

Public Document Pack

Supplementary information for Scrutiny Board (Health and Well-being and Adult Social Care) on 21 March 2014

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Consultation on Leeds Teaching Hospitals NHS Trust Five Year Strategy

Healthwatch Leeds has received comments from a number of volunteers about the content of the 5 year strategy. The observations are condensed below. Healthwatch Leeds has also passed on several comments directly to LTHT in relation to the spelling, layout, jargon etc that we received from volunteers.

<p>Goal 1: Patients The best for patient safety, quality and experience</p>
<p>Healthwatch Leeds: Is there a need to engage with local voluntary bodies (such as Healthwatch Leeds) to act upon their findings if and when appropriate? Organisations such as Carers Leeds should be working in close partnership with the Trust, especially around issues with discharge and respite – could this be recognised in the Strategy?</p>
<p><i>‘Ensuring the basics, like privacy and dignity and patient information are of the highest possible standard’ – LTHT 5 Year Strategy</i> Healthwatch Leeds:</p> <ul style="list-style-type: none"> • Further work is needed to make LTHT documents for patients more accessible. Eg in this document the language level is too high with long complex sentences, jargon and management speak. Font size and colour needs to be addressed as well. <p>Healthwatch Leeds has evidence that access for all, including Deaf/hard of hearing, blind/partially sighted, people for whom English is not their first language, people with learning disabilities etc. is an issue at GP practices and fear that there may be similar issues within LTHT. Doe the Trust aim to work with organisations such as Leeds Deaf Forum to develop this? The strategy needs to recognise and address this issue.</p> <ul style="list-style-type: none"> • Dignity and safety is paramount. It was felt that most nurses would agree that one of the motivations of training as nurses was caring which means spending a reasonable amount of time with patients. It seems that caring has recently been overtaken by paperwork, which means time away from patients. This may compromise patient safety and dignity. Documentation and record keeping is important, but something needs to be done to ensure it doesn’t supersede safety and dignity. Could something be done to address duplication of documents or a consolidation of documents into one or fewer?
<p>Healthwatch Leeds: Truly open reporting is encouraged (both at individual and hospital level), even if the reports highlight poor practice. Although carelessness and human error does happen, poor work processes and system errors play a large role in mistakes being made. Blaming individuals could promote discouragement to challenge bad practices. Proper auditing and quality management is recommended to reduce errors and promote safety. Those who challenge bad practice at any level should be supported.</p>

Goal 1: Patients

The best for patient safety, quality and experience

Healthwatch Leeds:

Improving the way the Trust handle patients complaints – there is a promise to respond within two weeks. Healthwatch Leeds has found during recent hospital surveys that a large amount of respondents (over 300 people) didn't know how to feedback or complain. People found it to be a complicated process – for example what PALS was, who to complain to, how and who to give general feedback to and where to get this information. We also found there to be differences between wards and departments on what information was provided. People also told us that often they don't want to complain or offer feedback when in hospital as they fear that this might affect the care they receive.

There also appears to be no concept of how complaints influence changes in the service. We feel that the complaints system needs to be simplified and the clear process made available to all patients and their carers/families. Using patient feedback/complaint information to improve service is of high importance and this needs to be addressed in the strategy.

Healthwatch Leeds:

Is pleased to see the commitment to the “hello my name is” and is pleased to report on recent visits to a Children's ward that this seems to be working.

Healthwatch Leeds:

There doesn't appear to be any inclusion of administration, particularly of the appointment system and its operational standards. Healthwatch Leeds has received feedback on a number of difficulties with appointments and systems including difficulties getting through on the phone, no person centred appointment system - people with physical disabilities not being able to access touch screens, Deaf/hard of hearing people unable to respond when names are called out, partially sighted people not being able to see names on screen.

Goal 2: Our People

The best place to work

Healthwatch Leeds:

To feel like and work as a team you should be colleagues – not management and staff which may create a “them and us” culture. Patient Centred Training for all staff could bridge this potential gap.

Healthwatch Leeds:

Patients should be at the centre of all decisions and they should be able to contribute to and influence discussions about Leeds Teaching Hospital Trust through sharing their views and experiences of these services at both policy and service development levels and to influence policies and procedures in a constructive manner.

It would be beneficial for the Trust to recognise the importance of patient and public involvement and co-operate with the increasing number of volunteers who work in a variety of settings and appreciate their need for training.

Goal 2: Our People

The best place to work

Healthwatch Leeds:

Flexible working for those who wish to do so has not been addressed – staff with families may prefer flexible working. This could reduce stress which leads to increased staff absence and sickness levels.

Healthwatch Leeds:

There is no mention of Bank Staff (particularly Bank Care Support Workers) and the training that is provided to them to ensure that they are of the same high standard as permanent staff.

