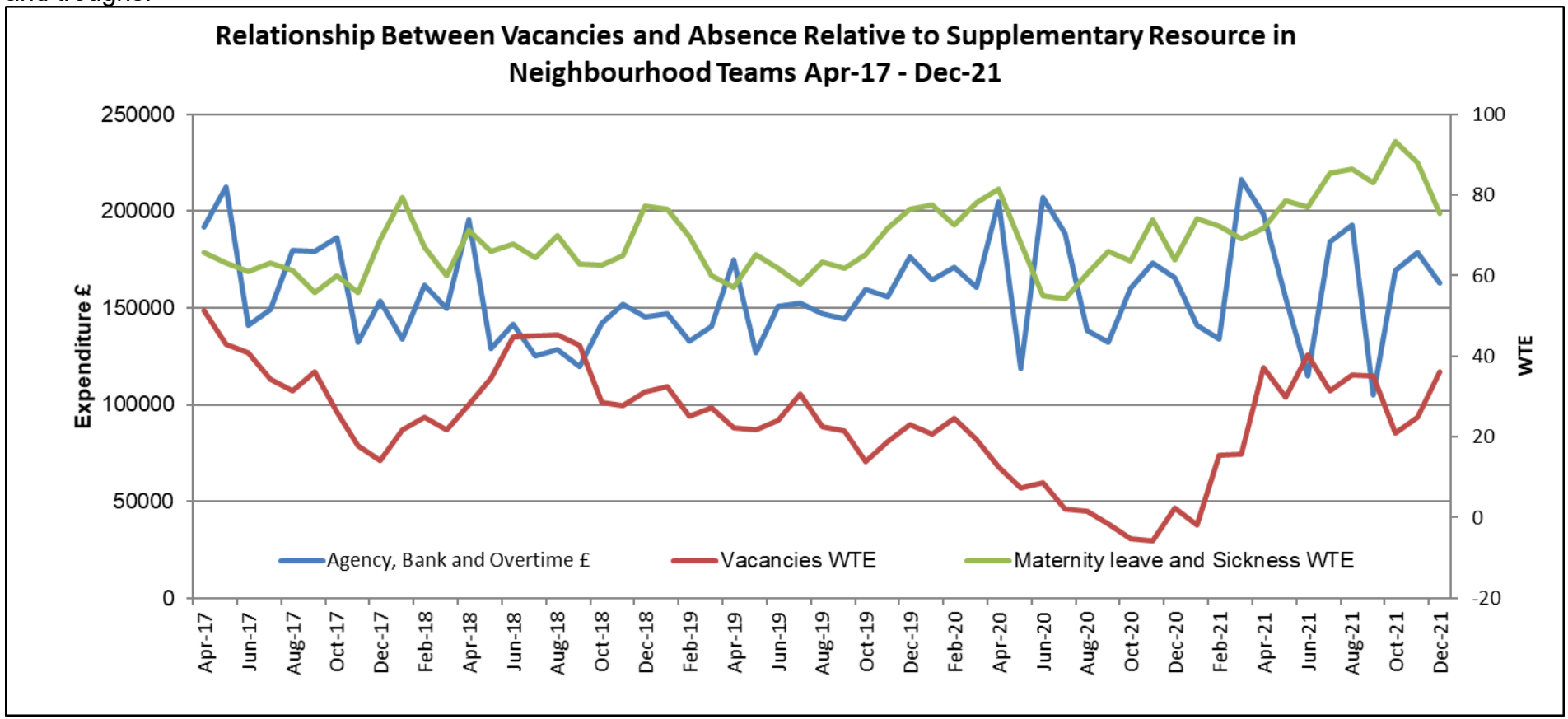
Sickness Absence

As shown in the chart below, Neighbourhood Team sickness absence increased during the early period of the COVID-19 pandemic, reducing in May and June 2020 and then returned to higher levels over the last 6 months. The drop shown in December 2021 is expected to be temporary as reporting is updated during January.



Supplementary staffing

This chart shows an increase in Neighbourhood Team vacancies over the last 12 months, whilst maternity leave and sick leave has also risen gradually in the same period. Supplementary staff via bank and agency has remained relatively consistent during the period with peaks and troughs.



Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 4 February 2022

Agenda item number: 2021-22 (121a)

Title: Audit Committee minutes (Public): 15 October 2021

Category of paper: for noting
History: Audit Committee 10 December 2021

Attendance

Present:	Khalil Rehman (KR)	Chair of the Committee, Non-Executive Director
	Professor Ian Lewis (IL)	Non-Executive Director
In Attendance:	Bryan Machin	Executive Director of Finance and Resources
	Diane Allison	Company Secretary
	David Robinson	Internal Audit Manager (TIAA Limited)
	Peter Harrison	Head of Internal Audit (TIAA Limited)
	Mark Dalton	Director Public Services (Mazars)
	Melanie Alflatt	Director of Anti-Crime Services (TIAA Limited) – for Item 28)
	Richard Slough	Assistant Director of Business Intelligence
Apologies:	Richard Gladman (RG)	Non-Executive Director
	Beric Dawson	Counter Fraud Specialist (TIAA Limited)
Minutes:	Liz Thornton	Minutes

Item: 2021-22 (25)

Discussion points:
Welcome, introductions, apologies and preliminary business

The Chair of the Committee, Non-Executive Director (KR) welcomed everyone to the meeting.

a) Apologies

Richard Gladman, Non-Executive Director and Beric Dawson, Counter Fraud Specialist, TIAA Limited.

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.

The Chair made a **new** declaration of interest in relation to a short-term contract with Touchstone to work on digital transformation.

c) Minutes of the meeting held on 23 July 2021

The minutes of the meeting were agreed as a correct record.

d) Matters arising and review of the action log

Meeting held on 23 July 2021

Item 2021-22 (19) – Internal audit refund for unused audit days in 2020/21: The Head of Internal Audit confirmed that invoices had been adjusted to ensure that the Trust was only charged for the days used in 2020/21(181). **Action closed.**

There were no further actions or matters arising from the minutes.

