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SCRUTINY BOARD (ADULTS AND HEALTH)

16TH JANUARY 2018 MEETING

**LATE ITEM OF BUSINESS ENTITLED, '*CHIEF EXECUTIVE'S UPDATE – LEEDS
COMMUNITY HEALTHCARE*'**

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To: Members of the Scrutiny Board (Adults and Health)

Legal & Democratic Services
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Our Ref: A61/GWHG
Your Ref:

12th January 2018

Dear Councillor,

**SCRUTINY BOARD (ADULTS & HEALTH) – TUESDAY, 16TH JANUARY 2018 –
SUPPLEMENTARY INFORMATION AND A LATE ITEM OF BUSINESS**

Please find enclosed the following:-

- Supplementary information in the form of further data regarding the issue of delayed transfers of care, which is intended to be considered as part of agenda item 8 (entitled, '*Delayed Transfers of Care*');
- A late item of business entitled, '*Chief Executive's Update – Leeds Community Healthcare*'.

I would be very grateful if you could please incorporate these documents into your agenda for the 16th January 2018 Scrutiny Board (Adults and Health) meeting, in order to enable these documents to be considered. Spare copies will be available on the day should you require them.

Yours sincerely

Steven Courtney
Principal Scrutiny Adviser

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Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adult and Health)

Date: 16 January 2018

Subject: Chief Executive's Update – Leeds Community Healthcare

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1 Purpose of this report

1.1 The purpose of this report is to present details of a Chief Executive's update from Leeds Community Healthcare NHS Trust.

2 Main issues

2.1 The Chief Executive's update from Leeds Community Healthcare NHS Trust (Appendix 1) was presented to a Board working group meeting on 5 January 2018. However, the details were not discussed as the Trust was not represented at that working group meeting.

2.2 The purpose of this report is, therefore, to provide an opportunity to formally update the Scrutiny Board on the Chair's activity and actions, including any specific outcomes, since the previous Scrutiny Board meeting held in December 2017. It also provides an opportunity for members of the Scrutiny Board to identify and agree any further scrutiny activity that may be necessary.

Therefore, after discussions with the Chair, the Chief Executive of Leeds Community Healthcare NHS Trust has been invited to attend and present the update at this meeting.

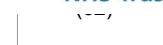
3. Recommendations

3.1 Members are asked to note the details presented and identify any specific matters that may require further scrutiny input/ activity.

4. Background papers¹

4.1 None used

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.



Meeting: Trust Board 1 December 2017	Category of paper	
Report title: Chief Executive's Report	For approval	
Responsible director: Chief Executive Report author: Chief Executive	For assurance	√
Previously considered by Not applicable	For information	

<p>Purpose of the report</p> <p>This report sets out some aspects of the context in which the Trust works and helps to frame the Board's consideration of the Board meeting's papers.</p>
<p>Main issues for consideration</p> <p>On this occasion, the report focuses on a number of local and national developments some of which are covered in more depth in later items. The main features of the report are:</p> <ul style="list-style-type: none"> • Care Quality Commission inspection outcome: implementing actions • New service models <ul style="list-style-type: none"> ○ Community care beds ○ Child and adolescent mental health services • Seasonal resilience: planning for winter • Celebrations: awards and staff conferences • Well-led framework • The Trust's overall performance • National developments <p>A further verbal update will be provided at the Board meeting.</p>
<p>Recommendation</p> <p>The Board is recommended to:</p> <ul style="list-style-type: none"> • Note the contents of this report

Chief Executive's report

1 Purpose of this report

- 1.1 This report sets out some aspects of the context in which the Trust works and helps frame the Board papers. The paper describes a number of local developments and, in addition, refers to a small number of external or national announcements that have the potential to impact on the Trust.

2 Care Quality Commission: inspections of services

- 2.1 Earlier in 2017, the Trust was inspected by the Care Quality Commission (CQC). In addition to a range of interviews and focus groups involving directors, service leads and a wide cross section of staff, the inspectors reviewed:

- Adult inpatient units: Community Intermediate Care Unit, South Leeds Independence Centre and the Community Rehabilitation Unit
- Adult community services: neighbourhood teams and some specialist services across eight health centres
- Children's community nursing inpatient unit: Hannah House
- Child and adolescent mental health services inpatient unit: Little Woodhouse Hall
- Specialist services: sexual health services
- Trust-wide review of well-led domain

- 2.2 The formal report on the inspections indicated an overall rating of the Trust as 'good'. This outcome (as reported to the Board on 6 October 2017) was excellent news and reflects the commitment and hard work of all staff to provide the highest standards of care to the people of Leeds.

