

Meeting Trust Board 3 February 2017	Category of paper <i>(please tick)</i>	
Report title Chief Executive's report	For approval	
Responsible director Chief Executive	For assurance	√
Report author Chief Executive		
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. The main features of the report are:

- Care Quality Commission inspections
- Service pressures in Leeds
- Agency staff deployment and expenditure
- Listening to staff: concerns and achievements
- The Trust's performance
- National, regional and local strategic and operational planning processes
- National reports

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

Recommendation

The Board is recommended to:

- Note the contents of this report

Chief Executive's 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. Care Quality Commission inspections

- 2.1 The Trust has been participating in a Care Quality Commission (CQC) inspection (week commencing 30 January 2017).

- 2.2 In addition to a wide 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

- 2.3 The Trust's York Street Medical Practice was inspected in the week of 20 October 2016 under the CQC's programme of inspection of primary care practices. The Trust was extremely pleased to receive a highly satisfactory report and to be assigned an 'outstanding' rating in respect of this service. The inspectors noted much excellent practice and recorded that staff were particularly motivated and inspired to offer kind and compassionate care in the context of a clear vision which had quality and safety as a top priority. The full report appears as a standalone agenda item.

- 2.4 The Trust has also been involved in a city-wide inspection led jointly by the CQC and Ofsted which looked at services for children and young people with special educational needs and disabilities. The outcome from this inspection is still awaited but the interim letter is positive and includes the following high level themes:

- Leaders across services demonstrated significant commitment in working together; improved collaboration between health and schools was noted
- Feedback from interviews with children, young people, parents and carers highlighted that those with special educational needs and/or disability were proud to be citizens of Leeds and felt involved and part of influencing their care. They believed that they were listened to and had a heard voice and influence. The majority of parents believed that their child's needs were being met.

- Progress has been made towards ensuring parents only need to ‘tell their story once’. The developing shared system between hospitals and community health providers and the local authority was positively recognised. The early stages of this work were considered promising to allow access to a better range of information about children’s care.
 - There was concern that insufficient resources and increased demand had resulted in children and young people experiencing unacceptable delays in accessing services. These challenges were noted in speech and language therapy, mental health and assessment for autism
- 2.5 At the very end of 2016, the Trust’s child and adolescent mental health services (CAMHS) were inspected in respect of their compliance with aspects of the Mental Health Act (as applicable). Again, the outcome of this inspection is awaited. In addition, in January 2017, the inpatient unit has been peer reviewed by QNIC (quality network for inpatient CAMHS); informal feedback comments on the commitment and dedication of the inpatients team and indicates positive views from patients.

3. Seasonal service pressures

- 3.1 The Trust, along with the vast majority of health service providers across the country, has and is continuing to experience severe service pressures.
- 3.2 The extreme position, that has existed since the start of the new year, arose as a result of a number of factors including high levels of patient demand on all areas of healthcare (GPs, community nursing, hospitals etc), bank and agency staff not attending for work when booked to do so and unusual levels of seasonal sickness absence amongst staff. All of this created significant pressures across all of the thirteen neighbourhood teams.
- 3.3 For the first time, the Trust declared that its services were at resource escalation action plan (REAP) level 4. This national indicator of pressures in an NHS organisation triggers specific measures to help manage services during a period of sustained and significant pressure.
- 3.4 The Trust responded well and instigated a number of contingency arrangements including optimising the deployment of permanent and temporary staff, re-allocation of work so as to make sure that all essential patient care was covered and, in some cases, restricting non-urgent referrals to defined services.
- 3.5 Throughout the period, the Trust worked collaboratively with partner organisations, particularly the acute trust and primary care.
- 3.6 On Wednesday 18 January 2017, the level of severity was de-escalated to REAP Level 3 representing moderate pressure. This is as a result of improved sickness absence levels and effective patient ‘flow’ through neighbourhood teams and community beds. Internally, the Trust continues to operate ‘as though at REAP level 4’ in order to manage the tail of the surge which is expected to be in the system for another month.

3.7 Without question, all managers and staff have worked tirelessly to cope with the demands placed upon them during January 2017 and deserve enormous praise and thanks.

