



# Local Care Direct Annual Report 2020-21



LOCAL  
CARE DIRECT

Welcome to  
**LOCAL CARE  
DIRECT**  
UNIT 2

← Patient Entrance  
Reception & Visitor Parking

**CTOR**

# Looking forwards

## an introduction from our Chairman



One year on from the first wave of Covid-19, none of us could have predicted how we would be tested. On a personal note, we have cancelled plans, missed being around family, and learnt to appreciate the simple, generous gestures found in everyday life. For some of us, the year has also meant personal loss and grieving in isolation.

LCD's workforce has excelled through all of this: supporting the organisation to continue delivering safe and effective care. Moreover, we have used the opportunity to implement new, more virtual service models at a rapid pace and always within a strong governance framework: my congratulations and thanks to you all.

As a not-for-profit Social Enterprise, LCD provides NHS commissioned services that patients can rely on and where staff can flourish and develop. Our goal is to develop this ethos further whilst providing innovative patient care that supports the NHS' new Long Term Plan for the next ten years. This plan includes key deliverables such as:

- reducing pressure on emergency hospital services,
- using virtual consultation to bring the hospital nearer to the patient,
- tackling health inequalities, and
- supporting individuals through the expansion of social prescribing.

Our front line urgent primary care services put us in a unique position to contribute to these deliverables and deliver innovation within the NHS. The plan states:

*“Over the next ten years, these changes will result in an NHS where digital access to services is widespread. Where patients and their carers can better manage their health and condition.”*

And LCD is ready to deliver the challenge!

Kind regards  
Dr Georgina Haslam, Chairman

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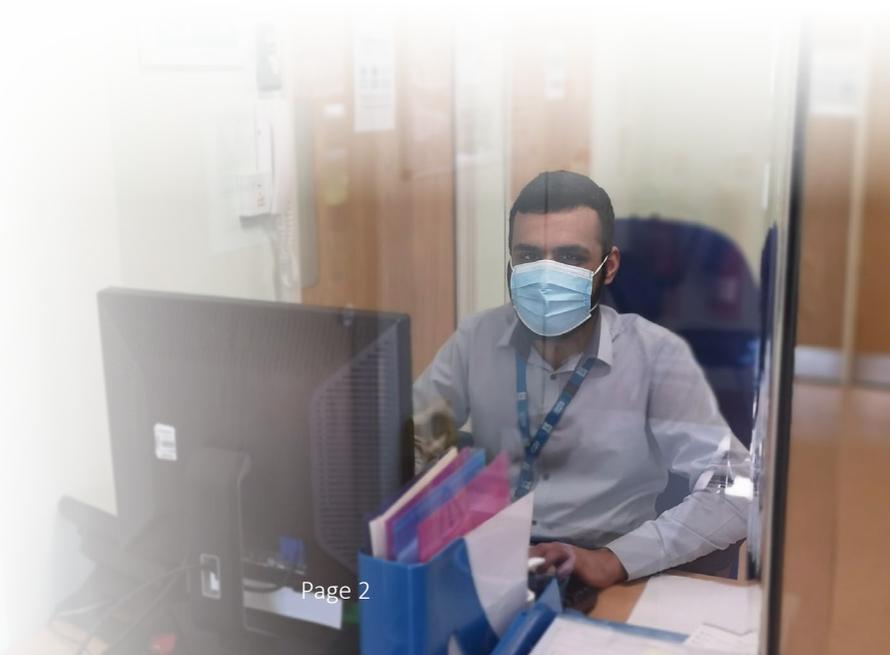
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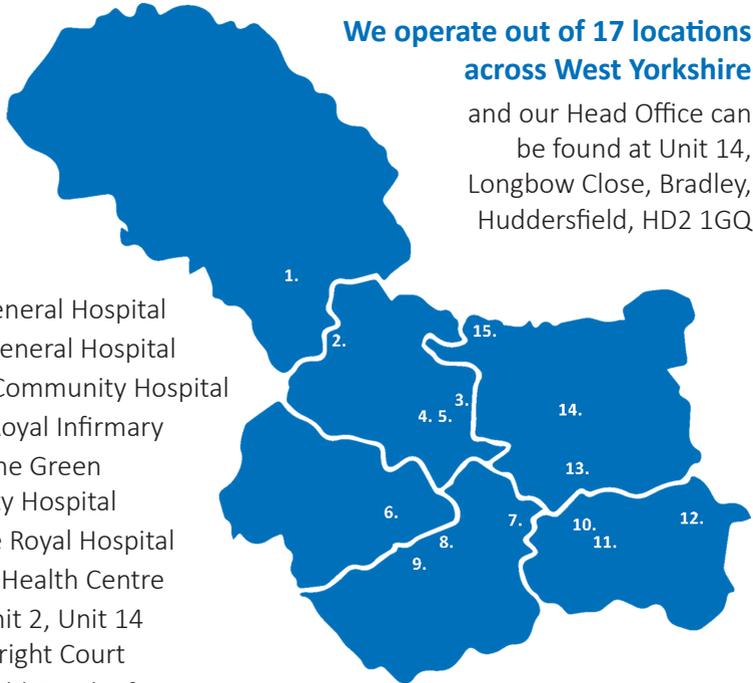
# Who we are