Item 2021-22 (26)

Discussion points:
Internal Audit

a) Summary internal controls assurance report

The Internal Audit Manager 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.

Procurement

This audit had been determined as **substantial assurance** with no recommendations to note.

The Committee noted the outcome of the Audit and the substantial assurance provided.

No questions were raised.

Contract management

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.

Non-Executive Director (IL) asked how contractual performance was monitored and documented within the various annual reports which were presented to the Board and committees particularly referencing the Infection Prevention and Control Annual Report and the contractual elements of that service. He observed that performance against the delivery of contractual requirements had not been

highlighted to the Quality Committee when the IPC Annual Report had been presented in September 2021.

The Executive Director of Finance and Resources agreed to provide clarity on how the delivery of contractual requirements was monitored and reflected in reports to the various committees.

Action: The Executive Director of Finance and Resources to provide further clarity on how the delivery of contractual requirements is highlighted and reported to committees.

Responsible officer: Executive Director of Finance and Resources.

Management of Incidents, Serious Incidents and Pressure Ulcers
This audit had been determined **reasonable** assurance with one important recommendation related to ensuring that Datix is fully populated with details of the lessons learned and actions for all serious incidents logged.

Non-Executive Director (IL) said that the audit had been discussed in detail by the Quality Committee where members had agreed that overall, the report provided a good level of assurance.

The Committee noted that the Trust's process had been revisited and reinforced in light of the recommendation in the report and changes already implemented and the further assurance this provided.

Internal audit plan 2021-22
The Committee reviewed and noted progress against the 2021-22 Plan.

The Committee sought assurance from the Internal Auditors that the audit plan would be concluded by year end and that they would be able to provide an audit opinion. The internal auditors confirmed that they believed that good progress was being made and the plan could be delivered on time.

The Committee noted that due to system pressures the Senior Management Team could decide to stand down all but essential services over the winter months and members discussed the potential risk to the delivery of the remaining audits in the plan.

The Head of Internal Audit said that with good planning and good communication he was confident that the plan could be delivered by the end of the year but recognised that it may need to be adapted as services faced increased pressures over the coming months and some audits may not be able to go ahead.

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.

b) Internal audit recommendations update

The Committee reviewed the recommendations update paper and noted that there were 12 recommendations due for completion by 30 September 2021 including two that had been deferred and seven of which had been completed. Of the five that remained outstanding one had yet to reach the revised due date agreed by the Committee, three of the others related to estates and one to health and safety.

The Committee reviewed the five overdue recommendations. In particular:
Health and safety training: the revised completion date of 31 January 2022 was noted. the Committee noted that significant progress had been made and many actions had already been completed. The Trust's Training Needs Analysis was being revised to identify what training staff was required and that would inform the business case to determine how the Trust would achieve training compliance.

No questions were raised.

Fire Risk Assessments – the revised completion date of 31 March 2022 was considered reasonable to allow a more streamlined process to be put in place and a specialist organisation to be appointed to review all the Trust's properties.

Outcome: the Committee:

- noted the update report.

Item 2020-21 (27)

Discussion points:
External audit

The Director for the Public Sector provided a brief verbal update. He said that there were no formal matters to report to the Committee at this meeting. Communication between the auditors and management in the Trust was good and the audit planning process for 2021/22 was being discussed.

Outcome: the Committee

- noted the verbal update.

Item 2021-22 (28)

Discussion points:
Counter fraud and security management (PRIVATE) – Please see private minutes.

Item 2021-22 (29)

Discussion points:
Cyber security report (PRIVATE) – Please see private minutes.

Item 2021-22 (30)

Discussion points:
Financial controls

a) Losses and special payments report

The Executive Director of Finance and Resources presented the report which outlined one loss, relating to mask fit-testing equipment stolen from Chapeltown Health Centre.

Outcome: the Committee

- received and noted the report.

b) Tender quotations and waiver report

The report was presented by the Executive Director of Finance and Resources and provided he 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 two waivers since the report; both 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.

Item 2021-22 (31)

Discussion points:
Minutes for noting

Information Governance Group

The minutes of a meeting held on 10 June 2021 were presented.

The Group had considered the implementation of Multi Factor Authentication which enhances the security of an account by allowing a user to provide two pieces of evidence (credentials).

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

Item 2021-22 (32)

Discussion points:
Committee's work plan

There were no items removed or changes made to the workplan.

It was noted that the dates for the submission of the end of year accounts had not been confirmed so the meeting dates scheduled for May 2022 may be subject to change.

Item 2021-22 (33)

Discussion points:
Matters for the Board and other committees and review of the meeting

The Chair noted the following items to be referred to Board colleagues:

- Internal audit and progress against plan
- Counter Fraud update report (Private session)
- Cyber Security Report (Private session)
- Assurance on 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.

Item 2021-22 (34)
Discussion points:
Any other business

No matters were raised.

Date and time of next meeting

Friday 10 December 2021 10.00am-12.30pm
Friday 11 March 2022 10.00am – 12.30pm
Friday 22 April 2022 10.00am-12.30pm
Wednesday 11 May 2022 10.00am-12.30pm (page turner)
Friday 20 May 2022 10.00am-12.30pm (end of year business)
Friday 15 July 2022 10.00am-12.30
Friday 14 October 2022 10.00am-12.30pm
Friday 16 December 2022 10.00am-12.30pm

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 4 February 2022

Agenda item number: 2021-22 (121b)

Title: Quality Committee minutes 22 November 2021

Category of paper: For noting

Attendance

Present:	Helen Thomson (HT)	Non-Executive Director (Chair)
	Alison Lowe (AL)	Non-Executive Director
	Steph Lawrence	Executive Director of Nursing and AHPs
	Sam Prince	Executive Director of Operations
	Ian Lewis (IL)	Non-Executive Director
	Ruth Burnett	Executive Medical Director
In Attendance:	Thea Stein	Chief Executive
	Brodie Clark	Trust Chair
	Stuart Murdoch	Deputy Medical Director
	Diane Allison	Company Secretary
	Victoria Douglas-McTurk	Head of Business Intelligence and Performance (Item 62a)
Apologies:	Sheila Sorby	Assistant Director of Nursing and Clinical Governance
	Rachel Booth (RBo)	Non-Executive Director
Minutes:	Lisa Rollitt	PA to Executive Medical Director

Item: 2021-22 (59)

Discussion points:

(a) Welcome and introductions

The Chair welcomed members and attendees.

