

## Chief Executive's Report

### Public Board

26 January 2017

<b>Presented for:</b>	Information and discussion
<b>Presented by:</b>	Julian Hartley, Chief Executive
<b>Author:</b>	Julian Hartley, Chief Executive
<b>Previous Committees:</b>	NONE

<b>Trust Goals</b>	
The best for patient safety, quality and experience	✓
The best place to work	✓
A centre for excellence for research, education and innovation	✓
Seamless integrated care across organisational boundaries	✓
Financial sustainability	✓

<b>Key points</b>	
1. To provide an update on news across the Trust and the actions and activity of the Chief Executive since the last Board meeting	Discussion and information
2. To ratify the delegated authority for the appointment of consultants	Approval

## **1. Urgent care pressures**

Since the last Board meeting the Trust has been experiencing a period unprecedented urgent care pressure and our staff have been at the forefront of managing this demand. I want to recognise their outstanding efforts and commitment, ensuring that our patients receive the best possible care.

We have seen A&E attendances increase by 9% at our St James's site and 6% at our LGI site compared with last year and this has been exacerbated by diminishing capacity out of hospital in particular reductions in the number of care and nursing home beds in Leeds. In managing this demand there have been a number of unit moves at St James's to help us manage our capacity better and improve efficiency.

The minor injuries unit in the emergency department at St James's has been moved downstairs to floor -1 in Chancellor's Wings, adjacent to the physiotherapy department. St James's Medical Assessment Area (JAMAA), has moved into the old minor injuries area. The current JAMAA unit on the third floor in Chancellor's Wing will become part of J27.

This new way of working will improve the flow of patients through ED and JAMA allowing teams to assess patients promptly and more efficiently. This will help to reduce avoidable admissions to hospital and ensure that any patients who do require admission have an early treatment plan in place and are directed to the most appropriate speciality.

As an executive we have been working with our partners in the System Resilience Assurance Board to try and mitigate these pressures and ensure that the clinical risks they present are collectively owned across the Leeds Health & Care System. Along with our health and social care partners we have also written to all private care homes in the city asking them to support us during this busy time. In particular, we have asked them to be as responsive as possible in accepting discharges from our hospitals, including doing assessments as soon as possible and facilitating transfers when a patient becomes medically fit for discharge (appendix 1).

We also continue to work with our partners in the West Yorkshire Association of Acute Trusts to deliver the West Yorkshire Acceleration Zone and I have recently written to Trust CEOs seeking their support to repatriate patients in a timely way, I'm pleased to say this was well received and we are working together to ensure patient flow across our organisations.

These last few weeks I have seen just how well everyone in this organisation works together so that we can continue to provide our services for our patients during these difficult times. I am incredibly proud to work at Leeds Teaching Hospitals.

## **2. The Bilberry Unit at Wharfedale Hospital**

Access to appropriate step down care is a fundamental issue in supporting patient discharge, flow and urgent care demand in A&E. I'm therefore extremely pleased to report that we have opened the Bilberry Unit at Wharfedale Hospital which will provide 26 dedicated step down beds for patients who are awaiting ongoing care but do not need to be in hospital. This follows correspondence with our commissioners and a lot of hard work from our operational team to mobilise the unit along with our partner Villacare. I visited the unit earlier this month and it is a fantastic facility, providing a great environment and I was impressed with the efforts to make the unit as homely as possible. It should make a real difference in relieving some of the intense pressure on acute beds, and the first patients have now been transferred.

## **3. The Leeds Way the next stage - A Year of Improvement**

In March we will launch our Year of Improvement with a series of staff engagement events designed to embed our commitment to the Leeds Way, Trust vision, values and goals and help us deliver against these using the Leeds Improvement Method. Participants at the events will have an opportunity to learn the improvement tools and techniques that they need to reduce waste and

increase value for patients including a focus on waste walks and five S methodologies as part of our plan to accelerate the spread of the Leeds Improvement Method. Staff will then be supported to apply these techniques in a structured way within their CSUs over the course of the year and we will be reporting out on and celebrating the improvement work as crucial to our future sustainability.

#### **4. Nursing Associates**

Earlier this month we welcomed we welcomed 30 Nursing Associates to the Trust. Along with our healthcare and education provider partners across Leeds and Bradford, we are facilitating a pilot training programme for this new role.

This is a two-year programme where support staff can learn the clinical skills needed to develop their roles while working as part of a ward team to deliver the best possible patient care and experience. On completing the programme they will receive a Foundation degree and can apply for Band 4 Nursing Associate positions in the Trust.

Our trainee Nursing Associates will undertake placements in a number of areas across our sites while completing their studies at university. This will include Outpatients, the Emergency Departments, Critical Care, Community, Mental Health and End of Life Care. I am sure you will make them all feel very welcome during their time with you.