Established as a community owned Social Enterprise in 2004 to deliver health services across West Yorkshire, Local Care Direct has grown to meet the needs and expectations of our patients and our NHS and Social Care partners.

In the 17 years since our formation, we have developed a broad range of services for patients across Yorkshire and the Humber including: a centralised contact centre, GP out of hours services, Urgent Treatment Centres, walk-in facilities, extended access primary care services and a dental assessment and booking service, as well as a number of bespoke services for our NHS clients.

## We operate out of 17 locations across West Yorkshire

and our Head Office can be found at Unit 14, Longbow Close, Bradley, Huddersfield, HD2 1GQ



1. Skipton General Hospital
2. Airedale General Hospital
3. Ecclehill Community Hospital
4. Bradford Royal Infirmary
5. Westbourne Green Community Hospital
6. Calderdale Royal Hospital
7. Dewsbury Health Centre
8. Bradley Unit 2, Unit 14 and Cartwright Court
9. Huddersfield Royal Infirmary
10. King Street Walk-in Centre
11. Trinity Medical Centre
12. Pontefract Hospital

13. St George's Centre
14. Lexicon House
15. Wharfedale Hospital



We provide services to Yorkshire and Humber, which is roughly 15,408 square kilometres and is the fifth largest region in England, with an estimated

**population of 5.4 million**

We support them

**24 hours a day,  
365 days a year**



The reason we come to work everyday is because we care about people, which we do whilst following our core values:

We are professional

We respect each other

We support each other

We are open and honest

We inform, involve and listen

We do what we say will we do



**Our workforce includes  
494 employees and 185  
active sessional colleagues**

*\* Figures (such as workforce numbers) are correct at time of publication*

# 2020-2021 in numbers

March 20 to April 21 was an unprecedented year that affected us all in different ways. To help fight Covid-19 and maintain our usual support for patients, we recruited a lot more people, operated in a lot less space and delivered a lot more services. We're proud of what we achieved and how we helped our communities when they needed us most.

We delivered **23**  
services for the NHS,  
12 of which were brand new

In total, we responded to  
**625,929 cases**

We received, and acted on  
185 complaints, which is  
**0.03%** of the cases we  
responded to

Our Clinical Quality team audited the clinical notes from  
**4,384 patient cases and no**  
significant concerns were highlighted

Whilst the majority of our services support people in West Yorkshire, we also provide an Urgent Dental Assessment and Booking service to the whole of Yorkshire and the Humber.



As part of our West Yorkshire Urgent Care contract, we supported 200,384 patients over the phone/through video consultations & visited 15,380 in their own home.

We also saw 4,216 patients who were waiting in the A&E system, supported 13 care homes, helped 56 Covid-patients get the timely support they needed when their health deteriorated, treated 49,940 patients at our local walk-in and bookable services, logged 322 cases in our new GP Resilience service, and responded to 6,196 NHS 111 cases during daytime hours.

# 20-21 performance review

## Reflections from our Chief Executive



This year has certainly been a remarkable one. When preparing last year's report, in the early months of the pandemic, we would never have predicted that 12 months later it would still be so central to our daily lives. To imagine that over 100,000 people in the country would die from Covid-19 was unthinkable, equally the development of an effective vaccine within that period would have been seen as incredibly optimistic. But both have happened.