Apologies were noted from Assistant Director of Nursing and Clinical Governance and 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.

(c) Minutes of the previous meeting 25 October 2021

The minutes of the meeting held on 25 October 2021 were reviewed and agreed as an accurate record.

(d) Matters arising and review of action log

It was agreed that all actions due in November 2021 were on the agenda and could be closed.

2021-22 (60)

Key issues

a) Covid-19 update

The Executive Director of Nursing and AHPs stated that positive Covid rates in the City were fluctuating, however rates in Care Homes had stabilised.

It was noted that the mandating of vaccinations for anyone entering a care home had come into effect on 11 November 2021. A panel to review staff affected had taken place and it was noted that all of the services had managed to accommodate this in the short term. This would be reviewed in the context of mandating all frontline staff to be vaccinated. The Deputy Medical Director asked if data was being collected on the effect of the Covid-19 booster in residents of Care Homes. The Executive Director of Nursing and AHPs stated that this was the case and that very few cases resulted in hospital admissions and deaths were at a low rate.

In response to a query from the Committee Chair, the Executive Director of Operations stated that 69% of staff eligible to receive the booster had been vaccinated.

The Executive Director of Nursing and AHPs stated that 50% of staff had received their Flu vaccination. The Flu team were looking to go out to bases in order to ensure that staff could receive their vaccine without needing to travel. There were no issues reported in terms of availability of the vaccine.

b) Reset and recovery update from previous month

The Executive Director of Operations stated that the report due to be presented at the Business Committee had been incorporated into the Performance Brief and it was suggested that the item should be removed from the agenda, the Committee concurred.

c) Integrated Care Steering Group: 16 November 2021

The Executive Director of Nursing and AHPs stated that progress was being made in developing the group. It was noted that Healthwatch and the Local Authority were also part of the group, but CD representation was not yet in place.

d) QAIG key issues for escalation: 19 October 2021

The Executive Medical Director stated that the QAIG assurance report (Item 66a) covered the key issues. It was noted that the Cardiac Service went live with e-prescribing in September 2021 and patient and staff benefits were already being realised. It was also noted that the assurance report included information on the deep dive which took place in the Children's Business Unit following an increase in incidents in gastrostomy related feeds, and the improvement actions were in place. It was noted that there had been an increase in complaints related to telephone access to the Leeds Sexual Health Service and this was being managed as a risk. Progress was also being made with NICE guidance compliance.

e) Cancelled and rescheduled visits update

The Committee was provided with further information from the rescheduled and cancelled Neighbourhood Team visit audit, and the Executive Director of Nursing and AHPs asked the Committee to note that work was ongoing to refine the data to make it more meaningful.

The paper described the level of the Neighbourhood Leadership Team's oversight on rescheduled and cancelled visits. The Executive Director of Nursing and AHPs stated that the numbers of cancelled visits were around 40-50 per week, which was in line with the essential visits guidance. It was agreed that it was critical for a conversation to take place with the patient or family in each case and this was under extensive review. The Chief Executive queried if the visits which were cancelled should have been made in the first place. The Executive Director of Nursing and AHPs acknowledged this and stated that conversations were taking place with teams about caseload reviews and appropriate discharge of patients.

A Non-Executive Director (IL) spoke about the lack of data around the number of people from ethnic groups and their accessibility to the Trust's services in proportion to their requirements. The Non-Executive Director (IL) also commented on overused capacity in some areas which could be used instead of cancelling visits. The Executive Director of Nursing and AHPs acknowledged the comments and stated that this was a part of the Neighbourhood Team Transformation Project.

A Non-Executive Director (AL) spoke about the indication that some ethnic groups were more likely to cancel their own appointments, and communication with these groups to understand the reasons behind this. The Non-Executive Director (AL) also stated that more work was needed around interpreter needs.

The Trust Chair commented that the paper lacked patient contribution and suggested that inclusion of this would be helpful.

The Deputy Medical Director asked if the current staff vacancies were contributing to the number of cancelled and rescheduled visits. The Executive Director Operations stated that the vacancy rate was at 5.7%, however adding sickness and maternity leave figures, this did show an issue. However, it was noted that the Neighbourhood Teams were working as one to move staff around to manage the cancelled and rescheduled visits. It was also suggested that the Trust could be more transparent with the public about the decisions that are being made on a risk based basis.

It was agreed that a further update report would be provided to the Committee in February 2022.

Action: Update report to be provided to the Committee in February 2022

Actionee: Executive Director of Nursing and AHPs

f) Wetherby Young Offenders Institution (WYOI) update

The Executive Director of Nursing and AHPs spoke about a Quality Summit which had taken place between 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 and having females in WYOI. It was reported to have been 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.

g) Long Covid update – research priorities feedback

The item was deferred to the January 2022 meeting.

2021-22 (61)

Business cases:

a) Stroke Association pilot service

The Executive Director of Operations presented the paper which provided a brief outline of the work that the Stroke Association had been asked to do in the next six months.

A Non-Executive Director (IL) asked about the context. The Executive Director of Operations stated that it was about visiting stroke patients to undertake a 6-month clinical review. It was noted that any escalations would be actioned by the Trust Stroke Service.

