



SCRUTINY BOARD (HEALTH AND WELL-BEING AND ADULT SOCIAL CARE)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Friday, 21st March, 2014 at 11.30 am

(A pre-meeting will take place for ALL Members of the Board at 11.00 a.m.)

MEMBERSHIP

Councillors

G Hussain - Roundhay;
J Walker - Headingley;
C Fox - Adel and Wharfedale;
K Bruce - Rothwell;
J Illingworth (Chair) - Kirkstall;
S Varley - Morley South;
J Lewis - Kippax and Methley;
E Taylor - Chapel Allerton;
C Towler - Hyde Park and Woodhouse;
S Lay - Otley and Yeadon;
N Buckley - Alwoodley;

Please note: Certain or all items on this agenda may be recorded

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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND THE PUBLIC</p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:</p> <p>No exempt items have been identified on this agenda.</p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p>DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS</p> <p>To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.</p>	
5			<p>APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES</p> <p>To receive any apologies for absence and notification of substitutes.</p>	
6			<p>MINUTES - 28 FEBRUARY 2014</p> <p>To confirm as a correct record, the minutes of the meeting held on 28 February 2014.</p>	1 - 8
7			<p>LEEDS TEACHING HOSPITALS NHS TRUST - DRAFT 5-YEAR STRATEGY</p> <p>To consider a report from the Head of Scrutiny and Member Development presenting an opportunity for the Scrutiny Board to comment on the draft 5-year strategy for Leeds Teaching Hospitals NHS Trust (LTHT).</p>	9 - 32
8			<p>ASPIRING NHS FOUNDATION TRUSTS - LEEDS TEACHING HOSPITALS NHS TRUST PROGRESS UPDATE</p> <p>To consider a report from the Head of Scrutiny and Member Development presenting an update on the progress of Leeds Teaching Hospitals NHS Trust (LTHT) towards achieving Foundation Trust status.</p>	33 - 38

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			<p>DATE AND TIME OF THE NEXT MEETING</p> <p>Friday, 28 March 2014 at 10.00am (Pre-meeting for all Board Members at 9.30am)</p> <p>THIRD PARTY RECORDING</p> <p>Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda.</p> <p>Use of Recordings by Third Parties– code of practice</p> <ul style="list-style-type: none"> a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete. 	

Agenda Item 6

SCRUTINY BOARD (HEALTH AND WELL-BEING AND ADULT SOCIAL CARE)

FRIDAY, 28TH FEBRUARY, 2014

PRESENT: Councillor J Illingworth in the Chair

Councillors G Hussain, J Walker, C Fox,
K Bruce, S Varley, E Taylor, N Buckley,
M Ingham and C Macniven

89 Chair's Opening Remarks

The Chair opened the meeting and welcomed everyone in attendance.

90 Late Items

In accordance with his powers under Section 100B(4)(b) of the Local Government Act 1972, the Chair agreed to accept the following late and supplementary information for consideration at the meeting:

- Leeds and York Partnership Foundation Trust (LYPFT) – Care Quality Commission Inspection Reports – LYPFT agreed action plan (minute 95 refers)
- Review of Home Care Services in Leeds – supplementary agenda papers (minute 98 refers)

The above documents were not available at the time of the agenda despatch, but had been made available to the public at the meeting. Copies of the papers would also be available on the Council's website.

91 Declaration of Disclosable Pecuniary Interests

There were no disclosable pecuniary interests declared to the meeting.

92 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted by Councillor S Lay, J Lewis and C Towler. Notification had been received that Councillor C MacNiven was substituting for Councillor C Towler and Councillor M Ingham for Councillor J Lewis.

93 Minutes - 29 January 2014

RESOLVED – That the minutes of the meeting held on 29 January 2014 be approved as a correct record.

94 Shakespeare Medical Centre - Update on the provision of General Practice and Walk-in Services

Following the Board meeting on 29 January 2014, the Head of Scrutiny and Member Development submitted a further report detailing the outcome of the discussion relating to the provision of GP and Walk-in services at Shakespeare Medical Practice and the decision of Care UK not to enter into an extended agreement for the continuing provision of services.

The following representative was in attendance to provide a verbal update to the Scrutiny Board and help members consider the information presented:

- Nigel Gray (Chief Officer – Leeds North Clinical Commissioning Group)

In addressing the Scrutiny Board, the following points were made:

- A brief reminder of the previous discussion in January 2014.
- Confirmation that following a procurement process, Malling Health had been identified as the preferred provider.
- The new service would become effective from 3 March 2014 and would offer the same services previously available, over the same opening hours.
- Assurance that patients would access the service in the same way as the previous arrangements, using the same telephone number.
- Around 75% of the previous staffing establishment would transfer to the new provider.
- Assurance regarding staffing arrangements with staff rotas already in place until mid-April 2014.
- Confirmation that the previous Key Performance Indicators (KPIs) would be applied to the new provider.