In the context of this environment, it is even more impressive that our team of staff and clinicians have continued to provide a safe and effective service for patients throughout the

pandemic. At times, we were one of only a small number of providers that delivered any face to face patient contact, and it's a testament to both our staff and clinicians that we were able to do this safely.

During this year we implemented over 100 process and protocol changes so we could continue to safely deliver our services. Many of these changes were in the areas of IP&C (infection, prevention and control) and additional remote consultation service development. Our team have responded to this rapidly changing environment well.

Our infrastructure and model (developed over recent years) has helped us to support our local Health Economy, and find solutions to challenges in a responsive and flexible manner. In the last year we have implemented 12 new services; many mobilised within a very short time-scale.

It's fair to say that all of the fantastic achievements outlined above have taken a huge amount of work from our team. Every member of our workforce, whether employed or self-employed, have put in a huge amount of effort. I'd like to thank them all for their hard work, and am so proud to be a part of the Local Care Direct team.

Kind regards  
Helen Carr, CEO

# Unique opportunities in 20-21

## A selection of areas we focused on this year

### **Delivering the new “Covid Oximetry at Home” monitoring service**

We delivered 12 new services in 20-21, many of which were due to rapidly emerging requirements created by Covid-19. One example is our response to CCGs and Hospitals’ urgent need to support Covid-patients at home. It took us four weeks from initial talks to go live with our new remote monitoring service - this alone is an achievement we’re proud of. But more than that, we’re proud that we supported 346 patients during the first three months of 2021. We monitored them in the comfort of their own home and provided them with comfort and reassurance that they would receive the necessary help should their symptoms worsen. Thankfully, based on our clinical assessment, we only needed to refer a small number of appropriate patients to the hospital. We’re excited to see how this new type of service can be utilised in the future.

### **Supporting our colleagues through the pandemic**

We took over 660 actions to help fight Covid-19. Some of the most crucial actions were to keep our workforce safe, including: coordinating the vaccination for 446 colleagues through our partners; employing a new PPE Manager who promptly delivered the necessary PPE to our colleagues, including 86,700 masks, 111,899 pairs of gloves and 513 Lateral Flow Test Kits; and launching Wellness Checks by Senior Managers at all sites to ensure colleagues felt supported. We know from our reporting and the National Track and Trace system that our actions ensured colleagues remained safe and operational when our community needed us most. We’re currently reviewing which changes should continue as business as usual.

### **Welcoming the opportunity to further develop**

In 2021, we fully supported the Care Quality Commission (CQC) with an inspection following a concern they received. In line with our values, we welcome all opportunities to improve, which we demonstrate through our internal audits and commitment to lessons learnt. Our “good” rating from CQC still stands, and they shared feedback on two areas that we are confident we can improve. The full report is on their website, which includes evidence of steps we’ve already taken.

# Notice of Annual General Meeting of Local Care Direct Limited

This is notice that the 16th Annual General Meeting of Local Care Direct will take place on the 28th June. Voting and approval will be completed via email or post, with the purpose of transacting the following business:

1. To approve the minutes of the Annual General Meeting held nominally on the 30th June 2020.
2. To receive extracts of the Directors Report and Financial Statements together with the Auditors report thereon for the year ended 30 September 2020 (please see the following pages).
3. To consider and if thought fit re-appoint Grant Thornton LLP as LCD auditors and authorise the Directors to fix the remuneration of the Auditors.
4. To re-elect Olivia Butterworth as a Non-Executive Director.
5. To transact any other business permitted under the rules.

By order of the Board

Paul Dean  
Company Secretary  
June 2021

Please note that copies of the Directors' Report and Financial Statements for the year ended 30th September 2020 can be obtained by email via [Paul.dean@lcdwestyorks.nhs.uk](mailto:Paul.dean@lcdwestyorks.nhs.uk)

# Introducing our new Member Non-Executive Director



After a successful two year post, Zaid Ali's role as Member Non-Executive Director came to an end this June. This role has contributed to significant change and growth within LCD. To maintain this initiative we wrote to our Members in March and invited them to take up the challenge.