4 Staff influenza vaccination campaign 2016

4.1 The Trust takes very seriously its responsibilities to safeguard the health of its patients and staff. As part of this commitment, the Trust has worked hard to maximise the uptake of staff flu vaccinations.

4.2 Public Health England has reported that, across the country, a total of 594,700 frontline care workers have been vaccinated for the flu virus so far this season.

4.3 The results, which are measured from 1 September 2016 to 31 December 2016, account for 61.8% of eligible healthcare workers in England. This is the highest figure to date both in percentage and total numbers vaccinated. These results reflect the impressive effort from trusts in encouraging as many frontline NHS staff to be vaccinated as possible in order to protect patients as well as the workforce.

4.4 Leeds Community Healthcare NHS Trust has officially topped the leader board for the most frontline staff vaccinated in a community trust. The Trust has achieved an excellent figure of 76.8% (compared to 62.9% in 2015). The figures are thanks to the heroic efforts of the Trust's infection prevention and control team.

5 Agency staff costs

5.1 One of the ways in which trusts manage variation in patient demand and shortfalls in available staff (whether due to increased service demand, staff vacancies or sickness absence) is to deploy temporary resources.

5.2 Agency workers can provide vital cover for clinical services, however, there has been increasing concern over the past year about the level of use and costs. As a consequence, NHS Improvement has put in place a set of rules, requiring trusts not to pay above set price caps and to only source agency workers from framework agencies.

5.3 NHS Improvement has also introduced a requirement for boards to complete a self-certification checklist relating to agency expenditure to ensure that plans and actions to reduce expenditure are receiving regular board consideration and challenge, supported by high quality, timely information.

5.4 The agency ceiling set by NHS Improvement for the Trust for 2016-17 is £7.25millions. As shown in the performance report, the Trust has reported year to date expenditure of £4,796,000 against the capped figure of £6,048,000.

- 5.5 To tackle the financial and quality challenge, the Trust has introduced a range of measures which includes: an escalation process whereby all requests for temporary staffing must be discussed with the on-call manager who ensures a robust evaluation of alternative options before approval, an agency review meeting held two weekly with director level presence and monthly statistics reported to the Director of Workforce.
- 5.6 NHS Improvement (North region) has now begun to produce monthly comparative data. The monthly regional agency comparison performance for the Trust, to the end of November 2016, shows that the Trust continues to perform well against the agreed ceiling for the year. The Trust is 19.4% below the agreed agency expenditure relative to ceiling measure for the year.
- 5.7 The Trust ranks 13th across the region for the agency spend vs ceiling % this is an improvement of three places from the previous month's position. The agency spend vs ceiling % ranked position is higher than the two comparable community trusts in the region Liverpool Community Health NHS Trust (ranked 18) and Bridgewater Community Healthcare NHS Foundation Trust (ranked 59). The total spend % of total staff cost rank is 58 this is a slight improvement from last month rank 59. This is a lower position than both Liverpool Community Health NHS Trust (ranked 28) and Bridgewater Community Healthcare NHS Foundation Trust (ranked 55).

6 Listening to staff: 'Ask Thea' analysis

- 6.1 In the last report, the Board was reminded about the 2016 national NHS staff survey. As part of this annual exercise, the Trust surveyed all staff to gain views on all aspects of working life. The results from the survey will not be known until 2017 (and will be reported to the Board on 31 March 2017) but, once known and analysed, the survey outcomes will continue to inform the Trust's work to engage staff in all areas of the Trust's business.
- 6.2 The Trust has worked hard during 2016 to address the key issues emerging from the 2015 staff survey and to deliver on the pledges which will be well known to Board and are displayed across the Trust. A revised approach to staff engagement was produced under the heading *Our working life* and relates to the seven behaviours *How we work*, contained in *Our 11*.
- 6.3 The Board has also been advised, in December 2016, about the appointment of a freedom to speak up guardian as part of local arrangements to support a culture where lessons are learnt and services improved from any concerns that may be raised. This is an important initiative for the Trust and provides a conduit for staff to be able to raise concerns in a 'safe' way.
- 6.4 A further means by which staff can informally raise concerns, make comments or ask questions is through the *Ask Thea* approach. This on line mechanism is accessed through the Trust's intranet (Elsie) home page and allows any member of staff to post a comment or ask a question (which may be anonymous) direct to the Chief Executive.