The Scrutiny Board discussed the report and information highlighted at the meeting. A number of matters were raised, including:

- The notice of termination provided by the previous service provider.
- Confirmation of a 14-month contract period for the new provider.
- Performance monitoring arrangements and the relationship with the Urgent Care Review being undertaken across the City.
- Staff involvement / reaction to the new arrangements. It was reported there had been a positive staff reaction to the new provider.
- Confirmation that local ward members had been updated on developments.

The Chair thanked the Chief Officer for the update and assurances provided at the meeting and reiterated the Scrutiny Board's desire to consider issues around 'lessons learned' as part of its future work around primary care.

RESOLVED – To note the information presented and discussed at the meeting.

95 Leeds and York Partnership Foundation Trust - Care Quality Commission inspection reports

The Head of Scrutiny and Member Development submitted a report that detailed the findings of a series of inspections undertaken by the Care Quality Commission in respect of services provided by Leeds and York Partnership Foundation Trust (LYPFT).

As agreed earlier in the meeting (minute 90 refers), the Scrutiny Board also considered LYPFT's action plan, very recently agreed by the Trust's Board of Directors.

The following representatives were in attendance to help the Scrutiny Board consider the information presented:

- Chris Butler (Chief Executive – Leeds and York Partnership NHS Foundation Trust)
- Beverley Murphy (Chief Nurse & Director of Quality Assurance – Leeds and York Partnership NHS Foundation Trust)
- Rod Hamilton (Compliance Manager – Care Quality Commission)
- Fiona Forbes (Lead inspector – Care Quality Commission)
- Ellie Monkhouse (Director of Nursing – Leeds North Clinical Commissioning Group)

In addressing the Scrutiny Board, the following points were made:

- A brief summary of the Trust's Board of Directors position in relation to the inspection outcomes.
- An outline of the locations inspected and the services provided.
- The inspections had highlighted a number of important lessons, particularly in relation to the Trust's reorganisation following the transfer of services from York and North Yorkshire.
- Details of the oversight arrangements in terms of monitoring the agreed action plan, including an outline of the Trust's management/governance arrangements.
- An outline of the respective roles of the Trust, the Care Quality Commission (CQC) and local Clinical Commissioning Groups (CCGs) around the provision of safe, effective and quality services.
- An outline of the complex nature of commissioning arrangements.

The Scrutiny Board discussed the report and the details highlighted at the meeting. A number of matters were raised, including:

- Concern that one of the main issues raised by the CQC related to the standard of professional leadership within the service locations inspected and the implications across the Trust.
- Assurance in relation to service locations and service provision in Leeds that were not the focus of the inspection reports presented.

- Assurance regarding support for staff and that staffing levels were appropriate.
- Further assurance sought regarding the governance and risk management arrangements within the Trust.
- Assurance regarding the other standards that the CQC regulate and might have inspected/ considered.
- Assurance regarding the standard of accommodation (which was confirmed to be the responsibility of NHS Property Services).

The Chair thanked those in attendance for their contributions and assurances provided to the Scrutiny Board.

RESOLVED –

- (a) To note the information presented and discussed at the meeting.
- (b) To receive the Trust's initial action plan produced at the conclusion of the inspection visits.

96 Fundamental review of NHS Allocations Policy - update on NHS England's decisions and associated implications

The Head of Scrutiny and Member Development submitted a report that introduced an update from NHS England on the allocation decisions made at its Board meeting in December 2013 and an outline of the local impact.

The following representatives were in attendance to help the Scrutiny Board consider the information presented:

- Jonathan Webb (Acting Director of Finance – NHS England (West Yorkshire Area Team))
- Nigel Gray (Chief Officer – Leeds North Clinical Commissioning Group)

In addressing the Scrutiny Board, a brief outline of the papers was provided, which detailed the recent funding decisions and how these were now being taken forward.

The Scrutiny Board discussed the report and the details highlighted at the meeting. A number of matters were raised, including:

- The 'fairness' of the allocations process.
- Arrangements for ensuring the 'equalities funding' would be targeted at addressing local health inequalities.
- Difficulties considering like-for-like comparisons between the original funding proposals and the final allocations, primarily due to the shift in resources from Clinical Commissioning Groups to NHS England (in relation to Specialised Services).

The Chair thanked those in attendance for their contributions to the meeting.

RESOLVED – To note the information presented and discussed at the meeting.

