

REPORT TO SCRUTINY BOARD (ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

PURPOSE OF THIS REPORT

The purpose of report is to provide Scrutiny Board with an overview of key local developments for Leeds Community Healthcare NHS Trust. It refers to external or national factors that have the potential to impact on the Trust.

Patient care: reducing the incidence of pressure ulcers

The Trust has been concerned about the incidence of pressure ulcers for some time. Any single incidence is viewed seriously and the Trust is committed to ensuring that services and staff are in a position to avoid the occurrence of pressure ulcers to patients.

This month has seen the start of the Trust's *Pressure Ulcer Prevention Campaign*. The prevention of pressure ulcers is a measure of the quality of care the Trust provides. Reducing the incidence of pressure ulcers is therefore a top priority for the Trust and all staff. Key to the campaign is the launch of the *Ten Priorities for Pressure Ulcer Prevention*.

Each member of staff from allied health professionals, administration, doctors and nursing teams has a role to play. The campaign is running between January-March 2016 and includes a suite of training initiatives, guidance for staff plus assessment and care management tools. It has started with the neighbourhood teams and then will be rolled out across all the services within the Trust. The key aim being for staff to understand that pressure ulcer prevention is everybody's responsibility.

CAMHS Waiting Lists

A significant concern and area of focus for the Trust continues to be the waiting times for the specialist community CAMHS service. The comprehensive work being undertaken to reduce the time a young person has to wait informed a recent Scrutiny Board meeting and further information will be provided in the coming months.

New Models of Care - Neighbourhood teams and primary care

The Trust is working closely with each of the three CCGs in Leeds to develop new ways of working between the neighbourhood teams and primary care to support and improve care for the most vulnerable people.

An example of this work is the developments in Armley. A recent stakeholder event was held, opened by Councillor Lowe, engaging all providers including the third sector on what could be achieved by working differently. This was a really positive event and actions are being taken forward.

Recruitment and retention

The Trust continues to make considerable progress with the recruitment of nursing and therapy staff, in a very competitive market, and is now beginning to report more positive figures. The actual contracted staff for November 2015 is 2,758.5 whole time equivalent; this compares with 2,562.7 whole time equivalent in December 2014.

The staff turnover figures are also reporting a more positive position. December 2015 saw a turnover percentage of 7.9% and the rate was 6.8% in November 2015 (target 9-13%); each of which compare favourably with rates of over 10% for each month for the earlier part of 2015/16.

Despite this more positive outlook, retention of staff remains a focus of concern.

Health and social care across Leeds: winter pressures

The Trust has played an active role in the system resilience arrangements to ensure the continuity of services across the winter period:

- Early on in the financial year, the Trust was successful in securing funding for a number of schemes aimed at assisting services to be more resilient through the difficult winter months.
- At the end of 2015, there had been a steady but significant decrease in delayed transfers of care. This work has focused on streamlining processes, reducing bureaucracy and early escalation of complex issues related to individual cases.
- There have been changes in the type and number of community beds in the system e.g. change of classification and management of the community intermediate care unit, the opening of residential beds at SLIC and additional capacity purchased within the independent sector
- Leeds Teaching Hospitals NHS Trust has continued to experience higher than average levels of activity over recent weeks including accident and emergency attendances and emergency medical admissions. The Trust's approach to partnership working is assisting in mitigating the impact of potential unnecessary admissions and delayed discharges from hospital care.
- In the last few weeks the hospital has been under extreme pressure and we have been working closely with them on a range of initiatives to stop admissions and aid discharge.

Nursing and midwifery revalidation

Currently, all registered nurses, midwives, community and public health nurses wanting to practice in the UK have to be registered by the Nursing and Midwifery Council (NMC); they have to renew their registration every three years. In 2015, the NMC set out proposals to strengthen the current requirements for nurses to meet a range of revalidation requirements designed to show that fitness to practice is being maintained.

The Trust has undertaken extensive awareness raising amongst over 1,000 nurses; 410 of whom will need to be subject to the new revalidation processes in 2016/17. Over 400 staff have attended awareness raising workshops and participants have indicated that the process is straightforward. Those staff who need to revalidate in 2016/17 have received personal letters; each clinical lead is aware of those staff with a requirement to revalidate.

Planning for 2016/17

This year's national planning guidance has been published in the context of the spending review announcements and is explicitly positioned to set out how the sector is expected to deliver the Five Year Forward View by 2020.

The planning guidance introduces a £1.8 billion Sustainability and Transformation Fund for providers in 2016/17; to support providers to move to a more financial footing. This additional funding is conditional on the NHS provider sector breaking even in 2016/17. To ensure this happens; every NHS trust and foundation trust will have to deliver an agreed financial control total for 2016/17. This will be a core part of the new financial oversight regime that NHS Improvement will put in place.

Leeds Community Healthcare have been informed by NHS Improvement that our control total is £2m. This is some £550k more than the organisation's planned 1% surplus would generate. All trusts have been asked to confirm by 8 February whether they accept the control total.

The potential consequences of this are significant. The Trust is anticipating a difficult contract negotiation with CCG commissioners and there are the known cuts to public health funding in 2016/7 and beyond. The Trust also faces significant internal cost pressures totalling over £2.3m.

The combined impact of all these factors takes the Trust's implied efficiency level from the national 2% to 4%.

All NHS/foundation trusts have also received a joint letter from Jim Mackey (Chief Executive, NHS Improvement) and Professor Sir Mike Richards (Chief inspector of hospitals, CQC) asking Boards to consider quality and finances on equal footing in their planning decisions.

Patient and public engagement on service re-locations

At its December 2015 meeting, the Board received and approved a paper which summarised the outcomes of patient and public engagement in proposals related to the disposition of a range of community services across the city. The proposals contained a number of changes and adjustments which together aimed to ensure a planned approach to the location of services. Furthermore, the changes involved the reduction to the number of locations from which some services are provided and a proposal to cease providing services in Garforth Clinic.

Having approved the proposals, the Trust has moved to implement the agreed changes. To support the changes, a programme of communication with those patients and their families who may be affected by the changes is well underway and is a combination of direct communication with patients, notices within health centre locations and coverage within the media.

Community Ventures Limited has been engaged to advise on the options for the empty Garforth Clinic; and to ensure that the Trust acts in accordance with NHS property regulations and guidance. They will ensure that once the property is fully vacated it will be secured whilst it remains in Trust ownership.

Thea Stein
Chief Executive
February 2016