Leeds Community Healthcare NHS
NHS Trust

AGENDA ITEM
2015-16
(117)

Report to: Trust Board
Date of meeting: 31 March 2016
Report title: Chief Executive's Report
Responsible Director: Chief Executive
Report author: Chief Executive
Previously considered by: n/a

EXECUTIVE SUMMARY

This report sets out the context in which the Trust works and helps to frame the Board papers. In particular, this month's report focuses on a number of developments covered in more depth by Board discussions on later items, namely:

- Service and business developments
- Winter pressures and the impact on services
- Patient safety and 'learning from mistakes'
- Staffing matters including junior doctors industrial action and actions to support equality and diversity in the workforce
- Non-executive director appointments

A further verbal update will be provided at the Board meeting.

RECOMMENDATION

The Board is recommended to:

- Note the contents of this report

Links to Strategic Objectives:	This report supports the following strategic objectives: • To provide high quality, safe services, continuously improving patient experience and measuring our success in outcomes • To work in partnership with service users, communities and stakeholders to deliver service solutions, particularly around integrated care and care closer to home • To engage and empower our workforce, ensuring we recruit, retain and develop the best staff • To become a viable and sustainable organisation with the ability to invest in the community and with a relentless focus on value for money
Links to Principal Risks:	This report sets out a context that is relevant to each of the principal risks.
NHS Constitution:	The values of the NHS Constitution underpin service provision within the organisation: • Working together for patients • Respect and dignity • Commitment to quality of care • Compassion • Improving Lives • Everyone counts
CQC Outcomes:	Outcome 4: Care and welfare of people who use services • People should get safe and appropriate care that meets their needs and supports their rights. Outcome 6: Cooperating with other providers • People should get safe and coordinated care when they move between different services. Outcome 13: Staffing • There should be enough members of staff to keep people safe and meet their health and welfare needs.
Equality and Diversity:	An equality analysis screening form has not been completed because the report does not relate to a new or revised policy, strategy, project or service.
Sustainability Implications:	N/A
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act

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1. Purpose of this report

1.1. This report sets out 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. Patient and public engagement in service re-locations

2.1. At its December 2015 meeting, the Board 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. A further update on implementation of the proposals was noted at the Board meeting held on 5 February 2016.

2.2. The City Council's Scrutiny Board (adult social services, public health and NHS) has been keen to engage with the consultation on the changes. On 16 October 2015, the proposed changes were presented to a working group of the Scrutiny Board; contributions were hears from the Trust, CCGs, Healthwatch, ward councillors and members of the working group. Notes from this meeting were shared with the Trust but no formal response from the Scrutiny Board was received by the Trust before the end of the public engagement period.

2.3. As part of ongoing engagement with the Scrutiny Board, the Trust had been invited to comment on a report produced by the Scrutiny Board in relation to the service changes. This has included a number of recommendations, including: presentation of a further report to the Scrutiny Board on actions relating to the outcome of the Trust's December 2015 conclusions on service changes; greater consideration of the potential implications of proposed changes during subsequent public engagement exercises and identification of a longer term vision for the future of community health services.

2.4. The Scrutiny Board's report is attached for Board members to view.

2.5. The Board should also note that, having approved the proposals in December 2015, the Trust has moved to implement the agreed changes.

2.6. 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

3. Leeds Health and Care Partnership Executive Group

3.1. A group has been established, under the chairmanship of Tom Riordan, Chief Executive, Leeds City Council, which brings together the chief officers of all NHS organisations (providers and commissioners) and the key directors from the City Council. This group is now acting as the steering group and governance for the development of the city's sustainability and transformation plan which sits within the wider West Yorkshire sustainability and transformation plan.

3.2. The group has a simple aim to seek ways to work together in the most integrated way possible. All partner organisations as members of the group recognise the very real gap between resources available and the growing demands places on services and so the focus is on considering how to achieve maximum efficiency and effectiveness from the 'Leeds pound'. There are There are partnership successes on which to build: the single patient care record, the city as a national leader for children's safeguarding and management of waiting times in accident and emergency care.

3.3. Success will be tested against the key superordinate goals for the Leeds care system including: providing care closer to home and making the best use of the Leeds pound.

4. Health and social care across Leeds: winter pressures

4.1. The Trust has continued to play an active role in the system resilience arrangements to ensure the continuity of services across the winter period. As spring approaches it is worth noting that:

- The Trust had secured funding for a number of schemes aimed at assisting services to be more resilient through the difficult winter months; the funding for most of these schemes however is not to be continued in 2016/17. Due to the non-recurrent nature of the funding, agency staff had been employed into these services and as a result schemes can be closed without legacy costs; however the impact to the system has been clearly articulated. Exit plans are now in train. The funding for additional therapy in care homes has been continued but is dependent on demonstration of activity over and above that detailed in the core contract – this will create a challenge for the service as the scheme has been in place for a number of years and the associated activity has therefore been included in the baseline. Work with the service is ongoing.