97 Better Care Fund Proposals

The Head of Scrutiny and Member Development submitted a report that introduced details of the Better Care Fund proposals considered and signed-off by the Health and Wellbeing Board at its meeting on xx February 2014.

The following representatives were in attendance to help the Scrutiny Board consider the information presented:

- Councillor Lisa Mulherin (Executive Board member for Health and Wellbeing – Leeds City Council)
- Councillor Adam Ogilvie (Executive Board Member (Adult Social Care) – Leeds City Council)
- Dennis Holmes (Deputy Director (Adult Social Services) – Leeds City Council)
- Nigel Gray (Chief Officer – Leeds North Clinical Commissioning Group)

In addressing the Scrutiny Board, the following points were made:

- Better Care Fund (BCF) resources had been announced in both NHS and local authority budget announcements.
- An outline of how learning disabilities funding arrangements could provide an example of how the BCF might operate.
- Confirmation that the BCF does not cover services to children.
- As part of Leeds' Health and Social Care pioneer status, potential flexibilities associated with the BCF were under consideration.

The Scrutiny Board discussed the report and the details highlighted at the meeting. A number of matters were raised, including:

- The impact of 'high cost' patients across health and social care.
- The significance of the challenge and risks both nationally and locally.
- Recognition that this represented the first occasion where the local authority had been involved in the NHS planning cycle.
- Impact of the reduction in 'acute care' budgets and the sequence of decommissioning services.
- The role of 'specialised services' and the future financial stability of acute trusts.
- The important role of the Scrutiny Board as proposals are sought to be developed further.

The Chair thanked those in attendance for their contributions to the meeting.

RESOLVED –

- (a) To note the information presented and discussed at the meeting.

- (b) To maintain an overview of developments and to consider a further update on the proposals at a future meeting of the Scrutiny Board.

98 Review of Homecare Services in Leeds

As agreed earlier in the meeting (minute 90 refers), the Head of Scrutiny and Member Development submitted a report that introduced details provided by the Deputy Director of Adult Social Services that outlined arrangements to review homecare services in Leeds, in order to help consider the future role of the Scrutiny Board in this regard.

The report also invited the Scrutiny Board to consider seeking nominations from HealthWatch Leeds for up to two, non-voting co-opted members for this specific aspect of the Scrutiny Board's work.

The following representatives were in attendance to help the Scrutiny Board consider the information presented:

- Councillor Adam Ogilvie (Executive Board Member (Adult Social Care) – Leeds City Council)
- Dennis Holmes (Deputy Director (Adult Social Services) – Leeds City Council)
- Mick Ward (Head of Commissioning (Adult Social Care) – Leeds City Council)

In addressing the Scrutiny Board, the following points were made:

- The aim of the review was to consider the future shape of services moving forward.
- Currently, around 80% of provision was through independent providers.
- The existing financial envelop was around £50M across the City.
- The impact of continuing health care needs and associated NHS funding.
- An outline of the main drivers for change, as detailed in the report.
- Homecare provision was a current 'live topic' for many local authorities across the Country.

The Scrutiny Board discussed the report and the details highlighted at the meeting. A number of matters were raised, including:

- Arrangements for monitoring and regulating home care providers and the quality of services.
- Moves towards commissioning services based on outcomes rather than a 'time and task' basis.
- Challenges around minimum standards for staff across all providers.
- Mechanisms and arrangements for contracting with providers.
- Current and future projections for the demand for services.
- Impact of 'personal budgets', including their collective use within communities.

- The opportunity to consider ‘best practice’ in a range of different areas.

The Chair thanked those in attendance for their contributions to the meeting.

RESOLVED –

- (a) To note the information presented and discussed at the meeting.
- (b) That, in consultation with the Deputy Director, the Principal Scrutiny Adviser produce some draft Terms of Reference for consideration at a future meeting.
- (c) That HealthWatch Leeds be approached to identify and nominate two, non-voting co-opted members for this specific aspect of the Scrutiny Board’s work and duration of the review.

(Councillors C Fox and N Buckley left the meeting at 12:30pm and 12:40pm, respectively, during the Scrutiny Board’s consideration of this item.)

99 Work Schedule

The Principal Scrutiny Adviser provided a verbal update on matters concerning the Scrutiny Board’s work programme. This included the following proposals:

- An additional meeting on 21 March 2014 to consider Leeds Teaching Hospitals NHS Trust’s draft 5-year strategy and progress towards achieving Foundation Trust status.
- To consider NHS England’s current consultation on Specialised Services on 28 March 2014.
- To consider the current consultation on future proposals for the Learning Disability Community Support Service on 28 March 2014.
- Members were also reminded of the invitation to attend the Bradford Council/ Centre for Public Scrutiny event on 7 March 2014.