- 2.3 On 12 October 2017, senior staff from the CQC met with the Trust and the Trust's commissioners. The inspectors shared their perspectives on both good practice and areas where the Trust has some important work to undertake in order to ensure that the quality and safety of care is of a comparable high standard across all areas.

- 2.4 The commissioners were positive about the Trust and viewed the Trust's ratings as celebratory, viewing the Trust as 'forward thinking and well structured'. The commissioners provided assurance to the CQC in relation to positive engagement and were open, honest and transparent about the inspection findings and the Trust's actions following the inspection.

- 2.5 The CQC action plan (quality improvement plan) was scrutinised at Quality Committee on 23 October 2017 and submitted to the CQC on 30 October 2017.

- 2.6 In order to record action to sustain and improve quality, performance against the quality improvement plan will be monitored closely both by officers of the Trust and by the Board's Quality Committee.

- 2.7 As part of this monitoring, the Quality Committee will be particularly keen to see improvements in relation to the Trust's inpatient units for adults and for children. The Quality Committee received a dedicated paper on quality improvements at Hannah House at its meeting on 20 November 2017.

3 Developing new service models

- 3.1 The Trust remains committed to maintaining services that deliver superlative care and meet the health care needs of local people. In addition, the Trust also seeks out opportunities for business growth particularly where this complements and enhances the Trust's current 'portfolio' of services.
- 3.2 In recent months, there have been a number of opportunities whereby local commissioners have invited competitive bids from service providers to run new or revised service models.
- 3.3 The Trust has had some notable successes in this respect. For example:
- Community care beds (see section 4 below)
 - Child and adolescent mental health inpatient services (see section 5 below)

4 Community care beds

- 4.1 On 1 November 2017, a new community intermediate care inpatient services model 'went live' in Leeds.
- 4.2 The Leeds Community Bed Alliance with Leeds City Council and Leeds Teaching Hospitals NHS Trust includes 40 community care beds at South Leeds Independence Centre (renamed Recovery Hub @ South Leeds) and 32 beds at Suffolk Court (renamed Recovery Hub @ North West Leeds). A further 12 beds have been awarded at Pennington Court and these will be subcontracted initially on a temporary six months basis.
- 4.3 The Trust will be playing to its strengths, bringing health and social care expertise together to provide a range of holistic services that aim to promote independence in people between hospital and home. Beds will be used flexibly between intermediate care and discharge to assess dependent on need. There will be a key focus on recovery, rehabilitation and re-ablement.
- 4.4 The Board would want to pay tribute and say 'thank you' to staff from the Community Intermediate Care Unit (CICU) and South Leeds Independence Centre (SLIC) who have provided an excellent standard care for many years and who have worked tirelessly through the period of transition to the new service model.

5 Child and adolescent mental health inpatient services

- 5.1 The Trust has been identified as the lead trust in a new arrangement to provide a coordinated response to the provision of child and adolescent mental health inpatient services (tier 4) across West Yorkshire.
- 5.2 The commissioner for the service (NHS England) invited proposals and the Trust, working with its partners (Leeds and York Partnership NHS Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust and Bradford District Care NHS Foundation Trust) was identified to introduce a new model of care for this highly specialist area of work (also see later item on the Board's agenda).

6 Seasonal resilience: planning for winter

- 6.1 The Trust and the wider health and social care system is well-advanced in preparing for the service pressures that will be encountered through the winter months.
- 6.2 The importance of good local planning has been emphasised by national communications placing a focus on patient flow to benefit clinical outcomes and free up capacity.
- 6.3 Jim Mackey, Chief Executive of NHS Improvement wrote to trusts on 1 November 2017 and acknowledged continued local leadership in preparation for winter. He wrote that:

'We need to significantly reduce the number of patients experiencing delays to discharge to improve their care and free up much-needed capacity in the acute and non-acute sector over winter.'

Over the last two years, non-acute delays have risen by 24%. The interface between acute, social care and community services contributed significantly to this increase, with a 49% rise in patients awaiting care packages at home (with around two-fifths wholly or partly attributable to the NHS). It is vital for the patients under our care and for the efficient running of our services that you, together with your boards, prioritise reducing delays in discharge over the coming months. This will require both action within your organisation and working across your local system to improve flow throughout the entire patient journey.'