2021-22 (62)

Strategy:

a) Business Intelligence Strategy

The Head of Business Intelligence and Performance presented the draft strategy. It was noted that the aim of the strategy was: *"To put high quality data and intelligence at the heart of LCH decision making processes to deliver the best possible care to every community we serve."*

The Committee Chair asked how the strategy connected with the rest of the City (Leeds). The Head of Business Intelligence and Performance suggested stating that the Trust should work out how it wished to engage with the City.

In response to a comment from a Non-Executive Director (IL), the Committee recommended that clinical leadership should be heavily involved and there should be a plan for staff engagement to ensure all of the organisation was bought into the strategy's objectives.

The Trust Chair asked for examples of how the strategy would deliver for the business in terms of improved outcomes and patient care.

2021-22 (63)

For discussion: Quality governance and safety

a) Performance Brief

The Executive Director of Nursing and AHPs presented the report and stated that in the Safe domain, Serious Incidents continued to decrease and the number of moderate and major harm pressure ulcers with lapses in care continued to reduce. It was noted that a Category 4 Pressure Ulcer had been identified, which had been through the rapid review process and it was deemed that there had been no lapses in care from the Trust's perspective. It was also noted that a further Category 4 pressure ulcer had been reported in the last 72 hours and further updates would be given as they were made available.

The Trust Chair asked about timescales for the ongoing problems with the telephone system at the Leeds Sexual Health Service. The Executive Director of Operations gave an update, advising that a solution should be in place by January 2022. The Committee suggested that social media could be used to communicate the issue to service users and the Executive Director of Operations agreed to investigate this.

A Non-Executive Director (IL) welcomed the use of Statistical Process Control (SPC) charts and suggested that these should be more prominent in the report.

The Non-Executive Director (IL) also referred to the data in the Responsive domain and sought assurance that patients who were waiting for care and treatment were being risk assessed and monitored. The Executive Director of Operations stated that to her knowledge there had been no hospital admissions or deaths associated with long waits. Where there had been deterioration, this had been added to Datix. It was

reported that the safeguards were in place and the Trust was dependant on the public or GP to inform them of any deterioration also.

b) Clinical Governance report

The Executive Director of Nursing and AHPs presented the paper and informed the Committee that the overdue serious incident actions at Adel Beck were due to a delay within the administration process which was behind closing the actions, this was being addressed and it was expected that these would be closed within the next two weeks. The Executive Director of Nursing and AHPs gave assurance to the Committee that the actions had been completed.

The Executive Director of Nursing and AHPs highlighted the good practice around Learning Disability and Learning from Deaths. It was also noted that a Medical Devices Safety Officer was now in post.

c) Quality, staffing and finance: triangulation (NTs)

The Executive Director of Operations presented the report, advising the Committee that vacancies, sickness, and maternity leave as well as the increased referral rate leading to increased numbers on caseloads continued to create a challenging situation.

The Executive Director of Operations stated that a new appraisal process, which was an abridged version was in place and this was assisting to address the issue of appraisal rates. It was noted that this process would be evaluated for longer term use. The Executive Director of Nursing and AHPs stated that the Care Quality Commission (CQC) were aware of the process that had been put in place.

It was noted that senior managers were spending more time in bases to provide ongoing support to staff. It was also noted that the Trust was liaising with the Third Sector to provide support where appropriate.

The Trust Chair asked if there was anything else the Trust could be doing. The Executive Director of Operations stated that the next step would be to look at mutual aid from other teams in areas of skill sets and a quality risk assessment would be required.

The Deputy Medical Director asked about referral rates and asked how that had impacted on the workforce establishment. The Executive Director of Operations spoke about the additional funding in place and the decisions of people choosing to die at home which was resulting in important but labour intensive work. The Executive Director of Nursing and AHPs stated that the impact of the increase in referrals on social care needed to be considered also.

The Committee heard that an application for funding for international recruitment had been submitted and it was hopeful that up to ten new nurses would be recruited to the Trust.

The Executive Director of Nursing and AHPs stated that an initiative of the Integrated Care Steering Group was the introduction of integrated wound clinics and it was hoped that this would be launched in December 2021.

It was noted that staff from corporate teams were being released to do clinical shifts.

A Non-Executive Director (IL) referred to the rise in referral rates and increase in acuity and asked if this was at a peak. The Executive Director of Operations stated that the End of Life increase had seen a step change which had now plateaued, and in enhanced community response, it was hoped that there would be a response to urgent situations within 2 hours by April 2022. It was expected that this and the increase in the requirement for the virtual ward frailty would see an increase in referrals. It was noted that finance issues were not the constraint in the provision of care.

The Executive Director of Operations stated that a paper would be presented to the Business Committee about E-Allocation software and it was expected that the implementation of this would have a positive impact on capacity.

Action: Business Committee paper on E-Allocation software to be shared with Quality Committee

Actionee: Executive Director of Operations

d) Risk register

The Chief Executive presented the paper.

The Executive Director of Operations spoke about Risk 772: *Waiting times in ICAN Hub Medical Services above acceptable levels* stating that this would be removed from the Risk Register as it had been incorrectly added.

e) Board members' service visits including Children's Business Unit celebration event

The Executive Director of Nursing and AHPs informed the Committee of the CBU celebration event on 7 December 2021 and that the dates for the Medical and Clinical Drop-In sessions had been confirmed.

Action: Dates for Medical and Clinical Drop-in sessions and clinical visits to be circulated to the Committee

Actionee: Executive Director of Nursing and AHPs

f) Mortality report (Q2)

The Executive Medical Director presented the report stating that there had been a review of processes following the NICE Guidance update on End-of-Life care for Adults Quality Standards and it was noted that existing processes were already in place addressing each modified and new standard.

Ethnicity data in regard to Preferred Place of Death had been captured in order to ensure this data across the Neighbourhood Teams was not indicating that the Trust was disproportionately affecting some communities. The data did not show any disparity, and this will continue to be monitored.