RESOLVED – To note the information presented and agree the proposed revisions to the work schedule (outlined above).

(Councillor C MacNiven and Councillor M Ingham left the meeting at 12:50pm during the Scrutiny Board’s consideration of this item.)

100 Date and Time of the Next Meeting

That the date for the next meeting of the Scrutiny Board was Friday, 21 March 2014, commencing at 11:30am (with a pre-meeting for Board Members at 11:00am).

(The meeting concluded at 1:05pm)

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Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-being and Adult Social Care)

Date: 21 March 2014

Subject: Leeds Teaching Hospitals NHS Trust – draft 5-year Strategy

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

1 Purpose of this report

1.1 The purpose of this report is to present and provide an opportunity for the Scrutiny Board to comment on the draft 5-year strategy for Leeds Teaching Hospitals NHS Trust (LTHT).

2 Background

2.1 In February 2014, LTHT launched, for consultation, its draft 5-year strategy. The deadline for comments on the draft strategy was established as 14 March 2014, with the Trust required to submit its final strategy to the NHS Trust Development Authority by 31 March 2014.

2.2 To date, the Scrutiny Board has not collectively considered the draft strategy – although members may have provided individual responses to the Trust.

3 Main issues

3.1 Leeds Teaching Hospitals NHS Trust (LTHT) draft 5-year strategy is attached at Appendix 1.

3.2 LTHT’s Chief Executive has been invited to attend the meeting to outline the draft 5-year strategy and a summary of feedback to-date.

3.3 Representatives from other interested parties have also been invited to attend the meeting and/or provide written submissions for consideration by the Scrutiny Board. These interested parties include local Clinical Commissioning Groups (CCGs), HealthWatch Leeds and Leeds Local Medical Committee (LMC).

4 Recommendations

- 4.1 Members of the Scrutiny Board are asked to consider the information presented and:
 - 4.1.1 Agree any specific comments in relation to LTHT's draft 5-year strategy; and,
 - 4.1.2 Identify any specific matters that require further and/or more detailed scrutiny.

5 Background papers¹

- 5.1 None used

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Our Five Year Strategy Consultation Document

2014



Contents

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Introduction

Foreword from the Chair and Chief Executive



Linda Pollard
Chair



Julian Hartley
Chief Executive

We are working in one of the most challenging times in NHS history.

Expectations on the NHS are constantly increasing and demand for services continue to grow whilst funding is tighter than ever before. There has been significant structural change within the NHS and there are a number of changes to the way in which regulation will work.

Leeds Teaching Hospitals faces major financial challenges which require significant action, we also need to improve our performance in a range of areas if we are to realise our potential.

If we are to be financially sustainable and deliver safe, high quality and effective care for our patients within this context, we must embrace the opportunity to think and act differently – to push the boundaries on how and where we deliver health and social care. This presents an opportunity to look for and embrace new ways of working and innovative ways to deliver services.

We recognise that the best quality of care and clinical outcomes are enhanced in a culture that instils research and innovation at its core. Outcomes are better in hospitals with active clinical trials engagement for example. So this must be a central pillar of our future strategy.

To achieve this will require working even more closely with our partners across health, social care, academia and beyond and in particular with our patients, public and staff.

If we need to work differently, we need to be clear on what people can expect from us, what we expect from them and how we can work together to bring about the best outcomes for our patients.

Hence, the purpose of this document is to share the plans that have emerged from our consultations and analyses to date, so that we can gain your input as we develop this document into our five year strategy.

The time you spend reading this document and sharing your thoughts and feedback will be invaluable to our Trust. We need to know if you think we have the right vision, will our goals take us there, are they right, what else might we need to do?

We have used a web-based system called 'WayFinder' to consult more than 2,500 staff in this process to date and we propose that we use this same system to capture and record your comments, reflection and insights too. If you do not already have log-in details please contact Ross.Langford@leedsth.nhs.uk. We need to receive your feedback before 14 March 2014.

Thank you in anticipation of your support and we look forward to receiving your feedback. This is only the beginning of our engagement process and we look forward to working with you over the coming months to further shape the future of health and social care services during this exciting time.

Introduction

About us



Leeds is Britain's third largest city and we want it to be the best city in the UK.

