Leeds Community Healthcare NHS
NHS Trust

AGENDA ITEM 2016-17 (40)

Meeting Trust Board 7 October 2016	**Category of paper** *(please tick)*	
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**	

Purpose of the report

This report sets out the context in which the Trust works and helps to frame the Board papers.

Main issues for consideration

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, namely:

- Recent CQC inspections of child and adolescent mental health services
- Working with primary care and partner organisations
- System pressure across Leeds
- Staff engagement and communications initiatives
- Compliance with the *well-led* governance framework
- Newly issued planning guidance

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

Recommendation

The Board is recommended to:

- Note the contents of this report

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. Child and adolescent mental health services: Care Quality Commission visits

2.1 The Care Quality Commission (CQC) has recently inspected two aspects of the Trust's services as part of its regular programme of visits and inspections.

2.2 The CQC inspected Little Woodhouse Hall the Trust's eight bedded child and adolescent mental health services (CAMHS) in-patient unit. The inspectors felt that there were some areas of concern and asked that the Trust address these matters. The areas of concern related to: compliance with guidance about mixed sex accommodation, risks associated with potential ligature points and cleanliness. All matters have been actively addressed.

2.3 The CQC inspectors also visited the CAMHS community services. The inspection team were very positive about the services and were keen to receive evidence of good practice and successful implementation of improvements; they particularly cited initiatives to reduce waiting times.

2.4 The Trust has received the reports on both of these inspections. Little Woodhouse Hall has attracted a rating of 'requires improvement'; reflecting some of the concerns mentioned above. The community services however received a rating of 'good' which was warmly welcomed by the Trust and reflects well on all members of the team.

3. Working alongside primary care

3.1 The Trust is working closely with all providers in the city on defining a model for the future delivery of 'care outside of hospital'. It was agreed at the partnership executive group that Leeds Community Healthcare NHS Trust would lead these discussions on behalf of all providers and Leeds South Clinical Commissioning Group (CCG) on behalf of all commissioners. It is planned to have an outline vision for mid-December 2016.

3.2 In particular, the Trust continues to work closely with primary care and supporting the development of the federations/networks. The Trust is hosting the West Leeds network in Stockdale House. The Trust is also working closely on back office functions; in particular the utilisation of estate between primary care and this Trust and Leeds and York Partnership NHS Foundation Trust (LYPFT) and a range of clinical and workforce priorities.

3.3 The Trust continues to work in partnership with: LYPFT on developing new models of primary mental health care; Leeds South and East CCG on a new model of care for the elderly frail; Leeds West CCG on the care homes model and Leeds North CCG for musculo-skeletal and diabetes care.

3.4 All of this work is "feeding" the development of the overall vision within which the Trust is working as a convenor and integrator.

4. Multispecialty community providers

4.1 NHS England has published (6 September 2016) *Multispecialty community provider emerging care model and contract framework* which brings together features and lessons learned from the 14 multispecialty community providers (MCP) vanguard initiatives.

4.2 The logic of the new care model is to create more efficient, joined-up pathways that focus on preventative (rather than reactive) care, with the intention of improving health, treatment and care, whilst also reducing avoidable hospital admissions.

4.3 The framework is not intended as a definitive policy, but a useful guide which provides insight into new opportunities for integration, building on the vision set out in the five year forward view. It focusses on the drive to transfer specialist care out of hospitals and into the community; bridging the gaps between primary, social care and community services.

4.4 The Trust is working closely with the emergent GP federations and the GP "super practice grouping" in North Leeds exploring the possibilities of the new framework. In line with the Trust's emergent strategy, it is clearly an important area of development and the Trust is looking closely at the issues linked to being the holder of the MCP contract at level one, two and three as outlined in the guidance.

4.5 South Leeds Federation and the CCG are particularly interested in pursuing this model and the Trust is in early discussions. It would be fair to say however that within the GP community there are wide variations in terms of their enthusiasm for taking on the new contractual form with Leeds Local Medical Committee not supportive.

5. System-wide pressures on the NHS in Leeds

5.1 Performance figures for July 2016 published on 8 September 2016 by NHS England once again revealed the continuing pressure on NHS services.

5.2 Nationally, the long-term trend is one of greater volumes of both urgent and emergency care and elective activity. Emergency admissions were up 3.8%, diagnostic tests up 6.1% and consultant-led treatment up 4.2%, while A&E attendances have seen a 4.1% rise. The figures also revealed record numbers of patients who were medically fit for discharge remaining in hospital beds. The summer is usually a quieter time for the NHS but these figures show continuing growth in activity on a year round basis.