#### **5. Hybrid Theatre**

It is tremendous news that our Charitable Trustees have agreed to provide £3.5m funding for a hybrid theatre at Jubilee Wing, LGI. This is an important clinical facility that we have wanted for some time so we are very grateful for this incredibly generous donation.

A hybrid theatre is a combined surgical theatre and radiology suite which can work either as a conventional operating theatre or as a radiology facility with intra operative and post-operative imaging and intervention. It will give us much needed flexibility in our Jubilee theatre suite and increased capacity for plastic surgery, spinal surgery and in-patient neurosurgery. It will support simultaneous open and interventional procedures to be performed on very high risk patients seen by the Vascular team and the Major Trauma Centre.

#### **6. Visit by Baron Carter of Coles**

On Thursday the Board hosted a visit from Lord Carter to hear about the work we are doing in response to his review of NHS Productivity as well as our wider work on the Leeds Improvement Method and in the West Yorkshire Association of Acute Trusts. It was a great afternoon and I was really proud of the work that LTHT teams showcased including our progress on e-rostering, procurement, productive operating theatres and elective orthopaedics at Chapel Allerton Hospital. Lord Carter commented that the progress LTHT is at the forefront of Trusts nationally due to the progress we are making across the piece. It was also a good opportunity to update Lord Carter on our collaboration with the other acute trusts in west Yorkshire including our recently signed Committee in Common agreement and the programme of work across clinical and corporate services which will support our future sustainability.

#### **7. Consultant appointments**

I am pleased to report that I have, under delegated authority, approved the following appointments:

- Mrs Maffei - Consultant in Vascular Surgery
- Dr Scott - Consultant in Anaesthetics (ICU)
- Dr Randhawa - Consultant in Anaesthetics (ICU)
- Dr Sira - Consultant in Anaesthetics (ICU)
- Dr Aslam - Consultant in Rheumatology

- Dr Barr - Consultant in Rheumatology
- Dr Nam - Consultant in Rheumatology
- Dr Hassan - Consultant in Emergency Medicine
- Dr Boyton - Consultant in Emergency Medicine
- Dr Goody - Consultant in Clinical Oncology (UGI)
- Dr Htwe - Consultant in Acute Medicine
- Dr Tcherveniakov - Consultant in Thoracic Surgery
- Mr Drimtzias - Consultant in Paediatric Ophthalmology

## **8. Listening and learning**

I visited C1 at Chapel Allerton to hear how they have received the prestigious Level 2a status as a rehabilitation unit from the United Kingdom Rehabilitation Outcomes Collaborative. This makes us one of only 13 units in the UK offering this level of rehabilitation and this is thanks to the skill and dedication of the whole team. Well done to you all.

I met with colleagues on J11 who now have an additional nine beds following their move from J16 and I was really impressed at how well they have all adapted to this transition. I also spent some time visiting teams on J10 and J12, as well as JAMA and both of our EDs. I was able to speak to staff and patients about their experiences and, while things are difficult, it is obvious that staff are all working as hard as they can to make sure our patients are cared for with kindness, compassion and the best possible care day in day out.

I was pleased to visit the Radiology Department at Chapel Allerton, to meet staff who told me how the Leeds Way is helping the team work together to deliver safe and effective care for patients. There are huge pressures on the MSK service and like many other areas in the trust the team is seeing a continuing increase in demand.

Staff have worked innovatively and collaboratively to meet these pressures, with a strong focus on the provision of clinically effective and safe care whilst delivering an excellent patient experience. The team showed great pride in their work and told me of the solutions they have put in place, their plans for the future and how they use feedback from the Friends & Family test to boost staff morale and spread learning.

I had the privilege of joining the Chaplaincy team for part of their away day at Hinsley Hall. I enjoyed the opportunity to share my vision for the future of LTHT with this important group of staff and volunteers who, day-in day-out, really help to enhance the quality of our patients' experience. It was really good to get feedback from the service and their continuing role within the Trust.

## **9. Celebrating success**

I was really pleased to hand out the latest round of Commending Excellence in the Emergency Department (CEED) Awards at the LGI Emergency Department (ED). These awards reflect how ED staff always go that extra mile and demonstrate the values of The Leeds Way.

Many congratulations to cardiac physiologist Maria Paton who has been awarded an NIHR Clinical Doctoral Research Fellowship to research how long-term pacemaker use is related to heart muscle weakness. This is an exceptional achievement and awards like this help allied health professionals to have a career incorporating both clinical and research skills.