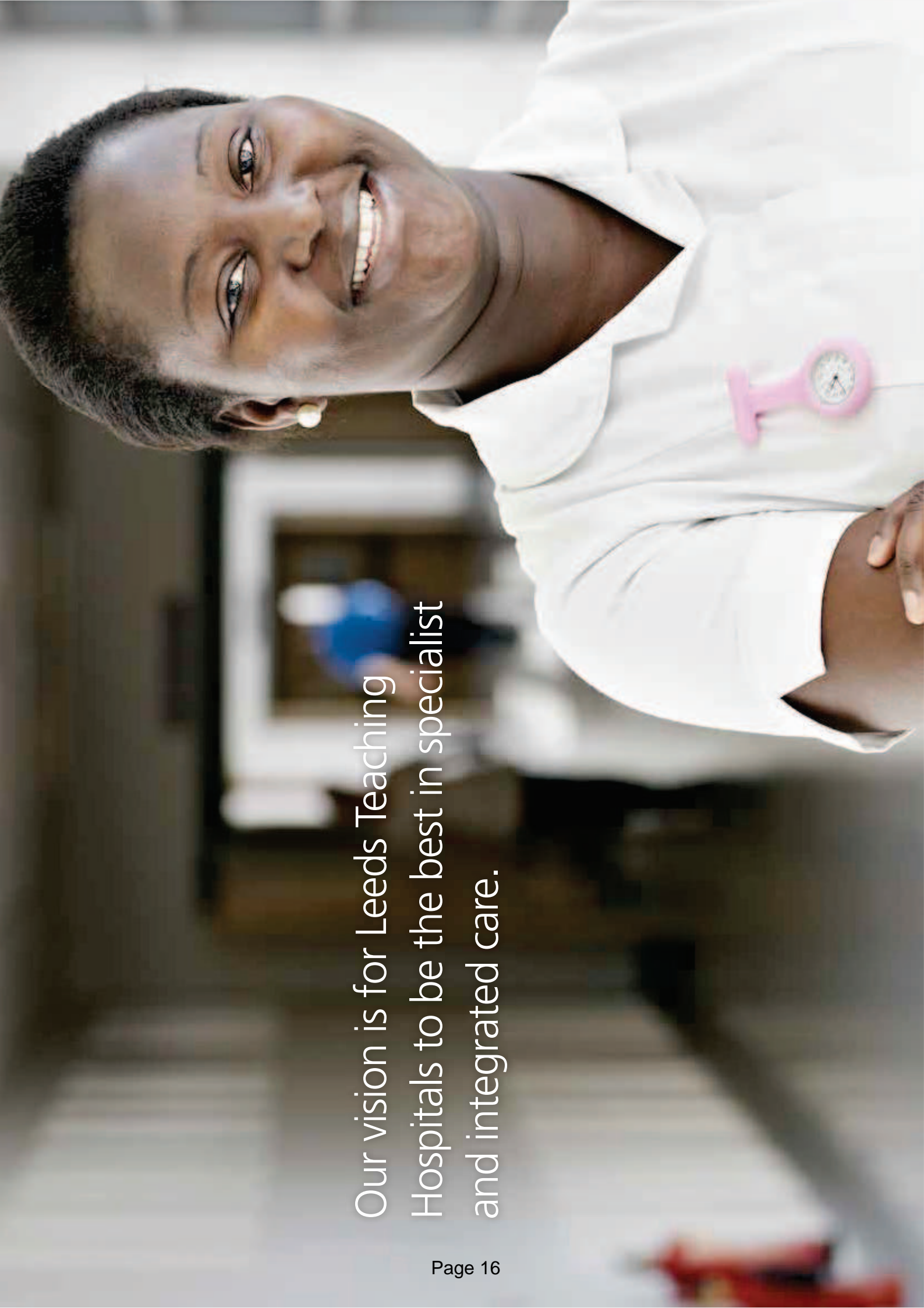
Leeds Teaching Hospitals NHS Trust treats around 2 million patients a year, some have very complex and complicated life threatening illnesses or trauma. Others we care for have less acute but life-limiting conditions.

Our expertise and specialisms allow us to care for people from all over the country and on some occasions all over the world, but we are also the provider of district general hospital services for the people of Leeds.

There are seven hospitals within the Trust.

- **Leeds General Infirmary**
- **St James's University Hospital**
- **Seacroft Hospital**
- **Wharfedale Hospital**
- **Chapel Allerton Hospital**
- **Leeds Children's Hospital**
- **Leeds Dental Institute**

We contribute to life in the Leeds city region, not only by employing 15,000 people in a range of different roles, but by supporting the health and well-being of the region and playing a leading role in research, education and innovation.



Our vision is for Leeds Teaching
Hospitals to be the best in specialist
and integrated care.

We will be characterised by the pursuit of excellence in healthcare, delivering the highest quality and safest care to our patients. We will develop our local hospital services in a way which integrates them with community services and social care. This will enable many of our patients to be treated more frequently at home or in the community rather than having to come to hospital. This is particularly important for frail elderly patients and those with long term conditions. This will enable us to develop our specialist services and ensure we secure and develop our future as a leading specialist centre in the UK.