Goal 3: Research, Education and Innovation

A specialist provider and centre of excellence for research, education and innovation

Healthwatch Leeds:

Patient involvement and patient feedback is an integral part in research, education and innovation – the strategy doesn't give details on how patient involvement will be used to achieve this goal.

Healthwatch Leeds:

Research and education are vital. 'BIG data' is important but it must be clear to patients that they can choose to participate or not.

Healthwatch Leeds:

There is a need to encourage patients to feedback longer term. For many conditions there are changes following discharge that the patient does not feedback about but learns strategies to manage. Capturing those strategies could help other patients.

'Our clinical leaders will describe which specialities we pursue in the future in full knowledge of which services are financially viable and our clinical outcomes in each speciality. This will be described in the clinical services strategy and supported in the estates strategy. These plans will be developed in discussion with our partners, stakeholders and wider patients and public, as appropriate' – LTHT 5 Year Strategy

Healthwatch Leeds:

In saying this, the strategy falls short of providing an assurance that what funds are available for investment will be invested in the development of specialisms that will be of greatest benefit to the local/regional population that the Trust is there to serve and that investment in other specialist areas will only be undertaken where they are self-funding or where they present a compelling financial case.

Goal 4: Integrated Care

Seamless integrated care across organisational boundaries

Healthwatch Leeds:

The Strategy states that to be truly patient-centred LTHT must organise their care around patients in an integrated way. There is nothing in the strategy about how the Trust will involve patients in their own care provision and how patients will influence this.

<p>Goal 4: Integrated Care</p>
<p>Seamless integrated care across organisational boundaries</p>
<p>Healthwatch Leeds: Some aspects are not addressed to ensure that the pathway at discharge is smooth;</p> <p>a) Discharge – two main areas that are consistently brought to our attention are medication and care provision at home:</p> <ul style="list-style-type: none"> • Patients medication can take too long in the hospital pharmacy forcing them to wait until late evening before they can go home. • Integrated Social Care provision is often not in place when a patient is ready to be discharged home, causing longer stays in hospital/bed-blocking. <p>The Strategy needs to be clear on how these specific issues will be addressed.</p> <p>b) Partnership Working - Pleased that this as an integral part of the Trusts strategy as pooling resources together to reduce wastage and duplication of services is beneficial to all. There are challenges though;</p> <ul style="list-style-type: none"> • Partnership training should be recommended to promote interpersonal relationships and working practices between different organisations and professionals. Clearly defined roles and responsibilities in each organisation would be beneficial. <p>c) Reduce unnecessary hospital admissions;</p> <ul style="list-style-type: none"> • Invest more in telecare services for the elderly and those with long term conditions to monitor them at home. • Telecare centres to respond to patients through support and reassurance while at home via telecare equipment.
<p>Healthwatch Leeds: Reduction in Admissions of the Frail and Elderly – Reduction in admissions through outreach care by other organisations will save costs to the Trust but will incur costs elsewhere in the system. There is no indication as to what funding is available for this extra outreach provision, suggesting that it will not be appropriately funded and that the standard of care for the frail and elderly will decline. The proposals for the transfer of this type of care, including the sufficiently of funding, should be subject to external scrutiny (not simply consultation) before the changes are made.</p>

<p>Goal 5: Finance</p>
<p>Financial Sustainability</p>
<p>All other goals depend on this. Efficiency savings could result from making systems such as those for appointments, clinics and management of records more efficient and robust.</p>

Goal 5: Finance

Financial Sustainability

Investment in staffing levels – The strategy implies that this involves developing resource plans that will avoid the need to incur the premium costs of agency staff to fill gaps. This should have a positive cost benefit but will only improve quality if the staffing is increased above the current levels. If the savings on agency fees/premium rates are to be invested in increasing total staff hours on the wards then the strategy should be more explicit in stating this, otherwise it should not claim quality benefits such as “enabling nurses to spend more time with patients” as this might not be the case.

In the face of the statement that “Leeds Teaching Hospitals Trust is not currently financially sustainable..” there are two key areas where the initiatives proposed within the strategy seem to be at odds with the financial imperative to make early savings so as to achieve sustainability, these are:

- We want to create a single personal patient record that contains all your images, scans, data and your genome so that information is ready for any medic you choose to treat you with all the facts at their finger-tips
- We are clear that unless we invest immediately in more nursing staff, improved processes, the best researchers, managers and infrastructure, we will not bring about the steep change we need in the quality of patient care we offer.

These initiatives will require significant investment and involve a significant degree of risk, particularly those involving the development of IT solutions. It is not clear from the strategy how these can be afforded in the current climate. The strategy sets up an expectation that they will be delivered but does not provide any insight as to how they might be funded nor how they might be managed to a successful conclusion when other projects of this nature have notoriously failed to be completed within budget or to deliver the benefits required.