The Committee heard that there was a sustained demand on services for End of Life Care and it was noted that there was a significant increase in the use of ReSPECT forms to better meet the needs of people.

The Executive Medical Director stated that it was important to note that although nearly every death of a patient in the Trust's care was routinely reviewed, there were some services in the Specialist Business Unit which were exempt from the process, however 5% of deaths in those services were being reviewed and audited.

The Executive Medical Director spoke about the death of a child due to Covid. It was noted that the child was eligible for vaccination but had not received this and a citywide response had been taken to increase awareness and support available.

The Executive Medical Director spoke about two complaints and a concern received in regard to receiving anticipatory medication and stated that the themes had been reviewed and it was noted that it was sometimes difficult to identify the point at which a patient was transitioning (deteriorating) to the last few days of their life.

A Non-Executive Director (IL) asked about the ethnicity data and the disparity in the numbers of patients accessing the End of Life service and it was confirmed that this was being explored further. The Non-Executive Director (IL) also referred to the Electronic Palliative Care Co-ordination System (EPACCs) Clinical Commissioning Group (CCG) report and asked how much of it referred to Trust patients. The Executive Medical Director stated that believed the report included all patients and agreed to further explore the breakdown of the data.

Action: Breakdown of data in the EPACCs CCG report to be further explored.

Actionee: Executive Medical Director

g) NHS asymptomatic staff testing: Lateral flow device distribution and assuring compliance to testing regimes

The Executive Medical Director presented the paper. The content of the paper was noted by the Committee.

2021-22 (64)

For discussion: Clinical Effectiveness

a) Patient Group Directions

The Committee received and ratified the Patient Group Directions.

b) NICE guidance compliance update

The Executive Medical Director presented the paper and stated that it included a piece of work to look at the retrospective NICE guidance. It showed that there had been a delay in meeting some compliance which was largely due to service capacity issues in terms of responding. It was noted that any associated risks with delays to full implementation were accounted for on the Risk Register with actions in place to ensure mitigation.

c) Outcome measures approach

The Executive Medical Director presented the paper and spoke about the work to triangulate the QAIG business unit reports to ensure they were the same as those that were presented to the Quality and Performance panels

The Chief Executive stated that work was ongoing to look at how examples of good outcomes work could be presented to the Quality Committee and Board.

d) Clinical audit update

The Executive Director of Nursing and AHPs presented the paper and commented that there was some context around the current pressures.

e) Internal audit reports

The Company Secretary presented the report and highlighted the internal audit where data quality in the Quality Account received reasonable assurance with one important recommendation. The Executive Director of Nursing and AHPs stated that the recommendation would be actioned.

In response to a query from a Non-Executive Director (IL), the Executive Director of Nursing and AHPs stated that the creation of the Quality Account was a mandated process from NHS England and confirmed that a review was currently underway to identify what the Trust wanted to include in the document, with ideas around how quality could be more prominent. It was agreed that the outcome of the review would assist with the development of the Quality Account.

2021-22 (65)

Governance

a) Medical Devices Group governance

The Executive Director of Nursing and AHPs presented the paper which requested the Quality Committee's approval to accept the proposed adoption of the Medical Device Group as a subgroup of the Committee. The Group currently sits as a subgroup of the Health and Safety Group underneath the Business Committee.

There was a discussion about the composition of the Health and Safety Group and its understanding of medical devices. The proposal was approved; however, it was agreed that the minutes of the subgroup would continue to go to the Health and Safety Group,

and it was suggested that a longer term solution to ensure that the Health and Safety Group was brought more in line with the clinical side of the organisation was required.

It was agreed that this would be reviewed in six months.

2021-22 (66)

Sub-Group minutes

a) **Quality Assurance and Improvement Group: assurance report 19 October 2021**
The assurance report was received.

b) **Safeguarding Children's and Adult's Group: minutes 19 October 2021**
The Executive Director of Nursing and AHPs highlighted the concerns around initial health needs assessments of children who were out of area and confirmed that although a position paper was being prepared, a compromise had been reached and the issue was not as urgent as it was when discussed at the Safeguarding meeting.

2021-22 (67)

For noting:

a) **Workplan**
The Committee received the workplan.

Matters for the Board

2021-22 (68)

Committee's assurance levels and additional comments

The Committee agreed that the overall level of assurance was reasonable, with elements that were limited. The following comments were made against the strategic risks:

Risk 1.1
Issues were being flagged appropriately, with mitigations planned.

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.

Risk 1.2
Progress was being made in developing the ICS group.

Risk 1.3
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.

Risk 1.5
There are many issues that are directly and indirectly attributable to the pandemic, increased waiting lists, staff capacity. Patient outcomes were not yet known.

2021-22 (69)
Reflections on Committee meeting There were no reflections discussed at the meeting.
2021-22 (70)
Any other business There was no further business discussed.
Date and time of next meeting Monday 24 January 2022 9.30am – 12.30pm (Via MS Teams)

Leeds Community Healthcare NHS Trust

Business Committee Meeting
Microsoft Teams / Boardroom, Stockdale House
Wednesday 24 November 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)
Attendance:	Jenny Allen	Director of Workforce
	Diane Allison	Company Secretary
	Elaine Eruenah (EE)	Clinical Lead (in for item 61 only)
	Hannah Beal	Clinical Lead (in for item 61 only
	Lisa Baxby	Clinical Service Lead (in for item 61 only)
	Sharon Underwood (SU)	Clinical Service Manager (in for item 61 only)
	Dr Paramita Ghosh	Paediatric Consultant (in for item 61 only
	Victoria Douglas-McTurk	Head of Business Intelligence and Performance (in attendance for item 62a)
	Em Campbell	Health Equity Lead (in for item 62b only)
	Ruth Burnett	Medical Director (in for item 62b only)
	Megan Rowlands	General Manager (in for item 64b only)
	Paul Elwell	Head of EPR (in for item 64b only)
	Samantha Donaldson	Programme Manager (in for item 64b only)
Apologies:	None recorded	
Note Taker:	Ranjit Lall	PA to the Exec Director of Finance & Resources

Item 2021/22 (60): Welcome and introductions

Discussion points:
The Committee Chair welcomed everyone to the meeting and advised that the Chief Executive would be a little late joining the meeting.