- 6.5 This is a well-used facility; *Ask Thea* consistently features in the top five most visited pages on the Trust's intranet site (Elsie). Between 1 April 2016 and the end of December 2016 there have been 117 questions all of which have been personally answered by the Chief Executive, maintaining a standard of answering all queries within five to ten days.
- 6.6 The table below shows a breakdown of queries against a broad range of categories. The analysis is a broad summary only and in some cases there is an overlap of issues, for example an enquiry about availability of tablet devices and whether training is available. The analysis will be repeated in August 2017.

Question theme	Questions by theme
HR processes and implementation of policies	11
Staff morale	9
Staff support/recognition	3
Communications	16
Sickness absence	5
Infection prevention and control	3
Annual or special leave	2
Training	13
Pay and expenses	12
Job security	2
Service reviews	5
Costs	5
Resources	5
Equipment	9
Safety	3
Car parking	4
IT and systems	9
CQC	1
Total	117

- 6.7 By way of illustration, here are some examples of questions posed in the three largest categories.
- 6.7.1 Communications
- The Trust's thank you awards attracted 114 nominations, a manager suggested that all nominees should receive a personal note advising them that they had been nominated by way of recognition; this was done in January 2017
 - An enquirer asked whether staff could be kept better informed about groups of staff being moved in and out of buildings
 - A clinician asked about access to smart phones as an aid to staff working in community settings; costs of upgrading are relatively low and are part of local managers' budgets

6.7.2 Training

- A busy nurse said that she felt that there was a lack of statutory and mandatory training courses available sufficiently far ahead to allow for effective planning of rotas etc; as a result of this query training slots (eg for infection prevention and control training) are now available six months ahead
- A correspondent asked whether multiple statutory and mandatory training topics could be organised as a single day's training; this is being undertaken on a bespoke basis for teams that choose this route
- A number of questions relate to straightforward enquiries about the availability of training on specific topics eg medicines administration, dementia awareness etc

6.7.3 Pay and expenses

- There were a number of questions related to travel expenses, for example queries about discrepancies between the mileage calculated by the expenses software (shortest journey) and the actual mileage travelled (quickest journey); as a result the system has been adjusted to allow flexibility of up to 10 miles
- Staff have queried the non-payment of (higher) overtime rates for staff working extra hours, particularly when the same person could receive a higher rate through an agency; currently, reflecting exceptional staff shortages, hours over fulltime are being paid at overtime rate
- The date for Christmas pay day was raised

7 Staff awards

7.1 The Trust continues to be very proud of its award-winning staff. Here are some of the recent winners

- Congratulations to Leeds Improving Access to Psychological Therapies (IAPT) service which is a finalist in the mental health category of the Medipex NHS Innovation Awards for developing a computerised system that helps therapists monitor how patients are responding to feedback. The winner will be announced on Thursday 23 March 2017.
- Congratulations to the Facilities Administration Team on achieving the Gold Standard with their 2016 involvement plan. The involvement champions have been working alongside the Trust's charity to support the *More than a Welcome* campaign and look at new ways of making staff, patients and carers feel more welcome in health centres
- The Palliative Care team have been shortlisted in the collaborative working category for the LTHT Time to Shine awards. The *Rapid Discharge Plan (RDP) for Urgent Care - Supporting Dying patients to achieve their preferred place of care* nomination involves the work of some of our neighbourhood palliative care leads – a great example of partnership working.
- The Leeds Dying Matters partnership, in which the Palliative Care Team is involved, has won an award for best collaboration at Comms2Point0 awards ceremony this week. The panel was very complimentary about the breadth of membership in the partnership and also about the range of activities for the campaign.