Well done to respiratory consultants Daniel Peckham and Tim Lee who have been awarded funding as part of the Cystic Fibrosis Clinical Trials Accelerator Platform. The award will fund a new

CF research co-ordinator who will improve access for children, young people and adults to clinical trials of breakthrough treatments for this severe and life shortening inherited condition. It is a tribute to the team's work and demonstrates that Leeds CF centre is right at the forefront of innovation in therapy for this disease.

Congratulations to Dr Agam Jung, Consultant in Neurology, who has been named Associate International Director for International Medical Graduates with the Royal College of Physicians. This is a great achievement and I am sure Dr Jung will make an impressive contribution in the role.

Well done to Roslyne Armitage, reception manager for the Leeds Sexual Health Centre - a partnership between LTHT, Leeds Community Healthcare (LCH) and MESMAC. Roslyne was nominated by a colleague for LCH's Thank You Event 2016: "Roz regularly goes the extra mile...Roz creates an atmosphere where everyone feels valued; she is an active listener and provides timely feedback to staff. In a time of change and a newly integrated service Roz is a shining light and deserves recognition for her positivity, enthusiasm and commitment."

Congratulations to Dawn Marshall who has been appointed as the new Deputy Chief Nurse to support Suzanne. This is alongside her current role as Nurse Director (Operations) and I am sure that Dawn will do a fantastic job.

I received a letter from the wife of a patient who sadly passed away and was treated on one of our stroke wards, L21. She wrote to praise all the staff on the ward and thanked them for their "professionalism, dedication and excellent care" and for showing "the highest standards of their codes of professional conduct". A huge well done to the team on L21 for this great feedback!

Congratulations to Yorkshire Cancer Centre (YCC) fundraisers and staff at Leeds Cancer Centre in reaching another fundraising milestone. YCC raised £160,000 to purchase a new NanoKnife, which offers an alternative treatment for tumours when surgery and radiotherapy are not possible. A celebratory event was held on Tuesday to thank donors for their generous contributions towards the new machine.

#### **10. Publication under the Freedom of Information Act**

This paper has been made available under the Freedom of Information Act 2000.

#### **11. Recommendation**

The Board is asked to receive this paper for information and to ratify the delegated authority for the appointment of consultants.

**Julian Hartley**  
**Chief Executive**

## **Appendix 1 Letter to Care Homes**

Date: 13 January 2017

### **Re: Care Home Proposal**

Dear Colleague,

As you may be aware Leeds is now facing increasing urgent care demand that is placing unprecedented pressure on both Leeds Teaching Hospitals and Leeds Community Healthcare services.

A&E attendances and admissions have increased recently compared to the same period last year and more frail elderly and acutely unwell patients are being admitted into hospital.

The main issue in Leeds at the moment is the difficulties in getting patients out of hospital and back into the community. We seem to see longer lengths of stay for care home patients than other groups and so are contacting all care homes in Leeds to seek your support.

As a Health and Social Care system in Leeds, we appreciate the support of our city partners of which care homes play a vital role. The purpose of this letter is to ask you to consider various actions which will make a difference to the system's ability to meet patient/residents needs at the present time.

Specifically we would like you to consider as a care home:

1. To be as responsive as possible to facilitate hospital discharge. If this requires assessment prior to returning home or a new placement, that this is undertaken as quickly as possible and that transfer is then supported in the shortest timeframe possible once the person is medically fit for discharge.
2. To consider all possible options for keeping a person in the care home before they are sent to A&E. for example:
  - a. Follow emergency care plans where these have been written by specialist nurses e.g. to help manage COPD when a persons need change
  - b. Ensure anticipatory medicines are available
  - c. Contact 111 or GP for advice first

- d. Adhered advanced care plan where individuals are indicates no further treatment and respects end of life care plan

We are asking for your help and support at this extremely difficult time. We may be seeking additional interim bed placements to alleviate hospital bed capacity whilst people are supported into long term care.

The CCG are also proposing a 'care home resilience grant' be made available until the end of February 2017. This would be a one off payment of £100 per patient discharge back to a care home (existing residents and new) to support with overtime costs or backfill. The grant would be for undertaking timely assessments within 24 hours of request and facilitating discharge next day or the day after the patient is declared fit for discharge. This may also involve accepting transfers later into the evening or at weekends. If you would be interested in taking part in this grant scheme, please email [ss.contracts@leeds.gov.uk](mailto:ss.contracts@leeds.gov.uk) and include "Resilience Grant" in the title. We will then send further details of the scheme to you.

We remain extremely grateful for your continued support to ensure the health and social care system in the city can operate as effectively and safely as possible.

Kind regards,

Nigel Gray

Cath Roff

Julian Hartley

Chief Officer, Leeds North  
Clinical Commissioning  
Group

Director Adult Social Services, Leeds  
City Council

Chief Executive, Leeds Teaching  
Hospitals Trust