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.

c) Minutes of meeting dated 27 October 2021.
The private and public minutes of meeting dated 27 October 2021 were noted for accuracy and approved by the Committee.

d) Matters arising and review of action log

Items (33b), (40b) and (43a)
The Committee noted changes and enhancement to the Performance Brief including the time series column and examples of the Statistical Process Control Charts (SPC) to enhance the narrative. The backlog report had been embedded within the section of the Performance Brief rather than a separate paper, and the heatmap was still in development stage.

Item 34 – Governance: Sources of assurance connected with the four BAF risks
Additional sources of assurance had been agreed including a paper that had been provided in the meeting pack about staff engagement.

Item 40b – Development of Team LCH dashboard
This was effectively the heatmap which was in development.

Item 2021/22 (61): Service Spotlight
Integrated services for children with additional needs (ICAN)

Discussion points:

Representatives from the ICAN service attended the Committee to discuss the service's transformation programme. In her presentation, the Clinical Service Manager (SU) covered some of the achievements and provided an overview of the ICAN service. She 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. A list of main aims of the transformation project provided a flavour of work underway and methods of addressing some of the challenges.

The Committee noted that the work achieved had a huge impact on the services delivered for children and young people. The Clinical Lead (EE) said that her clinical oversight ensured best practice, high quality care and gave clinical challenge to some of the management decisions.

The service was proud to advise that its documentation was fully electronic. 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.

The Committee Chair thanked the ICAN team members and noted a lot of innovation and creativity throughout some difficult times.

The Executive Director of Operations acknowledge the hard work of the service, a journey which started a few years ago and continued with its transformation work alongside providing patient care and through the very difficult times of the pandemic.

A Non-Executive Director (KR) noted a significant amount of transformation plans being executed to implement plans across a range of services, but he said he was struggling to understand what had been gained in terms of issues with technical capacity within the service, links around waiting list and capacity and what was being delivered in respect of health equity and digital access for families in BAME communities.

The Executive Director of Operations responded to say that the transformation work was looked at through different lenses: quality, safe, effectiveness and capacity and the changes in processes meant freeing up capacity and ensuring further time to care rather than cash

releasing benefits. Staff morale has now been much better as there had been ample opportunity for everyone to be involved despite 18 difficult months. The final one was around patient experience, ensuring the right clinician was allocated for the initial consultation. Work was continuing with the pathways for community paediatrics and hospitals to make sure that children were not admitted to hospital unnecessarily.

The Executive Director of Operations said she would give further consideration to the questions about health equity and digital access for families.

The Trust Chair understood that there were inconsistencies within different GP practices managing referral processes and said the Trust would intervene in support of the service if required. He was also concerned about the accessibility and use of video tools for people because not everyone had the technology and skill.

The Committee Chair recognised the amount of creativity and innovation within the service showing how much compassion and interest there was and offered the Trust's assistance should it be needed to carry on with the journey.

Action:
The Executive Director of Operations to provide a response about the health equity and digital access for families.

Item 2021/22 (62): Strategy

Discussion points:

a) Business Intelligence Strategy
The Head of Business Intelligence and Performance was welcomed to the meeting.

The initial draft of the strategy was presented to the Committee. This was an early overview of how Business intelligence strategy was forming, included areas to focus on in year one and areas for potential investment and the journey over the next few months. It had previously been discussed at Quality Committee.

The Head of Business Intelligence and Performance said that the strategy proposed a number of ways to bring data together from all of the corporate sources and using more modern and efficient ways of processing that information. Significant foundational work would be require to achieve that aim.

A Non-Executive Director (KR) said he was particularly interested in the examples provided in section 3.2 about achievements. He suggested meeting with the Head of Business Intelligence and Performance to discuss functional options and structures and to understand the best fit within the organisation. He asked whether existing transformation had taken place had made a difference. The Head of Business Intelligence and Performance said that the strategy concentrated on standardising where possible. She said there were real challenges to achieving consistent and mature business analysis across all services. There were a large number of services with very different needs and relatively a small, centralised team responding to and delivering that.

The Director of Workforce (JA) said she welcomed the strategy and the clarity in which it articulated some of the challenges and some of the future work, providing people with a passion and appetite for data.

It was noted that an Office of Data Analytics would probably become the place that would be responsible for collating and holding citywide data. The information for population health management would reside there, and the Trust would contribute to those processes where appropriate. The Head of Business Intelligence and Performance said that in terms of self-

service, tools would be produced for clinicians to use and monitor their day-to-day performance reporting. She said there was still a long way to go to significantly improve and align the corporate systems to enable self-service reporting. It was noted that the Trust had advanced in technology and was using the right programmes on the Microsoft Platform. The strategy highlighted that the Trust would probably benefit from some consultancy work in order to make sure it was in line with industry standards.

The Executive Director of Operations said that it was important to have clarity on roles and responsibilities against customer services capacity, especially for trouble shooting and problem solving systematically when dealing with immediate problems by the Business Intelligence Team.

In respond to the Committee Chair asking about resource or investment factored into the future financial plan, whether that was affordable or a constraint, the Executive Director of Finance and Resources said that in isolation the organisation could not afford to do everything in all the strategies where there was ambition to do. He said this was more about the prioritisation of a particular functional support area, especially if there were competing demands.

The Committee Chair said it was a good start to the early stage of the strategy and the feedback received would help with the next iteration. He said it was important to think about the development, or step change in the kind of tooling and investment and solutions set up to support this in the future, including timelines and any training plans.