- Congratulations to podiatry colleagues for winning the Yorkshire Evening Post Best of Health Community Health Award for the *Walking on Air* initiative which helps to provide foot care to homeless and destitute people in Leeds. Funded by the Trust's charity, service users at York Street Health Centre and charities including St George's Crypt were given essential early treatment, basic education on foot care as well as kits including soap, socks and clippers.
- The Duty and Advice Team at Westgate (which includes safeguarding nurses, social workers, administration staff and police) were delighted to have their good work recognised by winning the Team Achievement of the Year at the Awards for Excellence at Leeds City Council. The team receive referrals from professionals and the public where children are at risk of harm and investigate the referrals and decide upon the most appropriate support or action.

8 Performance and finance overview 2016/17

- 8.1 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.
- 8.2 From a quality perspective, the following remain the main areas of focus and are covered in more detail in the performance report:
- A focus on reducing the incidence of avoidable pressure ulcers and falls. This month there has been progress in relation to the incidence of avoidable pressure ulcers and falls with harm.
 - On-going work in relation to incident reporting. The data demonstrates progress. Progress also continues in relation to the timely closure of incidents.
 - Further work is required to ensure that the data and recording of duty of candour reporting matches the practice of staff.
- 8.3 The Trust continues to perform very well in respect of all of its responsive indicators. There is continued good performance against all statutory and non-statutory waiting times. For example, IAPT waiting times are above national targets. The Trust as a whole is currently reporting activity levels within 5% of profile.
- 8.4 A number of workforce related indicators remain a concern. Sickness absence (6.3%) and staff turnover (15.7%) are subject to particular scrutiny; further detail is contained in the performance report.
- 8.5 The finance measures remain satisfactory. The Trust is £53,000 ahead of the planned surplus at the end of December 2016. The Trust is confident of delivering the planned surplus of £2.86m control total. The use of resources risk rating (1) represents the lowest risk position.

- 8.6 NHS England and NHS Improvement have developed a single oversight framework for trusts. Information is collected (both directly and from third parties) on trusts' performance, against a range of metrics. Trusts are then 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 Trust has been categorised as category 2; this is the same category as Leeds Teaching Hospitals NHS Trust and Leeds and York Partnership NHS Foundation Trust.

9 Operational planning 2017/18 and beyond

- 9.1 NHS England and NHS Improvement published planning guidance (*NHS Operational Planning and Contracting Guidance for 2017-2019*) in September 2016.
- 9.2 The planning and contracting timetable had been brought forward to enable earlier agreement and the first draft 2017/18 and 2018/19 operational plan was submitted on Thursday 24 November 2016. Following Board discussion on Friday 2 December 2016, a further iteration of the plan was submitted on Friday 23 December 2016; submission was approved by the Chair and Chief Executive as an urgent decision exercised under the provisions of the Trust's standing orders (section 5.2).
- 9.3 The Trust was also able to meet the requirement to sign two year contracts with commissioners by Friday 23 December 2016.
- 9.4 The Board will receive a further version of the operational plan at its meeting on Friday 31 March 2017, at which time it will be asked to approve the plan, objectives and budgets for the coming year.

10 Sustainability and transformation planning

- 10.1 The development of the Trust's operational planning for 2017/18 and 2018/19 required the Trust to review its strategic direction to ensure alignment with the sustainability and transformation plan (STP) for West Yorkshire and Harrogate 2016/21.
- 10.2 The STP for West Yorkshire and Harrogate is one of 44 across the country which describes how local services will evolve and become sustainable over the next five years. The aim being to achieve the *Five Year Forward View (2014)* vision of better health, better patient care and improved NHS efficiency. Health and care organisations have worked together to develop STPs which will help drive sustainable transformation in patient experience and health outcomes in the longer term.

- 10.3 The STP sets out nine priorities which will benefit from collaborative work across the wider area. These are: prevention and early intervention, primary and community services, mental health, stroke, cancer, urgent and emergency care, specialised services, hospitals working together and standardisation of commissioning policies. Underpinning all these are a number of key enabling workstreams.
- 10.4 Simon Stevens (Chief Executive, NHS England) and Jim Mackey (Chief Executive, NHS Improvement) wrote to providers on 12 December 2016 outlining the approach being taken in terms of next steps for STPs.
- 10.5 The letter emphasises the importance for each health community to move from proposals (current position) to plans (through the contracting round and other formal engagement and consultation mechanisms) to implementation partnerships. The letter refers to a range of evolving approaches to collective leadership and shared decision-making supplementing the ongoing role of individual boards; it is clear that there is to be a variety of approaches and pace of change.