5.3 In a more local context, the Senior Management Team has recently held a joint meeting with colleagues from other trusts to discuss the Leeds urgent and emergency care strategy for 2016/21; a key element of addressing local pressures. The session focused on:

- Prevention and proactive care
- Urgent out of hospital care and rapid response to crisis
- Targeted acute and specialist emergency care

5.4 The Trust continues to work closely with Leeds Teaching Hospitals NHS Trust (LTHT) to address current service pressures. Recently, the Trust has worked collaboratively and responded positively to pressurised situations for example when LTHT's pressures are declared as particularly onerous and REAP (resource escalation action plan) level 4 or 5 (severe or critical pressure) is declared.

5.5 During the week beginning 19 September 2016, LTHT's main laboratory information system was impacted following a middleware fault. This meant there was a significant delay in processing and accessing pathology test results. LTHT prioritised clinically urgent and emergency requests. The pathology system problems also impacted on primary and community care in Leeds. LTHT worked with organisations across the health and social care community and together contingency plans were put in place to ensure the continued provision of safe care for our patients.

6. Junior doctors' industrial action

6.1 The BMA Council has confirmed its intention not to continue with plans for three five-day stoppages scheduled to take place in October, November and December 2016. The Trust has only 10 doctors in training and whilst the immediate impact would have been limited, the Trust was participating in citywide coordination of the wider impact across the health economy through the resilience processes.

6.2 Nationally, a number of junior doctors have recently challenged (through judicial review) the introduction of the new contract for doctors in training. Whilst the claims were dismissed, the judgement does not remove the position of the dispute.

7. Junior doctors: guardian for safe working hours

7.1 A revised employment contract for junior doctors will be introduced during 2016/17. The contract establishes a guardian role as a critical appointment within trusts (with more than 10 doctors and dentists in training) to ensure monitoring, reporting and governance of safe working by junior doctors.

7.2 Staff fatigue is considered as being a hazard to both patient safety and staff and systems of organisation and governance the guardian role will provide safeguards around doctor's working hours under the new contract to ensure that this risk is effectively mitigated. The new junior doctors' terms and

conditions of service describe how the safeguards will be implemented and illustrates how the guardian will work within trusts including providing assurance to the employer and host organisation on compliance with safe working hours by the employer and the doctor.

7.3 The Senior Management Team has considered options for appointing a guardian and will be implementing these from November 2016. Alongside the appointment, consideration is to be given to reporting arrangements for reports from the guardian on safe working in the Trust.

8. Freedom to speak up guardian

8.1 In August 2016, the Board heard about the recommendations of the freedom to speak up review commissioned by the Secretary of State and chaired by Sir Robert Francis QC. The review provided independent advice and recommendations on creating a more open and honest reporting culture in the NHS. The review followed on from the public enquiry into the Mid Staffordshire NHS Foundation Trust which exposed unacceptable levels of patient care and a culture that deterred staff from raising concerns.

8.2 During the course of early 2016, the CQC and NHS England produced publications that provided more detailed guidance to trusts on implementing local arrangements to support a culture where lessons are learnt and services improved from any concerns that may be raised.

8.3 Under the auspices of the CQC, an office has been established for a national guardian; Dr Henrietta Hughes has been appointed to the role. The national guardian is to be supported by a network of local guardians.

8.4 As reported previously, trusts are expected to have plans in place to appoint local guardians. The Trust has implemented an approach to appointing a freedom to speak up guardian, comprising:

- Internal awareness raising to include information sharing with Leaders' Network, 50 voices group and Joint Negotiation and Consultation Forum
- External involvement with Healthwatch
- Local refinement of national model role specification
- Invitation of expressions of interest
- Selection and appointment from a shortlist drawn from the nominees
- Once appointed, the guardian (who will report to the Chief Executive) will need to agree objectives, monitoring and reporting arrangements, staff communications etc and participate in the national network of guardians to be established by the national guardian

8.5 The recruitment activity raised considerable interest across the Trust with expressions of interest in the role coming from a number of staff from a variety of professional backgrounds. As part of the wider engagement in the initiative the Chief Executive of Leeds Healthwatch was invited to participate in the selection process. Interviews were scheduled for Thursday 6 October 2016 (an update on the outcome may be available for the Board meeting on Friday 7 October 2016).

8.6 In addition, the Trust is to harmonise the existing whistleblowing policy with the freedom to speak up national model policy to form one policy and process.