We received six applications from a range of accomplished candidates who Members voted for throughout May.

We're now thrilled to announce (after counting the 123 votes we received) that Kevin Slater is our new Member Non-Executive Director. The Board is looking forward to welcoming Kevin and we would encourage Members to contact him if they have any concerns or thoughts they would like to raise.

*"WOW! What can I say? I am not usually stuck for words as many of you know.*

*Firstly, I must thank everyone who took the time to vote for myself and all the other candidates. My heartfelt gratitude to those of you, who by voting for me, have expressed confidence in me and my ability to serve LCD as a business, and all its members. I will endeavour to represent you to the best of my ability.*

*I'm looking forward to the opportunity of working closely with the Board of Directors and the many new challenges that will present. I will, of course, be engaging with other candidates and members, discussing any issues or suggestions they need addressing.*

*In the meantime, please do not hesitate to contact me if you have any ideas or concerns which I may be able to assist with: [kevin.slater@lcdwestyorks.nhs.uk](mailto:kevin.slater@lcdwestyorks.nhs.uk)"*

Kind regards

Kevin Slater, Member Non-Executive Director

# Local Care Direct's Senior Management Team



**Helen Carr**  
Chief Executive  
Officer



**Andrew Nutter**  
Chief Operating  
Officer



**Dawn Harvey**  
Director  
of Clinical  
Governance and  
Quality



**Diane Whale**  
Director of  
Finance



**Paul Dean**  
Company  
Secretary



**Dr Taz Aldawoud**  
Director  
of Clinical  
Innovation

# Local Care Direct's Board

## Including our new Member NED



**Dr Georgina  
Haslam**  
Chairman



**Helen Carr**  
Chief Executive  
Officer



**Andrew Nutter**  
Chief Operating  
Officer



**Kevin Slater**  
Member Non  
Executive Director



**Olivia  
Butterworth**  
Non Executive  
Director



**Dr Sabine  
Kollment-Scharl**  
Non Executive  
Director



**Tim Keenan**  
Non Executive  
Director

# Extract from the Director's Report and Strategic Review for the year ended 30 September 2020

The principal activity of Local Care Direct during the year was the provision of healthcare services.

The Board reports the achievement of a surplus before taxation of £300,000 for the year ended 30 September 2020 (2019 - £937,644).

LCD continues to deliver the West Yorkshire Urgent Care (WYUC) contract, which incorporates the Leeds Urgent Treatment Centres, and accounts for approximately 73% of Group turnover. The business has continued to balance cost pressure within the WYUC service, which results from demand for the service being higher than the commissioned resources. LCD secured an increase in contract funding to allow uplift of sessional GP rates of pay. This was particularly welcome as LCD's standard hourly rates had been uncompetitive for a number of years. In agreement with Commissioners, to mitigate this additional cost pressure, LCD has introduced new clinical skill-sets, particularly Physician Associates, into the WYUC Clinical Assessment Hub to complement this traditionally GP-led service model.

With the advent of Covid-19 in March 2020 LCD introduced further protocols to support the delivery of a safe service for both patients and staff. One such change was to require patients to undergo initial clinical assessment within the Contact Centre Hub before a referral to a face to

face appointment. Video consultations were introduced to supplement telephone consultations. Overall WYUC patient activity fell by approximately 2% during the year end 30 September 2020 compared to the previous year. Changes to both protocols and patient behaviour resulted in a dramatic shift away from face to face consultations towards telephone and video consultations, which in turn has led to renewed financial pressure on the Clinical Assessment Hub.

The Leeds Urgent Treatment Centre (UTC) and King Street Walk In services provide primarily face to face consultations and have encountered significant falls in patient activity as a direct result of the pandemic. Compared to the previous year, activity in the Leeds UTCs was 40.4% down for the six month period ended 30 September 2020, with King Street 67.5% down. Commissioners remain supportive from a financial perspective, with LCD working on ways to increase demand by, for example, developing new protocols to divert A&E patients to these facilities when clinically appropriate.

Activity within the Yorkshire and Humber Dental Clinical Assessment and Booking Service increased by 29.4% in the six months to 30 September 2020 compared to the previous year. This increase was due to Covid-19 as dental patients were unable to access face to face treatment.