- In 2015/16 a number of "resilience" schemes were also funded through the Better Care Fund; again notice has been given on these schemes and exit strategies are now being prepared. The cessation of these three schemes will have a significant impact on system flow.

- At the end of February 2016, there had been a steady but significant decrease in delayed transfers of care.

- 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.

5. Patient safety: avoiding clinical risk

5.1. NHS Improvement has published its first Learning from Mistakes League Table in March 2016. The table ranks each trust alongside other providers based on scores from three key findings in the staff survey relevant to reporting and learning, namely:

- Fairness and effectiveness of procedures for reporting errors, near misses and incidents
- Staff confidence and security in reporting unsafe clinical practice
- Staff ability to contribute to improvements at work

5.2. The ranking was then adjusted for other negative indicators and then categorised as follows:

- Outstanding levels of openness and transparency
- Good levels of openness and transparency
- Significant concerns about openness and transparency
- Poor reporting culture

5.3. The Trust is ranked 150 (out of a total of 230) and has been located in the third category as having significant concerns.

5.4. The Trust is very concerned to see the Trust's ranking in this league table as the Trust is fully committed to open, transparent and safe clinical practice across all the Trust's services. The Trust had already noted the relatively low ranking in the staff survey on these key questions and had started a process to understand why this might be the case. The Executive Director of Nursing and Executive Medical Director will be leading this work and the process of understanding, action planning and change will be overseen by the Quality Committee.

5.5. In further developments, there is an indication that NHS Improvement will ask trusts to publish a *Charter on Openness and Transparency*. And, in a further step, on 7 March 2016, the CQC published a guide for trusts on establishing a *Freedom to Speak Up Guardian* to facilitate arrangements for people to feel able to raise concerns. The Trust is working through a process for appointing a *Freedom to Speak Up Guardian*.

6. Reductions in public health spending

6.1. At previous meetings, the Board has been advised of the reduction in public health spending by public health commissioners. As a community provider, this Trust has provided a range of services funded in this way for example

smoking cessation or healthy schools initiatives. The reduction in funding will reduce the Trust's ability to provide these services and to tackle these important healthcare issues.

6.2. Community providers across the country are similarly affected and the community chief executives' network has recently written to Simon Stevens, Chief Executive, NHS England and Jim Mackey, Chief Executive, NHS Improvement to express the concern felt across the community healthcare sector. The letter, which articulates the consequences for the sector and for local populations will be shared with Board members.

7. Junior doctors' industrial action

7.1. As reported previously, following a ballot of its members, the British Medical Association (BMA) announced that its junior doctor members would engage in industrial action in January and February 2016.

7.2. The BMA has now indicated three further periods of industrial action each lasting 48 hours as follows:

- 9 March 2016 to 11 March 2016
- 6 April 2016 to 8 April 2016
- 26 April 2016 to 28 April 2016

7.3. The planned action is in response to a trade dispute in respect of the proposed imposition of new terms and conditions of employment for doctors in training.

7.4. The Trust has only nine doctors in training who have been contacted to determine their intentions in order to facilitate business continuity planning. The Executive Medical Director and clinical leads coordinated business continuity plans to manage the potential for impact on services with the aim of safeguarding services to patients. Locally, discussions are held with local BMA representatives through the Joint Negotiating Committee. Luckily, the action has and will continue to have very limited impact on the provision of services.

8. Equality and diversity

8.1. At its December 2015 meeting, the Board agreed a refreshed strategic approach to matters of equality and diversity. One aspect of this related to the national workforce race equality standard. This challenges trusts to move towards a more comprehensive race equality strategy which would include an expectation to build a more diverse Board and representative senior leadership. There is under-representation of minority groups at the most senior levels in the Trust.

8.2. To broaden the engagement on this important issue, a workshop was held on 10 March 2016. The workshop was open to any member of staff from a black or minority ethnic (BME) background at pay band six or above; over 30 individuals attended the event which was facilitated by the Chief Executive

and the Patient Experience and Inclusion Manager. The Chair attended.

8.3. A number of action areas emerged from the workshop, including:

- Promoting the profile of positive role models by highlighting stories and images of success
- Establishing a supportive network of and for people from BME backgrounds
- Bespoke support and development for staff from BME backgrounds who want to develop their careers
- Creating a culture that is open and welcoming so that staff feel able to ask for support that they need
- Training and support on diversity issues and unconscious bias to front line managers
- Intervening as necessary; going out and seeing patients and clients who are racist or who harass staff.