9. 50 voices

9.1 This initiative was begun in July 2015 and brought together a group of 50 staff from across the organisation who had volunteered to be a part of the group. The group worked directly with the Chief Executive and the Director of Workforce to help shape the Trust's approach to staff engagement and involvement and to share views and opinions on topical issues. Through interactive discussions, group meetings have discussed views on how to:

- Develop better understanding of the Trust's vision
- Improve services
- Move forward in thinking about and delivering services differently
- Shape change so that it reflects understanding of the frontline
- Be a driver for change
- Be part of the solutions
- Improve communications
- Provide a voice direct to senior leaders

9.2 The first group of 50 was set up for a six months period. A new cohort of 50 took over in early 2016 and the Trust is currently 'recruiting' a third group of 50 staff to take up the challenge for the next six months.

9.3 The groups have provided essential feedback and observations. For example, the groups have been instrumental in the development of the 'creating the working life you want' initiative, the Trust's 'our 11' comprising the vision, values and magnificent behaviours and developing the 'you said, we pledge to, you can help us by….' pledges arising from the 2015 staff survey results.

9.4 More information on the 50 voices initiative and other aspects of staff engagement are contained in the update paper on the implementation of the Trust's organisational development strategy.

10. 'Hello my name is…..'

10.1 On Monday 12 September 2016, at the local conference for allied health professionals the Trust formally launched *#Hellomynameis…*The campaign was launched by the late Dr Kate Granger following her experience as a terminally ill patient when she noticed that health professionals regularly failed to introduce themselves. She introduced the #hellomynameis… campaign via Twitter and blogs, and it immediately took off.

10.2 This is a fundamental part of compassionate care but when staff are busy and stretched, sometimes this element seems to be forgotten. The message behind this is simple but can make a huge difference to how a patient feels.

10.3 Senior Management Team debated long and hard as to whether the Trust should acquire new #hellomynameis… badges for staff and an intranet based poll of staff was conducted to canvass views. Over one third of staff responded to the poll and an overwhelming majority was not supportive of buying badges which would have attracted a cost of £10,000. The senior team have endorsed this result; the message and the meaning of using the words being far more powerful.

11. 'Healthy You' day and annual general meeting

11.1 On 27 September 2016, the Trust held its annual general meeting and stakeholder engagement events at Shine in the Harehills area of the city.

11.2 The annual general meeting provides an opportunity for the organisation's Chair, Chief Executive and Executive Director of Finance and Resources to present the Trust's annual report and accounts for 2015/16 with a particular emphasis on the challenges encountered and achievements accomplished during the course of the year. There was time allocated for members of the public and staff to ask questions of the Board too.

11.3 This year the formal meeting was organised alongside two events for stakeholders. In the morning the session was open to patients, service users and carers, whilst the afternoon session was dedicated to partner organisations. The aim of each session was to gain feedback and input from participants about community health services in the city.

12. Allied Health Professions (AHP) Conference

12.1 On 12 September 2016, a conference entitled 'Our Voice Our Impact, an Allied Health Professions (AHP) Conference' took place. The event had been developed by the Trust in partnership with Leeds Beckett University. Key note speakers were: Suzanne Rastlick, Chief Health Professionals Officer and Linda Hindle, Lead for AHPs at Public Health England. The focus of the well-received conference was to celebrate achievement of local NHS and University staff and the role of AHPs in supporting strategic developments in the NHS. As a consequence, the Trust is taking the lead in building on the professional networking and aims to set up a professional forum.

13. Compliance with the well-led framework

13.1 The Trust continues to demonstrate compliance with the Well-Led Framework (established by the former NHS regulator, Monitor) which is fully aligned with the CQC's key lines of enquiry for the well-led domain. The Trust believes that by robustly assessing itself and aligning improvement against the Well-Led Framework, the Trust is also aligning itself with the requirements to achieve a 'good' CQC rating for the well-led domain.

13.2 The Trust undertook a self-assessment in September 2015 and identified six priority action areas. At the meeting in June 2016, the Board was updated on progress around one action area (learning and development). On this occasion, the good progress against the remaining action areas is reported.

13.3 ***Learning and Development:*** A centrally co-ordinated approach to analysis of training needs is being built; the new appraisal system introduced in April 2016 is more specific about identified training needs being forwarded to the OD team for collation and consideration for inclusion in the training and development programme. The mandatory training compliance grid continues to be reviewed and updated. Adults' services have a competence matrix for different posts and provide in-house training to meet these requirements. The overall approach to staff support includes coaching strategy, mindfulness training, clinical leadership events and includes the launch of the new LEAD programme. The apprenticeship approach, in alignment with other health and social care providers, in advance of the introduction of the new Apprenticeship levy in May 2017 is being developed.