Healthwatch Leeds would welcome input at an earlier stage in the future to be able to give a wider range of the Leeds population an opportunity to contribute and influence the Strategy or other similar documents.

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21 MARCH 2014

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12 March 2014

BY POST AND EMAIL

Mr Julian Hartley
Chief Executive
Leeds Teaching Hospitals NHS Trust
St James's University Hospital
Beckett Street
Leeds LS9 7TF

Dear Mr Hartley

Re: LTHT five-year strategy

On behalf of Leeds Local Medical Committee, the professional body which represents all GPs in the area, I am writing to respond to the consultation regarding LTHT's new five-year strategy document. I appreciate that the preferred feedback method is via the website but although I have made several attempts to respond online, the site continually crashes.

In this response the LMC has focused its comments primarily on Goal 4: Integrated Care and we would draw your attention to the following points:

1. The strategy document notes that many patients do not need to be in hospital and there is a requirement to reduce admissions and re-admissions. The LMC agrees with this view but we must point out that many patients are now being discharged without proper care being in place. For example, patients are being sent home without arrangements for appropriate anticoagulant monitoring in the community and there is a lack of thought regarding social care issues. Also, GPs have frequent experience of patients being discharged without complete investigation of their problem, often caused by sub-specialists just focusing on their area and then passing the patient back to the GP without any attempt to resolve the problem. Specialists should attempt to follow up investigations they have initiated.
2. Integrated care must start in the way specialists break down silo working in hospital. Closer collaboration between all clinicians is essential, if integrated care is to become a reality, and the LMC believes there is a need for a smoother referral process between specialities within secondary care.
3. The strategy document refers to 'good links to your GP' and we question what this means in reality and is it a two-way relationship? The LMC believes there is a need for better links in shared care with the ability for a far quicker response for advice or intervention from consultants, when GPs need help. In addition communication to GPs needs to be quicker and often with more clarity.
4. We note the references to providing better care closer to home and the right aftercare, particularly for elderly patients and those with long-term conditions, and the LMC supports this approach. However this will require appropriate funding and a step change in resources.

5. The strategy document refers to expanding LTHT's specialist portfolio but this cannot be at the expense of providing a high standard – and cost effective – secondary care service for Leeds residents.
6. We note that key deliverables include reducing urgent admissions for frail elderly patients and those with long term conditions by up to 20% but we question how this will be achieved. Will consultants be truly integrated with practices and be available and willing to visit patients in care homes or do more clinics in surgeries alongside GPs? Will LTHT support local GP-led service development? Practices developing or considering developing community based services want to work in collaboration with LTHT specialists but often find this difficult to achieve. Practices have reported that they cannot get agreement for consultants from LTHT to work with their AQP service. How will LTHT deal with the perceptions that they are blocking competing services?
7. With reference to treatment and community based services, what does this mean? Will elderly patients expect less of a service, being less likely to be admitted and/or investigated? If LTHT struggles for beds now, how will it cope with fewer beds in the future?
8. We note the plan to implement the Leeds Care Record programme and Leeds LMC supports the use of electronic records which could be accessed by both primary and secondary care. However we have concerns about the issue of consent and lack of appropriate communication with patients about this project.
9. With regard to Goal 5: Finance, we note that LTHT needs to ensure that they are paid correctly for the work they do. Does this mean that LTHT expects more funding for current activity and if so, what impact will this have on CCG budgets?

I trust that you will find our comments helpful. I would emphasise that Leeds LMC supports the development of more integrated care, closer to home, but the services must be adequately resourced and, crucially, GPs should be involved and engaged with the process from the outset. It is disappointing to note that the LMC was not formally consulted about this strategy document, prior to the matter being brought to our attention at a recent LMC committee meeting, and we are concerned that this does not bode well for future partnership working.

Leeds LMC believes that strong professional relationships and good communication between primary and secondary care colleagues will be essential in developing an integrated care approach which can benefit all our patients and make the best possible use of available funding.

Please acknowledge safe receipt of this response.

Yours sincerely



DR RAJ SATHIYASEELAN
Medical Secretary

cc: Dr Yvette Oade, Chief Medical Officer, LTHT

**Labour Councillor Lisa
Mulherin, Executive Member for
Health & Wellbeing**

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Your ref

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Date 14th March 2014

Strategy Consultation
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Dear Julian,

Thank you for this opportunity to respond to the consultation on Leeds Teaching Hospitals NHS Trust 5 Year Strategy.

The strategy clearly sets out the intentions of the Trust to firstly face the huge demographic pressures and financial challenges that are ahead, but also to be ambitious about leading the way to be the best in integrated and specialist care. We are strong supporters of these ambitions and the key contribution that the Trust makes to the health and wellbeing of people in Leeds and the region.