11 Learning candour and accountability: CQC report into patient deaths

- 11.1 The Care Quality Commission has published a report following a national review of the quality of investigation processes led by NHS trusts into patient deaths. The quality regulator raised significant concerns about the processes undertaken by many trusts and the failure to prioritise learning from deaths so that action can be taken to improve care for future patients and their families.
- 11.2 The review focused on five key areas:
- involvement of families and carers
 - identification and reporting
 - decision to review or investigate
 - reviews and investigations
 - governance
 - learning
- 11.3 The report, which provides an insight into system-wide and local challenges to effective investigations, greater candour, transparency and learning from deaths across the NHS, made a series of recommendations and identified the need for improvement in a number of areas, including:
- reporting requirements on a standardised set of information to be collected and published quarterly by providers on all deaths and serious incidents
 - working to a single framework for identifying, reporting, investigating and learning from deaths in care ensuring that investigations of deaths are thorough to avoid missing opportunities to improve care and genuinely involving of families and carers
 - identification of a board member as a patient safety director to take responsibility for this agenda and a non-executive director to take oversight

11.4 The Trust already has a mortality surveillance group (a sub-group of the Quality Committee) which reviews deaths in the Trust and extrapolates any learning from the reviews undertaken. The Executive Medical Director is the lead executive director for the Trust.

12 CQC consultation on the next phase of its regulatory approach

12.1 The CQC is currently consulting on the next phase of its regulatory approach, following the near completion of its comprehensive inspection programme. The proposals put forward in this consultation build on the CQC's five-year strategy for 2016-21. The consultation describes how the CQC intends to move to smaller and more targeted inspections.

12.2 From April 2017, the CQC intends to carry out annual inspections of at least one core service for each NHS trust. The core services inspected will be chosen based on previous inspection ratings, as well as wider intelligence that points to either risk or improvement in the quality of care provided. The consultation also proposes a set of principles that will inform how the regulator will adapt its approach in response to emerging new care models and complex providers.

12.3 The CQC and NHS Improvement are also jointly consulting on their approach to leadership and use of resources by NHS trusts. Under the proposals in this consultation, NHS Improvement will lead on an annual use of resources assessment to determine how effectively providers are using their resources to deliver high quality, safe and efficient care for patients, which would then inform a rating by the CQC. The proposed approach to carrying out use of resources assessments will initially be introduced for acute trusts only.

12.4 In addition, the two regulators have developed a new joint well-led framework, building on the framework currently used by the CQC to assess and rate trusts on the extent to which they are well-led. The consultation sets out views on the structure and content of the new framework and also how the CQC and NHS Improvement will make use of the well-led framework in their regulatory and oversight activities.

13 National strategy for allied health professionals (AHPs)

13.1 On Wednesday 17 January 2017, Suzanne Rastrick, NHS England's Chief Allied Health Professions Officer launched AHPs into Action. This is NHS England's strategy for AHPs from 2016/17 to 2020/21.

13.2 The strategy has been developed through crowdsourcing over 16,000 contributions some of which will have been from this Trust's staff. The strategy recognises the diversity of the AHP offer. The document is aimed at leaders and decision makers 'to inform them about how AHPs can be best utilised to support future health, care and wellbeing service delivery.' It describes the 'impact of efficient and effective use of AHPs for people and populations, commitment to the way services are delivered and priorities to meet the challenges of changing care needs.'

13.3 The document is in two parts. Part one describes the impact AHPs can have and part two gives a framework to use when developing or planning services. There are around 53 separate examples of where AHPs have been used innovatively to address a problem.

13.4 Much of the content of the strategy aligns well with the Trust's professional strategy for clinical staff which was approved by the Board in October 2016.

14 Recommendation

14.1 The Board is recommended to:

- Note the contents of this report