A further iteration of the strategy was to be presented to the Committee meeting in January 2022 for consideration prior to further engagement and subsequent sign off at the Trust Board in respect of funding in the next financial year.

The Committee Chair summarised the discussion to say that it was a good paper and that the discussions and suggestions today would help with the next iteration. Further work was needed, part of future operating model being able to run the business on the basis of great data and enabling people to have access to the information they need was critical in the future. The level of investment in Business Intelligence would need to be considered along side other planned Trust investments and the next version of the strategy would need to take into account the one of and recurring funding available.

Action:
A further iteration of the strategy was to be presented to the Committee meeting in January 2022.

Outcome:
The Committee reviewed the draft strategy and offered suggestions and comments for subsequent versions and was looking forward to seeing future iterations.

b) Health Equity strategy
The Committee Chair welcomed the Medical Director and the Health Equity Lead to the meeting.

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 paper identified how health equity data could be used as a tool to move from intent to action, taking into account: current availability and use of health equity data, planned developments and additional actions and resource.

The Health Equity Lead highlighted key points in her presentation. Four questions from within the paper were used as discussion points.

In terms of further developments, the citywide work related to the development of prevalence data and data across pathways rather than to specific services. The usage of data stimulated action within the strategy around moving from intent to action.

The current data in usage focused as agreed on ethnicity and deprivation and the impact. There was consideration of the Committee's role in creating and supporting those conditions for change and how the remit of the Committee worked with health equity and other responsibilities

A Non-Executive Director (KR) said that it was very important not to lose sight of variation of care and quality. The Executive Director of Finance and Resources added that he would encourage any investment in data to support this. There was challenge around citywide demographic population data and the Trust's data, both were not developed sufficiently.

The Committee agreed that the initial analysis of data that already existed started to identify potential areas and as more work was undertaken within the Trust it would unearth those variations of care across population.

The Director of Workforce (JA) commented about the balance between doing this centrally or locally and that there was equity in some services and disproportionate impact on certain communities. The Trust Chair said the Trust should be looking at some of the key services as a starter and identifying amongst those services areas of inequity and looking to ratify that data and then putting measures in place. He suggested holding a workshop about it to look more broadly than the paper implies rather than a presentation at the Board for a sign off to move onto the next stage.

It was noted that the more a health equity lens was applied to everything, the more awareness it provided. A workshop in that would be an advantage and drive that as a Trust priority rather than individual services. The Medical Director said that she was making sure that the health equity analysis was in every piece of data.

A mentimeter poll had been started and abandoned during the meeting because of technical issues. It was to be circulated to the members to complete outside the meeting. The Committee Chair agreed to sequence future updates over the next 6 to 12 months with the Executive Medical Director.

Outcome:
The Committee received the report and 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.

Item 2021/22 (63): Covid and Reset and Recovery

Discussion points:

Covid update: system pressure
The Committee received an update on the Covid infection rate in Leeds. It was noted that the rate in Leeds had come down in the last 7 days. The current rate had reduced by about 10%, currently it was at 305 per one hundred thousand. The Executive Director of Operations said that there had also been a significant reduction in the over 60s who had tested positive. That was down by 26% to 261 per one hundred thousand.

The headline indicators were good but vaccination uptake for over 50 years for their booster jab was less encouraging. In terms of care homes, there were 5 outbreaks, and the situation in hospitals was improving, down to less than 80 beds with Covid positive and down to 3 wards and 10 people in ICU.

The Executive Director of Operations said that in terms of impacting on the system, there was significant pressure across the system in primary care, ambulance service, hospital and through to community services, particularly in the neighbourhood teams. She said this week the Trust had stabilised at OPEL 3 level which still needed daily attention.

Item 2021/22 (64): Business and Commercial Development

Discussion point:

a) **Burmantofts Health Centre Strategic Outline Case (SOC)**
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 to support local communities in addressing some of the underlying social and economic determinants which place them amongst the most deprived nationally.

The Executive Director of Finance and Resources said that it was a cross partnership and cross sector proposal to redevelop Burmantofts Health Centre and regeneration of Lincoln Green area in Leeds. The existing Burmantofts Health Centre would be demolished and re-built on the same site.

A range of objectives, benefits and success factors had been identified and agreed by the Project Board, which have underpinned development of the SOC, and evaluation of delivery options. The Executive Director of Finance and Resources said that its development into a SOC outlined the next stage. He said the next steps were to fund £300k to progress to design work and that there was optimism that the One Public Estate (round 9) funding bid of £242k would be successful and would effectively fund the next stage of design works through to outline planning.

The recommendation to the Business Committee was to ask for approval for the next outline planning stage to build a firmer business case. The Executive Director of Finance and Resources said that as an ambition and for part of the city that needs an excellent health and wellbeing centre this may well become a model about future cross section, cross organisation health and wellbeing centres in the future.

The Executive Director of Finance and Resources said that there was a desire to progress to the next stage and come back with a business case ready for planning application with the support of West Yorkshire Capital Development Board for investment in the community.

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.

Outcome:
The Committee gave its approval in principle 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.

b) Neighbourhood Model Transformation Programme – Digital Allocation Tool
(Please see private minutes)

Item 2021/22 (65): Performance management

Discussion points:

a) Performance brief and domain reports

The Executive Director of Finance and Resources introduced the new version of the Performance Brief which had been developed to provide brief narrative and focus more on key items for escalation whilst the KPIs had been produced as usual and written in context of still responding to the pandemic.

The Safe, Caring and Effective Domains were debated at the Quality Committee on 22 November 2021. 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 and include only those graphs that were most relevant.

The Director of Workforce (JA) provided a brief update on the Well-led Domain. The lead indicators in the last quarterly staff survey around engagement concluded that the deteriorating indicators for staff absence and turnover would continue. Nationally there was a clear trend on turnover increasing and stability going down. Intensive work continued to enhance capacity and support staffs' health and well-being.