13.4 ***Accountability and leadership:*** There has been significant team and leadership development support for the Neighbourhood Teams. Quality and safety boards have been set up in in-patient units and within neighbourhood teams and services with monthly reporting. Quality Challenge Plus has been rolled out across all services and peer assessments commenced. The Executive Director of Nursing and Executive Medical Director led a series of workshops to better understand the main concerns form the annual national staff survey; the results informing the Trust's action plan. The Quality Committee has reviewed the professional strategy for clinical staff. The new Quality Committee sub-structure is being embedded. And finally, the magnificent seven behaviours have been embedded within the new appraisal process.

13.5 ***Staff engagement:*** There has been a very significant investment of time and effort in developing and implementing staff engagement, recent initiatives including the BME, disability and carers' networks, refreshing leadership development offer and development of the engagement star. Senior Management Team has challenged itself as to whether there was more that could or should be done, recognising that there are pockets across the organisation where staff morale remains low. Senior Management Team concluded that more support should be given to managers in managing sickness absence and poor behaviour. It was also considered important to develop the branding of *Our Working Lives* and *How We Work* so that it is widely recognised and understood by staff and becomes a part of working lives.

13.6 ***Performance:*** Senior Management Team has considered whether issues and concerns are escalated appropriately and concluded that whilst incident reporting has improved considerably, there continues to be instances of issues not being escalated on a timely basis. It was felt that escalation through Trello is not as robust as it could be and that there is potential to learn from LTHT's escalation systems (work led by the Executive Director of

Operations). The first phase of a system to provide services with a single integrated source of all performance will go live in December. There will be and communications programme supporting the launch as it will be a transition to a self-service system of accessing information. Significant progress has been made in relation to improving data quality. The work to validate waiting lists has also been completed.

13.7 ***Risk Management:*** progress has been made to strengthen risk management and reporting. Strategic risks in the board assurance framework have been thoroughly reviewed and a framework for testing assurance developed. The risk management strategy was reviewed and an updated policy and procedure approved April 2016. Staff awareness and understanding about effective risk management is being developed through ongoing training, targeted coaching, a dedicated newsletter and content on the intranet.

13.8 ***Strategy and Planning:*** there has been good progress against several workstreams. The Quality Strategy was refreshed and approved by Board (February 2016) and there has been sustained focus on ensuring consistent reinforcement that quality is paramount and drives the Trust's strategy. Governance and reporting in relation to business developments has been significantly strengthened. Work to refresh and develop the service strategy; the work is being developed through the current planning round.

14. Sustainability and transformation plan 2016/21

14.1 In line with national planning guidance issued to all NHS organisations, the Trust, working alongside partner organisations, has been developing a sustainability and transformation plan for the local health and social care economy. It should be noted that the Leeds plan is 'nested' within a wider West Yorkshire sustainability and transformation plan(one of 44 across the country) and that current plans will continue to evolve. To meet the planning timetable, a plan was submitted at the end of June 2016 (as circulated to Board members on 4 July 2016).

14.2 All partner organisations (including NHS providers, commissioners, GP groupings, the local authority and Healthwatch) have committed to work hard to establish a shared vision for transformed health and care and to describe what the area plans, hopes and aspires to achieve for the population over a period of five years to address the three major 'gaps' faced by all health and social care economies, namely:

- **Health and wellbeing gap:** Not everyone lives the same amount of time due to a range of social, demographic and opportunity issues. There are pockets of deprivation and affluence but health inequalities persist. In Leeds, the average life expectancy varies by 10 years from the north to the south of the city. Plainly put, people are more likely to die earlier living in some areas south of the city than in the north.
- **Care and quality gap:** Variation in care and health outcomes, diagnosis and recovery rates across the city vary. There is high use of emergency care. These are some of the 'care' gaps that economies are asked to look at and to consider how they would bridge the gap.

- **Finance and efficiency gap:** Health and social care systems are required to say how they will ensure money is used collectively across health and social care over the next five years and achieve financial balance by 2020/21.

14.3 The plan describes approaches to improving health and wellbeing, improving the quality of care services and addressing the financial challenges and aims to capture both the issues facing provider organisations and the challenges facing funding organisations.