We will do this by developing the right values, culture and compassion in our leadership behaviours and aligning them with the most appropriate resources to create world class delivery.

We want to empower and invest in our staff and allow them the autonomy and freedom to deliver safe, effective and personal healthcare for every patient, every time. We will also deliver leading edge innovation, achieve academic

and educational excellence and expand the boundaries of healthcare working in partnership and collaboration with our partner organisations.

We are a billion pound hospital and financial sustainability must be one of our goals. We must re-organise what we spend, to ensure we have the highest quality services and do so in partnership with other local NHS organisations.

To achieve our vision we will deliver five goals. These are outlined in the diagram on the next page along with our ten corporate objectives and our values, which have been developed by staff from across the Trust. Further details about each goal are included in these pages.

We believe that in delivering these goals, we will create a platform to build a strong portfolio of specialist work at a national and regional level and provide seamless integrated care to local patients and beyond.

Introduction

Our vision, goals and values.

Patient-centred

Fair

Collaborative

Accountable

Empowered

- Consistently deliver high quality, safe care.
- Organise around the patient and their carers and focus on meeting their individual needs.
- Act with compassion, sensitivity and kindness towards patients, carers and relatives.
- We will treat patients how we would wish to be treated.
- Strive to maintain the respect and dignity of each patient, being particularly attentive to the needs of vulnerable groups.
- Recognise we are all one team with a common purpose.
- Include all relevant patients and staff in our discussions and decisions.
- Work in partnership with patients, their families, and other providers – they will feel in control of their health and care needs.
- Act with integrity and always be true to our word.
- Be honest with patients, colleagues and our communities at all times.
- Disclose results and accept responsibility for our actions.
- Empower colleagues and patients to make decisions.
- Expect colleagues to help build and maintain staff satisfaction and morale - more can be achieved when staff are happy and proud to come to work.
- Celebrate staff who innovate and who go the extra mile for their patients and colleagues.

Our vision		The leader in specialist and integrated care				
Our goals	1. The best for patient safety, quality and experience	2. The best place to work	3. A centre for excellence for research, education and innovation	4. Seamless integrated care across organisational boundaries	5. Financial sustainability	
	Our objectives i.e How we will achieve our goals	<p>Drive quality improvement for patients to become the safest healthcare organisation in the country.</p> <p>Involve patients in their treatment and use their feedback on services they receive.</p> <p>Deliver all the mandatory standards in line with the NHS Constitution and all regulatory requirements including improvement of care, capacity and demand management.</p>	<p>Develop a highly engaged, high performing workforce and positive patient centred culture delivering great care for patients.</p>	<p>Ensure the Trust is a leading provider of specialist services.</p> <p>Deliver commissioners' activity and improved patient pathways by widespread deployment of improvement techniques, removing waste and increasing productivity.</p> <p>Be an outstanding research and education organisation.</p>	<p>Improve care and services through integration and collaboration across networks and partners.</p>	<p>Improve financial margins to support the delivery of high quality care.</p> <p>Seek out mutual business development growth opportunities to benefit the Trust, its patients and the Leeds City Region.</p>
The Leeds Way		Patient-centred	Fair	Collaborative	Accountable	Empowered

Goal One: Patients

The best for patient safety, quality and experience.



What does this mean?

We want to be recognised by our patients, commissioners, peers and staff as being amongst the best for patient safety, quality, patient engagement and clinical outcomes. Just meeting the minimum standards is no longer acceptable and our patients, rightly expect the best care possible.

Our quality ambition is to be up there with the highest performing hospitals in the NHS. In some areas, our performance is comparable to these hospitals but there are others where we can improve and we want to ensure a consistently high quality standard across everything we do.

We are aware of our responsibility to ensure that every penny of public money invested into our services is spent wisely and efficiently. We accept that investing in Quality and Patient Experience will mean eliminating wasteful practices.

How will we achieve this?

Achieving the best in patient safety, quality and experience starts with getting the basics right.

We are clear that if we are to become the best we will need to be clear about what we require of our services and need to work closely with our staff and partners to deliver this. Some of our key deliverables are outlined below.

- Deliver safe clinical care through investment in ward and department nurse staffing - matching the highest standards in the UK by 2016.
- Invest in becoming a truly 24 hours a day, seven days a week acute hospital service by 2017, having senior medical cover and diagnostics available in all our in-patient facilities. This will mean changing the way we work together and how we organise our workforce and facilities.