- 6.4 Chief executives who provide community services have been invited to a national meeting on 27 November 2017 to discuss managing patient flow over winter. The meeting, organised by NHS Improvement, will be led by both Jim Mackey, Chief Executive of NHS Improvement and Simon Stevens, Chief Executive of NHS England.
- 6.5 In Leeds, as reported previously, a local delivery plan has already been drawn up. The plan comprises some nationally mandated components and local priorities and covers approaches to:

- A&E streaming and interface with other providers
- Management of patient flow including hospital discharge provisions
- Community capacity including referral management and capacity in neighbourhood teams and community beds
- Mental health services
- 111: greater clinical involvement in the assessment of patients
- GP access and extended hours and other primary care provider services
- Care homes: access to clinical advice for care homes
- Public health including health promotion and the prevention of infection
- Communications, escalation procedures and achieving mutual aid

6.6 Internal work includes:

- Ensuring the referral pathway (particularly from hospital to neighbourhood teams) is as efficient as it can be and does not add any unnecessary delay to a patient's access to the service
- Mobilisation of the health case management service
- Several schemes to increase capacity in the neighbourhood teams, including: use of bank and agency staffing; development of a self-care team to support early discharge; contracts for pharmacy technicians etc

6.7 The internal winter plan is overseen by a fortnightly steering group and progress discussed with SMT no less frequently than on a monthly basis.

6.8 A number of aspects of effective and productive systems and processes were tested recently. The Trust fully participated in an initiative led by Leeds Teaching Hospitals NHS Trust called 'perfect week', whereby problem-solving resources were targeted at rapid escalation and resolution of issues and incidents that would otherwise impede the smooth running of hospital services.

6.9 The Trust has launched its seasonal flu campaign as part of the Trust's approach to planning for additional service pressures this winter. Year on year, the Trust wishes to see more frontline staff vaccinated to help protect staff, families, communities and vulnerable patients. Last year, the Trust achieved 76.6% uptake. This year's campaign is well underway and, as at 20 November 2017, 57% of frontline staff have taken up the offer of vaccination. This represents a huge effort by the Trust's infection prevention and control team to keep everyone safe and well this winter.

6.10 However, in addition, this year Leeds is facing an additional challenge in that there has been an increase in the number of reported cases of measles amongst school age children in the city. The Trust has responded promptly and has offered a programme on measles, mumps and rubella (MMR) immunisations to school pupils. The Board will wish to thank all those staff who responded to an appeal for suitably-skilled staff to help with this urgent programme of work.

7 Staff success: national awards

7.1 The Trust continues to receive external acknowledgement in respect of its many excellent services.

- 7.2 On this occasion, the Board should note that the Trust's had been successful in being shortlisted for the national Health Service Journal awards:
- In the Compassionate Patient Care category, two shortlisted entries for An Integrated Neighbourhood Team Approach to Improving Palliative Care for Patients and Carers and Outstanding Breast Feeding Standards
 - Cardiac Service Clinical Lead and Consultant Clinical Psychologist are both shortlisted in the Clinical Leader of the Year category
 - The Leeds Health and Care System is shortlisted in the Improved Partnerships between Health and Local Government category for Using a Health Coaching Approach across the Leeds Health and Care System
- 7.3 The teams at Wetherby Young Offenders Institute and Adel Beck Secure Children's Home have won an award at the Nursing Times Awards 2017. 'Locked up and still hard to reach: integrated healthcare for children and young people in custody' was a joint submission by the Trust, South West Yorkshire Partnership NHS Foundation Trust and NHS England and recognised the outstanding work of the teams in some of the most difficult environments working with the most vulnerable patients.
- 7.4 The Trust has also been recognised for the excellent work undertaken by the Trust's freedom to speak up guardian. The Trust received a runner up award in the category for 'learning from speaking up' in the national freedom to speak up awards 2017.
- 7.5 One of the Trust's consultant clinical psychologists has been awarded the Association for Infant Mental Health UK Louise Emanuel award. The award was presented at a national conference in London. It was given to 'a person who has demonstrated a significant contribution to infant mental health in terms of practice or through their work in research and policy'.