14.4 Throughout there is a consistent set of themes that lead to a vision where:

- Every place will be a healthy place, focusing on prevention and health inequalities
- Local communities will build community assets and resilience for health
- People will be supported to self-care as a standard offer
- Technology will be key to supporting people in communities
- Care will be person centred, simpler and easier to navigate
- Joined-up community place-based services across mental and physical health and social care including close working with voluntary and community sector will be the norm
- Acute needs will be met through services that are “safe sized”
- Resources are used to innovate and build a better future

14.5 The plan has developed a number of the themes reflecting the outputs from workstreams, for example:

- **Prevention, proactive care and rapid response to changing needs:** Services closer to home will be provided by integrated multidisciplinary teams working to reduce unplanned care and avoidable hospital admissions. They will improve coordination for getting people back home after a hospital stay. These teams will be rooted in neighbourhoods and communities, with co-ordination between primary, community, mental health and social care. They will need to ensure care is high quality, accessible, timely and person-centred. Providing care in the most appropriate setting will ensure the health and social care can cope with surges in demand with effective urgent and emergency care provision.
- **Efficient and effective secondary care:** This is ensuring that there are streamlined processes and only admitting to hospital care those people who need to be admitted. As described above, this needs population-based, integrated models of care, sensitive to the needs of local communities. This must be supported by better integration between physical and mental health and care provided in and out of hospital.

14.6 Underpinning all of this are three key enabling approaches:

- A new conversation with the public: empowering each patient and client individually; putting them at the heart of their care.
- Shifting resource from hospital care to community and primary care
- Thinking ‘Team Leeds’: working across organisational boundaries

14.7 The final Leeds STP will have to describe the financial and sustainability gap in Leeds; setting out the plans Leeds will be undertaking to address this and demonstrate that the proposed changes will ensure that the system is operating within likely available resources. In order to make these changes, Leeds will require national support in terms of local flexibility.

14.8 In terms of 'next steps', further development of the STPs, at both Leeds and West Yorkshire levels, and active engagement with citizens, service users, carers and staff on the right solutions to address the gaps will continue through to October. After which final STPs will be prepared for submission on 21 October 2016. Finalised versions will be made available to partner organisation's boards later on in the Autumn.

15. NHS Operational planning and contracting guidance 2017-2019

15.1 NHS England and NHS Improvement published planning guidance on 22 September 2016. This year's operational and contracting planning guidance has been released three months earlier than normal to help local organisations plan more strategically. For the first time, the planning guidance covers two financial years, to provide greater stability and support transformation. This is underpinned by a two year tariff and two year NHS standard contract.

15.2 The guidance recognises that the NHS is in transition from a service focused on individual organisations to one focused on local health and care systems. The guidance sets out helpful, but appropriately flexible, guidance on how two year operational plans interact with sustainability and transformation plans. The timetable has been brought forward to enable earlier agreement and, in summary, is as follows:

Action	Date
Planning guidance, draft NHS standard contract, national CQUIN scheme and national tariff issued	22 September
Commissioner allocations, provider control totals and sustainability and transformation fund allocations published	21 October
Sustainability and transformation plans submitted	21 October
Initial contract offers issued by commissioners	4 November
Full draft 2017/18 and 2018/19 operational plans submitted	24 November
Contracts signed and final approved 2017/18 and 2018/19 operational plans submitted	23 December

15.3 Each provider's operational plan (finance, activity and workforce assumptions) has to be consistent with the sustainability and transformation plans submitted on 21 October 2016.

15.4 The guidance gives priorities for the coming year, these are:

- Implementation of sustainability and transformation plan milestones
- Financial control totals: reconciliation of finance with activity and planned contribution to efficiency savings
- Sustainability of general practice including workforce and access
- Urgent and emergency care: access standards for A&E and ambulance waits and delivery of seven day services
- Referral to treatment and elective care standards
- Cancer care, including waiting standard, earlier diagnosis and improving one year survival rates
- Mental health access and quality including reduction in out of area
- Care for people with learning disabilities including enhanced community provision and access to health services
- Improvements in service quality

16. NHS Improvement: single oversight framework

16.1 In line with the expectation of greater collaboration between organisations locally, there will be a single NHS England and NHS Improvement oversight process. The framework, published on 13 September 2016 sets out how information will be collected (both directly and from third parties) on trusts' performance, the metrics to be used, how concerns will be identified and a model by which trusts will be categorised in one of four segments according to the scale of issues and challenge each trust faces. 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 greater autonomy and lower frequency monitoring for segment 1 to mandated support with directed improvement actions and recovery trajectories at segment 4.

16.2 To determine the segmentation, NHS Improvement will scrutinise a range of performance measures and indicators across five areas:

- Quality of care: using ratings from four of the CQC domains (safe, caring, effective and responsive)
- Finance and use of resources: including financial efficiency and progress against financial control totals
- Operational performance: reflecting existing national targets and standards including waiting, referral to treatment and response times
- Strategic change: focusing on progress in implementing strategic change
- Leadership and improvement capability

17. Recommendation

17.1 The Board is recommended to note this report.