- Match and exceed our commissioners' published expectations, the NHS Constitution targets and our regulators care standards.
- Improve the safety of our patients and improve their experience of our services by implementing the electronic patient record to ensure essential clinical information is available in a timely way to appropriate staff providing care.
- Ensure the basics, like cleaning, privacy and dignity, the hospital environment and patient information are of the highest possible standard.
- Continue to engage with patients and local people to support us to shape services around their needs and deliver the best possible care that works for them.
- Improve the way we handle our patients' complaints and concerns ensuring we respond quickly, compassionately and in a transparent way, valuing each complaint as an opportunity to improve. We will acknowledge concerns raised with us immediately and report back on progress within two weeks.
- Ensure that we deliver care in a patient-centred way by being compassionate and approachable. We will expect all staff to adopt Dr Kate Granger's fantastic national campaign – 'hello my name is' - encouraging them to start every conversation with a patient by introducing themselves and what they do.
- Work with local health and social care partners, like GPs and community services, and acute providers further afield who are recognised for excellence such as top-rated Salford NHS Foundation Trust to ensure we are delivering coordinated services for our patients and that we are sharing best practice and adopting the latest innovations.
- Report openly on our performance and achievements being truly accountable to the people we serve.
- Recognising that to be the best hospital we have to be the best partner and work together as a city and city region.

Have we got it right?

Please give us your comments on this goal. Is it the right goal and what else could we do to achieve it?

Visit <http://leedsth-strategy.cleverttogether.com>

Goal Two: Our People

The best place to work.



What does this mean?

If we are to be the leader in integrated and specialist care we need to retain and attract the best possible workforce to support us to do this. We can only do this by becoming one of the best places to work.

It is well evidenced that staff who are engaged, empowered to carry out their role, well trained, well led and supported are more likely to deliver outstanding care, leading to a positive impact on patient outcomes and an improvement in financial efficiency.

We want Leeds Teaching Hospitals to be the best place to work: where our colleagues work within supportive and positive teams and where we are viewed as a fair employer by our employees; where activities and tasks are simpler and easier to complete because there is a common approach across the Trust.

We will promote opportunities for local people to build a career with us at every level of the organisation. We will manage and encourage our talent, creating clear employment paths and be an organisation that has a succession plan.

Using our talent in full will mean embracing the diversity of our workforce and using that rich experience to

improve patient care. We have good representation in the senior medical workforce from a diversity of backgrounds but we want all our senior teams to better reflect the diverse community we serve.

Many of our staff already contribute to the city in other ways. As a socially responsible employer we will encourage volunteering. Together with Leeds City Council we will organise for senior hospital staff to mentor young people from deprived communities around Leeds.

We must ensure we develop strong clinical leadership, removing any 'them and us' between management and clinicians and focus on working as one team in the interests of patients.

Across the Trust we have 15,000 people working for us in a wide variety of roles. We have already started to engage them to get their views for our vision and values, known as 'The Leeds Way', more than 2,500 of our colleagues have offered views and opinions on our values and vision. This positive response we have had shows just how keen they are to be involved in shaping the future of the organisation.



How will we achieve this?

We will continue to build on the work we have started as part of 'The Leeds Way' and ensure that we create a strong engagement culture where staff feel they have the opportunity to be truly involved in shaping and developing the Trust. Some of the key deliverables are outlined below.

- Develop The Leeds Way so we translate our values into actions and embed them across everything we do.
- All staff will be given clear objectives that can be easily matched to the goals of the Trust
- Clearly display the staffing levels and recent patient feedback about experience on each ward.
- Continue to improve internal communications with staff ensuring we share information in a timely way and that there are clear opportunities for them to feedback their comments and ideas.
- Ensure directors and senior staff are visible

and accessible to all staff building a culture of openness.

- Everyone will receive an appraisal and receive feedback and support on their work, performance and development.
- Every service unit and corporate service will have a succession plan.
- The Board and senior management team will encourage and broaden representation from a diverse set of backgrounds.
- Support managers so they can lead their teams successfully using the most up-to-date leadership techniques to reflect the values of the organisation.
- Our staff will be the best equipped to deliver the best treatment and achieve world-class outcomes.
- Be innovative in the way we recruit staff, ensuring we attract the highest calibre of people that reflect our values and the diversity of the population we serve.

- Jointly with Leeds City Council we will take part in a community mentors programme.

- Develop a health and wellbeing strategy employing the most appropriate health interventions to ensure a work life balance where possible and reduce sickness absence to below the NHS average in an acute setting.
- Work with staff to develop innovative staffing solutions to accommodate the need to deliver services twenty four hours a day, seven days a week.
- Improve the way we collect data about our workforce and work with our partners to use this information to plan our future workforce needs more accurately.

Have we got it right?

Please give us your comments on this goal. Is it the right goal and what else could we do to achieve it?