8 Conferences for staff

- 8.1 The Trust proudly hosted a conference for all non-registered staff on 2 November 2017. The aim of the event was to recognise the contribution made by this group of staff; on the day there was the opportunity to:
- Hear inspirational stories from individuals who began their careers in non-registered roles and have gone on to more senior positions both inside and outside of the Trust
 - Hear from service users about the difference the non-registered workforce make to their lives on a daily basis
 - Discuss ideas with like-minded people and inspire each other
- 8.2 The event, which was a 'first' for the Trust, has been very well-evaluated and the Trust is already working to implement a number of actions.
- 8.3 The Trust also held a medical and dental conference on 6 November 2017; the conference was jointly chaired by the Trust's Chair, Neil Franklin and the Trust's newest non-executive director, Professor Ian Lewis. This annual conference covered:

- New models of care
- Medical and dental leadership
- PReP for dental appraisals
- European Data Protection Directive
- Personal resilience

9 Compliance with the well-led framework

- 9.1 The Trust continues to demonstrate compliance with the national well-led framework which is fully aligned with the CQC's key lines of enquiry for the well-led domain. By robustly assessing itself and aligning improvement against the well-led framework, the Trust is therefore also aligning itself with the requirements to achieve a 'good' CQC rating for the well-led domain.
- 9.2 The Trust undertook a self-assessment in September 2015 and identified six priority action areas. At the meeting in June 2017 the Board was updated on progress against the six priority action areas.
- 9.3 Over the past six months examples of significant achievements and challenges across the six priority action areas have included:
- Receiving a 'good' overall CQC rating and for 'effective', 'caring', 'responsive' and 'well-led' domains. For the well-led domain, the CQC report highlighted
 - stable, cohesive and visible leadership
 - most staff positive about the open culture
 - staff aware of the Trusts' vision and values
 - governance processes stronger since the 2014 inspection and the majority of QIP actions addressed
 however:
 - governance and assurance processes in Hannah House and Little Woodhouse Hall require strengthening
 - staff engagement lower in Hannah House and Little Woodhouse Hall
 - public engagement excellent in some services but could be stronger in others
 - The Chief Executive, other members of SMT and senior leaders are fully involved in shaping key strands of the Leeds Health and Care Plan.
 - The focus on quality in services has been strengthened through the rolling out quality boards and safety huddles. In Children's Services quality boards and safety huddles have been established in Hannah House, Little Woodhouse Hall and ICAN. The Specialist Business Unit is implementing quality boards and safety huddles in services where appropriate in quarter three of 2017/18.
 - Work commenced to further strengthen identification and escalating of risks to quality in services, particularly small services and services where practitioners are isolated, so that appropriate support can be provided on a timely basis.
 - Cultural mapping established: triangulation of soft intelligence to enable identification of teams and services requiring additional support or intervention

- Strengthening learning from incidents: positive learning from development of the pressure ulcer review processes has been applied to the falls review
- Skills and competency development remained a priority focus for adults services although releasing staff to attend training has continued to be challenging given capacity pressures.
- Staff engagement to understand how best to address staff health and well-being issues identified through the 2016 staff survey: led to development of the 'Feel Good' pledge
- Agreement of a plan for developing outcome reporting based on outcome measures identified as being relevant and meaningful for the greatest number of services
- Continued review of Trust-wide activity. Activity profiles have been revised or are in the process of being revised for multiple services which will allow a more accurate assessment of performance. Focused analysis of neighbourhood teams' activity has shown an increase in contact duration. A decrease in the number of contacts was expected due to the implementation of initiatives such as New Ways of Working.
- A challenge for the Trust is evidencing increased complexity of patient caseloads that many services are experiencing. Neighbourhood teams are trialling an approach for reporting complexity.

9.4 As previously reported, the CQC and NHS Improvement have revised the well-led framework. Under the CQC's new inspection regime, the CQC intends to assess 'well-led' at trust board level 'approximately annually', alongside the targeted and risk based inspection of a selection of core services. This board level well-led assessment will be based on the revised well-led framework but will also take into account service level inspection findings for the well-led domain and other evidence. The scope and depth of the assessment will be tailored to each provider based on size, findings of previous inspections, information gathered from the provider, external partners and other sources on performance and risks.

9.5 The new framework is very similar to the framework currently in use. There is an increased focus on culture, finance and resource governance with a stronger emphasis on service sustainability.

9.6 As with the current well-led framework, trusts are expected to assess themselves against the framework 'to promote transparency, self-reflection and development' and carry out external reviews. Compliance with the eight well-led key lines of enquiry will need to be reviewed in order to identify strengths, gaps and required actions to achieve a good standard of compliance.