The organisation continues to operate in a rapidly changing NHS commissioning environment and in March 2022 it is envisaged that the Clinical Commissioning Group (CCG) bodies will be dissolved and an integrated provider-led model will be adopted at place (Council footprint) with a commissioner base at Integrated Care Systems (ICS) level. LCD will seek to operate at the ICS level for its core services, developing local models to meet system need in line with strategic view. LCD continues to offer constructive and innovative support to such initiatives to improve pathways of care.

We have confirmation from Commissioners that our core WYUC contract will be extended for a three year period to March 2024. The contract will be flexible around the developing landscape in Urgent Care and is a reflection of the confidence and assurance that they have in the organisation. This enables LCD to provide services that are embedded within the Integrated Urgent Care (IUC) for the medium term, thus ensuring sustainability for the organisation. Commissioners have also indicated their intention to roll over the King Street and Calderdale Care Home Telemonitoring contracts to 31 March 2022. LCD expects Commissioners will also extend Pontefract UTC and Extended Access Scheme contracts for a further year to 31 March 2022.

Over recent months LCD has secured new contracts which utilise our contact centre hub operation to provide additional services and pathways at place and on an ICS footprint:

**Kirklees Urgent Community Response (UCR)** Kirklees was selected as one of seven national accelerator sites and LCD delivers the patient hub for the service. We offer both clinical triage and assessment, signposting and appropriate referral to community, primary care or council services.

**111 First** LCD offers the clinical assessment service for 111 First. This is a new service designed to ensure that there is a contact with 111 ahead of attending A&E; if deemed appropriate a timeslot for the patient at A&E will be secured. Our initial pilot evaluated well and we have secured the service over coming months in its launch phase

**Pulse Oximetry Remote Monitoring** LCD has responded to the request to initiate a new service for Covid-19 positive patients who will use oxygen saturation monitoring kit at home and require proactive monitoring and treatment upon exacerbation. This is initially a three month pilot but it is anticipated that this type of pathway will be extensively used in the NHS in the future.

### **Going Concern**

After reviewing the Society's budget and forecast to 31 March 2022 and the facilities currently available, the Board is confident that the Society has sufficient resources to continue for the foreseeable future. For this reason the Society has adopted the going concern basis in its financial statements.

This report was approved by the Board and signed on its behalf.

Dr Georgina Haslam, Chairman  
18 March 2021

# Our financial summary

The Directors are pleased to report the following financial results for the year ended 30th September 2020. Although we have reported a reduced surplus compared to 2019, the balance sheet remains strong, which provides us with a good level of resilience.

Balance Sheet	2020 (£)	2019 (£)
Tangible and Intangible Fixed Assets	775,178	786,625
Current Assets	12,218,493	10,232,249
Creditors: Amounts falling due within one year	-5,902,096	-4,190,120
<b>Net Current assets / (liabilities)</b>	<b>6,316,397</b>	<b>6,042,129</b>
<b>Total Assets less current liabilities</b>	<b>7,091,575</b>	<b>6,828,754</b>
Creditors: Amounts falling due after more than one year	-65,611	-96,376
<b>Net Assets</b>	<b>7,025,964</b>	<b>6,732,378</b>
<b>Reserves</b>	<b>7,025,964</b>	<b>6,732,378</b>

Income and Expenditure	2020 (£)	2019 (£)
<b>Turnover</b>	<b>30,653,571</b>	<b>28,425,275</b>
Cost of Sales	-22,694,434	-20,985,493
<b>Gross Surplus</b>	<b>7,959,137</b>	<b>7,439,782</b>
Other operating charges	-7,690,127	-6,553,643
<b>Operating surplus</b>	<b>269,010</b>	<b>886,139</b>
Interest receivable	33,756	55,225
Interest payable and similar charges	-2,766	-3,720
<b>Surplus on ordinary activities before taxation</b>	<b>300,000</b>	<b>937,644</b>
Tax on surplus on ordinary activities	-6,414	-10,493
Surplus for the financial year	293,586	927,151
Reserves brought forward	6,732,378	5,805,227
<b>Reserves carried forward</b>	<b>7,025,964</b>	<b>6,732,378</b>

# Audit and risk at LCD

## an update from our Audit and Risk Committee Chair



Good governance is absolutely critical as it covers the leadership, direction, and control exercised in an organisation. The Audit and Risk Committee is a key part of any governance arrangements and contributes to the Board's overall process for ensuring effective controls are maintained.