As the strategy identifies, strong partnership working is crucial to better integrated care and the way in which Leadership at the Trust has embraced partnership working in Leeds is to be applauded.

This response is part of our ongoing dialogue and the successful joint working that already occurs and will continue to grow over the course of the next five years. Our partnership work as Leeds City Council, the Hospital Trust and the wider health and social care economy in the city are all interdependent of one another as we work to be the Best City for Health and Wellbeing.

We strongly support the principle that hospital services should be developed in a way that enables care to be provided closer to home. As part of achieving this, our partnership work must build up resilience in community services for healthy and sustainable communities, which we would like to see mentioned in this strategy. We believe that this is important for the financial sustainability of the Trust and also of the health and social care economy in Leeds as a whole.

We are also in strong support of the aim to secure and develop the Trust's future as a leading specialist centre in the UK. A thriving specialist centre is very important for the success of the city and for the healthcare of people across the region.

The intentions of the strategy to deliver high quality and safe care that leads to the best outcomes for patients are positive and we consider them to be crucially

important. We welcome the commitment to improve the standard of nursing in this respect and to get the basics (e.g. cleaning) right. In addition, the focus on innovation is welcome and fits in well with the bold plans that Leeds has as a city for innovation in health and social care. We would like to see these intentions around quality, safety and innovation strengthened as much as possible, and applied to Leeds as a whole, in addition to the Trust.

Given the Trust's significance as the second largest employer in the city after Leeds City Council, we warmly welcome your commitment to improve access routes for local people into jobs, mentoring opportunities and the number of apprentices with the Trust. This will have a positive impact on jobs and skills in the city. The development of the health and social care workforce in organisations across the city has been identified as a priority for a sustainable system in the future. It is important that our plans for the future workforce are made together with joint aims to create a multi-skilled and flexible workforce across the health and social care system in Leeds. We are committed to delivering 24/7 working and will work with you to support this.

We are also pleased to see references made to the Joint Health and Wellbeing Strategy, the Pioneers programme, the Leeds Innovation Health Hub and the Transformation Programme with commitments to partnership working. Wherever possible, we would like to see this strategy make connections to the five outcomes in the Joint Health and Wellbeing Strategy and be more rooted in ambitions for Leeds as a whole.

The health and social care system in Leeds has a huge challenge over the next five years to provide excellent, safe and financially sustainable care. A reconfiguration of services and a focus of improving community resilience and the wider determinants of health will be crucial to making this happen. We look forward to working together to enable the Leeds Teaching Hospitals to be the best in specialist and integrated care and Leeds to be the Best City for Health and Wellbeing. We expect that your strategy and this response will be a part of the ongoing positive dialogue and planning between health partners across the city to deliver the best outcomes for the children, young people and adults of Leeds.

Yours sincerely,



Cllr Lisa Mulherin,
Executive Member for Health & Wellbeing,
Leeds City Council



Tom Riordan,
Chief Executive, Leeds City Council



Leeds Teaching Hospitals NHS Trust

The NHS Trust Development Authority (TDA) currently rates the Trust as having material concerns and there are a number of issues which need to be resolved before the Trust can progress to Foundation Trust status.

The Trust has recently appointed a number of new members to the executive team with Julian Hartley, the new Chief Executive, appointed in October 2013. Given that stability of the management of the Trust is a factor in the consideration for FT status the integration of the new executive team is an important aspect.

The Trust's financial position is also required to be stable with the Trust currently predicting a deficit for 2014/15.

In addition sustainable delivery of all access targets is required in particular Referral to Treatment and Cancer Access Targets with infection control measures around C-Difficile also requiring attention.

On the 17th March the Chief Inspector of Hospitals is due to inspect the Trust. A successful outcome to this is required for the NHS TDA Board to progress a Foundation Trust application with Monitor.

Leeds Community Healthcare NHS Trust

The NHS TDA currently considers the Trust capable of proceeding to the final stages of becoming a Foundation Trust . A date is still awaited for the Chief Inspector of Hospitals inspection , sometime in 2014. If this is successful, the NHS TDA Board will then consider whether to agree its application to the FT regulator Monitor.

The Trust is at present in the process of appointing a new chief executive following the departure of Rob Webster to the NHS Confederation. Given that stability of the management of the Trust is a factor in the consideration for FT status, completion of the appointments process will be a positive development .

The Trust's financial position is expected to be stable also – with its outturn at year end reckoned to be on plan.

In November 2013 the Care Quality Commission issued an improvement notice for the South Leeds Independence Centre – care and welfare actions are due for completion this month as a result.

March 2014

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