The Director of Workforce (JA) said that figures for leavers with less than 12 months service had increased. The TUPE transfer from Little Woodhouse Hall had impacted on turnover figures. Work continued to improve the recruitment and selection process and the introduction to the organisation on day one. The highest reason for turnover in this month was promotion and work/life balance.

The overall sickness absence rate for October 2021 had increased within all areas and a trend seemed to be accelerating in some areas. The overall appraisal position was showing marginal increase at over 72% and was set in the continuing context of some services operating and reporting OPEL level 3E. The overall statutory and mandatory position continued to hover just slightly below the overall 2021/22 target outturn at just over 88%.

The Trust Chair welcomed information about those staff who were receiving meaningful support from the Trust. He also said exit interviews were clearly very important to understand why people were leaving and to provide assurance to the Committee, some indication of that evidence would be helpful.

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 2021. The Committee were assured that the Trust did not have any financial constraints on the care it planned 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.

Details of the Trust's income levels for H2 were being finalised. There were currently no concerns that this would be insufficient to meet all reasonable costs. The Leeds health organisations were 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.

A summary slide was reviewed by the Committee which highlighted Trust's overall financial position for the second half of the year and the Executive Director of Finance and Resources asked the Committee to support the approach that was being taken. He highlighted that

there was a lot of cross-organisation and cross-city working to make the best possible use of the resources that were available to NHS in West Yorkshire in 2021/22. Further discussions were to be continued at the December Trust Board meeting in the private section.

b) Operational and non-clinical risks register

The summary report showed changes to non-clinical risks on the risk register. There were no new non-clinical risks scoring 15 or above. There was one extreme risk which remained on the risk register, one new risk scoring 8, one risk had been escalated and three risks had been de-escalated.

The Executive Director of Operations advise the Committee that risk 772 had been escalated in error. This covered the waiting times in ICAN Hub Medical Services above acceptable levels.

Outcome:

The Business Committee noted the contents of the risk register to assure the Board that non-clinical risks were being appropriately managed.

c) Quality, staffing and finance: triangulation report

The Committee received the report for quarter 2 period covering ongoing impact in Neighbourhood Teams as a result of Covid-19 and other pressures.

Outcome:

The Committee noted the issues outlined in the paper.

d) Workforce update: Capacity / Health and Wellbeing / Engagement work

The Director of Workforce (JA) introduced the workforce update which was a temporary replacement to the pre-pandemic Quarterly Workforce Report. The report described the steps taken in recent months, to enhance and increase workforce capacity, and to look after the workforce in accordance with Trust's Values & Behaviours and in the context of culture of workforce engagement.

Main issues considered were as follows:

- The Trust, like other NHS organisations, was currently operating in a context of higher than usual absence and turnover.
- A Winter package of financial incentives had been launched.
- The Resourcing Steering Group was overseeing a targeted range of tactical and longer-term work to optimise workforce capacity.
- Health & wellbeing being a key priority, with a broad range of measures in place.
- Employee engagement continued to inform organisational decision-making, with two new employee forums launched in October 2021.

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

The Director of Workforce (JA) outlined the early view on the effect of the winter care packages.,. 170 days of annual leave had been sold, 55 people had taken up the offer of 'instant pay' and the bank shift fill rate had been fairly steady over the last few weeks.

The Chief Executive said that the Senior Management Team would reflect early in the new year about the changes to incentives.

Outcome: The Committee noted the contents of the paper.

e) Staff engagement report
The Committee welcomed the staff engagement paper, which outlined some of the many ways in which the senior team in particular worked with, listened to and ensured that staffs voice, day to day experience and expertise was at the heart of all that.

The report offered assurance to the Business Committee that BAF risk 3.3 was being mitigated: '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'.

The Chief Executive said that at one of the Workforce deep dives the Committee could perhaps look at the engagement more broadly. An update on staff engagement would also be part of the Chief Executive's report to the Board.

Outcome:
The Committee noted the staff engagement report covering the BAF assurance and was looking forward to receiving an update in 6 months' time.

Item 2021/22 (66): Matters for the Board and other Committee

Discussion point:

Assurance levels
The Committee reviewed and discussed the levels of assurance for the strategic risks related to the following agenda items:

- Service spotlight – Integrated Children with Additional Needs.
- Business Intelligence Strategy
- Health Equity Strategy
- Burmantofts Health Centre Strategic outline case
- Neighbourhood Model Transformation Programme
- Performance Brief and Domain Reports
- Finance update
- Quality, Staffing and Finance triangulation Report
- Workforce update
- Staff Engagement

(Please see Chair's assurance report for risk levels)

Item 2021/22 (67): Business Committee Governance

Discussion point:
a) Medical Devices Group Governance Subgroup of the Health & Safety Group
The purpose of the report was to request Business Committee's approval to relinquish the Medical Device Group as a subgroup of the Health and Safety Group that sits underneath the Business Committee. It was proposed that the Group be adopted as a subgroup of Quality Committee.

The Chair of the Quality Committee (HT) supported the arrangements proposed on a 6-month trial basis.

Outcome:
The Committee approved the Medical Device Group as a subgroup of the Quality Committee on a 6-month trial basis.

b) Future work plan
The Committee reviewed and noted the work plan.

Item: 2021/22 (68): Minutes to note:
The Committee noted the Health and Safety Group minutes dated 21 October 2021.

Item 2021/22 (69): Any other business

Approval for 02 Business case
The Executive Director of Finance and Resources emailed Committee members details of procurement decision to remain with 02 as telephony and data provider for a contract extension and key points prior to the meeting. He said he would like the Trust to approve a 3-year contract extension to the current mobile telephony and data contract with 02 which suited the new working arrangements.

Due to the value of the contract, it would need approval at the Trust Board meeting on 3 December 2021. The pricing in terms of core offer was broadly the same as before and would be awarded to 02 through an existing framework.

Outcome: The Committee supported the recommendation that the Board should approve the contract extension.