Local Care Direct's Audit and Risk Committee meets quarterly and provides assurance to the Board that internal controls are operating effectively. Good governance is key to safeguarding the sustainability of the organisation while meeting the needs of our stakeholders – you our members, our staff, those using the services we provide, Commissioners and the wider community.

During the pandemic, good governance has become more important than ever in recognising emerging risks and ensuring we have the processes in place to mitigate those risks effectively and provide the necessary assurance to Board.

Each year we are subject to an external audit which was completed by Grant Thornton for the year ended September 2020. Grant Thornton issued an unqualified audit report with no issues raised apart from and in common with other audit clients, making reference to the impact of the pandemic. We continue to keep this under review. This audit represents a very encouraging outcome during a very challenging year.

We are also working with Audit Yorkshire to pilot a series of reviews on our internal controls, which will provide important independent confirmation that we can rely on the work we carry out.

Fraudsters have continued to operate during the pandemic taking advantage of organisations distracted by other priorities. Local Care Direct has not been materially affected, and we remain committed to meeting the highest levels of fraud prevention and protection as set out in the latest Cabinet Office guidance for the whole public sector. We will be independently assessed against the same high standard as our partners in the NHS and the wider public sector. We will continue to ensure we have adequate resource and expertise in place to effectively respond to any emerging fraud threats.

Kind regards  
Tim Keenan, Audit and Risk Committee Chair

# Independent Auditors Report

## This year's extract

### Opinion

We have audited the financial statements of Local Care Direct (the 'Society') for the year ended 30 September 2020, which comprise the Income and Expenditure Account, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows, Analysis of Net Debt and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards including Financial Reporting Standard 102; The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the Society's affairs as at 30 September 2020 and of its Income and Expenditure for the year then ended;
- have been properly prepared in accordance with the Co-operative and Community Benefit Societies Act 2014.

### The impact of macro-economic uncertainties on our audit

Our audit of the financial statements requires us to obtain an understanding of all relevant uncertainties including those arising as a consequence of the effects of macro-economic uncertainties such as Covid-19 and Brexit. All audits assess and challenge the reasonableness of estimates made by the directors and the related disclosures and the appropriateness of the going concern basis of preparation of the financial statements. All of these depend on the future economic environment and the company's future prospects and performance. Covid-19 and Brexit are amongst the most significant economic events currently faced by the UK, and at the date of this report their effects are subject to unprecedented levels of uncertainty, with the full range of possible outcomes and their impacts unknown. We applied a standardised firm-wide approach in response to these uncertainties when addressing the company's future prospects and performance. However, no audit should be expected to predict the unknowable factors or all possible future implications for a company associated with these particular events.

### Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Board's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate: or
- the Board has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Society's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

## Other information

The Board is responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. We have nothing to report in this regard.

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

We have nothing to report in respect of the following matters where the Co-operative and Community Benefit Societies Act 2014 requires us to report to you if, in our opinion:

- a satisfactory system of control over transactions has not been maintained; or
- the society has not kept proper accounting records; or
- the financial statements are not in agreement with the books of account; or
- we have not received all the information and explanations we need for our audit.

## Respective responsibilities of the Board and Auditors

The Board is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Board determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In preparing the financial statements, the Board is responsible for assessing the Society's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Board either intend to liquidate the Society or to cease operations, or have no realistic alternative but to do so.

The Auditors' objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

A description of the Auditors' responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at [www.frc.org.uk/auditors-responsibilities](http://www.frc.org.uk/auditors-responsibilities).

Grant Thornton UK LLP  
Statutory Auditor  
Chartered Accountants  
Sheffield  
18 March 2021



More information can be found on our website.  
Please email [info@lcdwestyorks.nhs.uk](mailto:info@lcdwestyorks.nhs.uk) if you would like to contact us. Please call us on 01484 487262 if you require this document in large print.



This leaflet was published in June 2021 and is printed on paper from sustainable forests. Please recycle this leaflet when you have finished with it.

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