10 Performance and finance overview

10.1 Despite the current sustained pressures being experienced within the NHS both nationally and locally, the Trust has continued to maintain a focus on ensuring it delivers a range of performance targets and therefore evidencing it provides safe, caring, effective, responsive and well-led services.

10.2 From a quality perspective, the following remain the main areas of focus and are covered in more detail in the performance report:

- Safe staffing 'fill rate' in inpatient units: 94.4% against a target of 95%
- Reducing the incidence of avoidable pressure ulcers: regrettably, after good performance in the first quarter of the year, the Trust recorded both avoidable category three and category four pressure ulcers in quarter three and a further category four pressure ulcer was recorded in October 2017; this matter is the subject of focused work with regular reports to the Quality Committee
- The target reduction in falls in inpatient units has been achieved in the year to October 2017
- On-going work in relation to incident reporting continues and particularly the 'closing' actions arising from incidents
- Work to ensure that the recording of duty of candour reporting matches the practice of staff is proving successful; 100% of applicable incidents received an appropriate apology
- Percentage of patients recommending care: is 100% for inpatient settings and 96.2% for community patients against target of 95%
- Progress against the clinical audit programme for 2017/18 is behind the planned position for the year to date
- The reported figure for the level of clinical supervision stands at 61% against a 80% target

10.3 The Trust continues to perform well in respect of the responsive indicators with continuing good performance against all statutory and non-statutory waiting times. There continues to be a negative variance from profile in relation to the number of patient contacts in October 2017 (minus 5.4%); the year to date figure is minus 6.2% against a target of up to 5%.

10.4 A number of workforce related indicators remain a concern, for example staff turnover has improved by a small margin (14.1%) but remains a concern. Staff appraisal rates have reduced and are below target at 81.3% (target 90%) and compliance with statutory and mandatory training requirements stands at 91.5%; further detail is contained in the performance report. The overall sickness absence rate has worsened in October 2017 to 5.8%.

10.5 The finance measures remain satisfactory as at the end of October 2017, although capital expenditure and cost improvement plan delivery are behind plan. The use of resources risk rating (1) represents the lowest risk position.

11 NHS Improvement: use of resources rating

11.1 On 8 November 2017, NHS Improvement and the Care Quality Commission (CQC) published a joint consultation inviting all interested stakeholders to comment on a proposed approach to reporting and rating how efficiently and effectively NHS trusts and foundation trusts are using their resources to provide high quality, sustainable care. The consultation follows previous work by NHS

Improvement and CQC seeking stakeholders' views on a proposed methodology and framework for assessing how trusts are using their resources. We published our response to this consultation and the final Use of Resources framework and methodology in August 2017.

- 11.2 This new consultation covers the final steps in the process. Specifically, seeking sector-wide feedback on our approach to how CQC's trust-level quality ratings (ie safe, caring, effective, responsive and well-led) will be combined with NHS Improvement's use of resources rating to produce an overall trust-level rating.

12 **NHS Improvement: consultation on single oversight framework**

- 12.1 On 13 November 2017, NHS Improvement published a refreshed document which sets out a single oversight framework covering all NHS providers. The framework sets out how information will be collected on trusts' performance, how concerns will be identified and a model by which trusts will be categorised in one of four segments according to the level of challenge each trust faces.

- 12.2 The segments range from 1 to 4 whereby 1 equates to 'no evident concerns' and 4 indicates 'critical issues'. The level of monitoring of a trust by NHS Improvement will be determined linked to the segment ie from lower frequency monitoring for segment 1 to mandated support with directed improvement actions and recovery trajectories at segment 4. To determine the segmentation, NHS Improvement will scrutinise a range of performance measures and indicators across five areas, namely the assessment of:

- Quality of care: using ratings from four of the CQC domains (safe, caring, effective and responsive) plus progress against standards for implementing seven day services
- Finance and use of resources: including progress against financial control totals and financial efficiencies as captured in the use of resources rating
- Operational performance: reflecting existing national targets and standards including waiting times, referral to treatment times, response times and access to services
- Strategic change: focusing on progress in implementing strategic changes with a particular focus on sustainability and transformation plans
- Leadership and improvement capability: building on the CQC's and NHSI's joint well-led framework to capture good governance and leadership and to introduce a focus on capacity for improvement

13 **Recommendation**

- 13.1 The Board is recommended to note the contents of this report