8.4. A second meeting has been arranged for October to follow up actions.

8.5. Two workshops have been convened for staff who identify as having a disability so that views from those staff, based on experience of working for the Trust, can be heard and factored into future actions. These meetings are in May.

9. Board membership: non-executive director recruitment

9.1. At its last meeting, the Board noted that, with regret, two non-executive directors were stepping down from the Board as at 31 March 2016. Robert Lloyd and Ieuan Ellis have made considerable contributions to the Trust and will be greatly missed.

9.2. A national recruitment campaign was run in January 2016. The campaign engendered a large number of candidates from whom a strong shortlist was drawn. The Chair, Neil Franklin, led an interview process from which two impressive candidates were identified as preferred candidates.

9.3. The NHS Trust Development Authority, as the body with the role of appointing non-executive directors to NHS trusts, has now confirmed the two appointments. The successful candidates are:

- ***Richard Gladman.*** Richard works for Deloitte as a director in their consulting health leadership team. He has specialised in defining and delivering complex IT enabled change programmes within large government organisations As a leader in the Deloitte Health Technology group he has worked with several large NHS trusts. He is a CIMA qualified accountant.

- ***Elaine Taylor-Whilde.*** Elaine is an experienced clinician (physiotherapist) and senior manager with health sector experience gained over 30 years in the public, private and third sector. Elaine is currently the Chief Executive Officer of Nine Health Community Interest

Company (CIC), set up to accelerate technology uptake within health and related sectors for public and patient benefit.

9.4. Both appointees take up their roles on 1 April 2016.

10. NHS Trust Development Authority (TDA): Board compliance statements and Monitor's licence conditions

10.1. It was noted at the 5 February 2016 Board meeting that boards are no longer required to review and sign a statement about compliance in relation to Monitor's licence conditions and TDA board statements.

10.2. For completeness, the Board should note that there was one outstanding action which related to improving information about services on NHS Choices, a key website for accessing information about local health services. The information about some services provided in many sites across the city, was limited and therefore misleading. The Trust has now agreed a process with a third party provider for updating service information. Following the launch of the refreshed Trust website in April 2016, for all services provided by the Trust, the NHS Choices website will signpost back to the Trust's website. This will ensure consistency and control of information relating to services. IT is anticipated that this will be completed by the end of June 2016.

11. Establishment of NHS Improvement

11.1. This body, responsible for overseeing NHS trusts, foundation trusts and independent providers replaces the former regulatory bodies NHS Trust Development Authority and Monitor was launched in February 2016. Key priorities are around the financial and operational challenges and returning the sector to stability. Clinical expertise is at the heart of the work of the organisation.

11.2. Over the coming months NHS Improvement will publish a series of 'roadmaps' to take forward the *Five Year Forward View.*

11.3. In February 2016, *The Five Year Forward View for Mental Health* was published and sets out a new five year strategy for mental health. The five year forward look at maternity services has also been published by the National Maternity Review.

11.4. The newly-formed Board of NHS Improvement met for the first time at the end of February 2016. As part of its agenda it reviewed the performance of the provider sector and noted sustained operational and financial challenges in quarter three of 2015/16. Collectively, providers were £2.26 billion in deficit but had achieved £741 million in efficiency savings. Rising demand, especially for urgent and emergency care coupled with an increase in agency costs had adversely impacted on the sector.

11.5. In looking forward to 2016/17, the Board noted the role for providers to develop affordable patient activity plans, quality improvement plans and

workforce plans as means to returning the system to aggregate financial balance, achieving access and referral to treatment standards and sustaining quality.

11.6. Sustainability and transformation plans (STPs) are to be developed by local health and social care communities for the period 2016/17 to 2020/21. NHS Improvement is looking for these to move substantially towards the introduction of new care models. The Trust will be utilising its Board workshop in July 2016 to consider the Leeds plan.

12. EU referendum

12.1. There will be an extended purdah in the run up to the EU referendum on Thursday 23 June 2016. Purdah will begin on Friday 15 April 2016 and end once the results have been announced, which in effect means late on Friday 24 June 2016. Local council elections on 6 May 2016 will also be affected. Clearly it is not appropriate to alter Board business for the period, nor is much that concerns the Board likely to have any bearing on the outcome of the referendum or local elections

12.2. The general principles that apply in a pre-election period are:

- the NHS should remain politically impartial at all times; staff should not engage in activities which are likely to call into question the political impartiality of their organisation, or which could give rise to criticism that public resources are being used for party political purposes
- NHS business should proceed as normal with no disruption to patient services; but as issues relating to the NHS tend to be high profile, and may attract far greater scrutiny in a pre-election period than would otherwise be the case, special care is needed to avoid issues of propriety or party political controversy.

13. Recommendation

13.1. The Board is recommended to note this report.