Visit <http://leedsth-strategy.clevertogogether.com>

Goal Three: Research, Education and Innovation

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

What does this mean?

There are ground-breaking innovations happening in research and education and it is essential that we remain at the forefront of this work if we are to become the leader in specialist and integrated care. Our strong reputation is evident in the numerous examples of leading edge research programmes, international innovation partnerships, UK- first operations, the use of cutting edge technology and our strong teaching hospital status. All of this work not only benefits patients in our own hospitals, but those further afield too, and is a valuable opportunity for us to encourage new investment into the Trust from external partners.

We want Leeds to impact directly on National and International discovery that will in turn be translated and implemented into enhanced patient care. We will build on our world leading Musculoskeletal Biomedical Research Unit, Cardiovascular Sciences, Cancer & Pathology and Health Engineering/surgical technologies, Imaging as well as our predominance in Medical Informatics.

Our links with the University sector are going from strength to strength and there is a shared ambition for us to work together to build a strong partnership and really drive research, education and innovation across the city.

We will be innovative and resourceful. We will build our commercial activities with the aim of re-investing surpluses directly to support patient services. We will champion and deploy digital communications and we will continue to work towards becoming a paper-light hospital service.

We are enthused by the prospects offered to improve healthcare through the appropriate use of “Big Data”. Leeds is perfectly positioned in the race to integrate and use these systems for the public benefit. Ultimately 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 will be nimble with flexibility embedded in all R&D/ education processes so that we can rapidly respond to Regional, National and International research and education priorities.

This creates the perfect platform which will allow us to build our portfolio of specialist work and establish ourselves as one of the centres of excellence for specialist services across the UK which are currently being proposed by NHS England. NHS England is reorganising services nationally to provide specialist care in a smaller number of centres of excellence because the evidence suggests that for many

conditions you will get a better outcome if patients are seen by a specialist in a place with the best equipment and staff available. We are already designated as a specialist centre for many health problems such as major trauma, uncommon cancers and liver transplants. Our goal is to further strengthen and develop our specialist status.

The best clinical leaders and researchers will attract the best medical staff. This, in turn will improve our outcomes. We will continue to strengthen the consultant body and place greater emphasis on their research capabilities in candidate selection.

How will we achieve this?

We will build on our already strong position around research, education and innovation to become a centre for excellence in this area. Some of the key deliverables are outlined below.

- We will be a “Biomedical & Health Research Centre” of excellence by 2018.
- Achieve an increase by 2015 in the number of patients having access to trials and cutting-edge experimental research studies.

- We will work closely with strategic partners across Leeds to develop outstanding Medical Informatics platforms that in turn facilitate our vision for integrated and specialist care pathway.
- Support the University of Leeds to remain in the top five medical schools in the UK and work closely with all our regional university partners to ensure the supply of allied health professionals, nurses and other staff keeps pace with our growing demand.
- Grow and train our own world-leading medical talent by enhancing the undergraduate and post graduate educational experience.
- Support medical students training at our Trust, promoting it as a great place to work and ultimately attracting the highest calibre of students to return.
- Increasing the scale of our research and education ambition will attract and retain the best of the best.
- Build on the partnerships we already have and encourage new international partnership and collaborations, especially in Europe and the Middle East.
- Work with schools and colleagues to improve access routes for local people to jobs in the Trust at every level and increase the number of apprentices working, training and learning with us.
- Work collaboratively with fellow NHS providers in our Academic Health Science Network to ensure the adoption and spread of best practice especially in patient safety programmes and innovative therapies.
- Invest appropriate capital funding into cutting edge technology and new facilities to match our ambitions.
- Work with specialist commissioners to ensure that their highest standard specifications and policy requirements are met.
- Build our commercial activity to financially support the patient services we offer.
- Continue on our journey to becoming paper-light.
- Use new digital technologies that improve the patient experience.
- Work with partners across the city in the Leeds Innovation Health Hub to secure Leeds as an integrated centre for Health Innovation.
- Our clinical leaders will describe which specialties 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.
- Deliver the Leeds data Lab and push forward with our work on “BIG data” by pursuing the eMRC bid.

Have we got it right?

Please give us your comments on this goal. Is it the right goal and what else could we do to achieve it?

Visit <http://leedsth-strategy.clevertogogether.com>

Goal Four: Integrated Care

Seamless integrated care across organisational boundaries.



What does this mean?

If we are to be truly patient-centred we must organise our care around our patients in an integrated way.

Good integrated care sees all health and care providers working together seamlessly for the benefit of the patient to make sure that they receive their care in a timely, convenient, co-ordinated and consistent manner and have a bigger say over their own care and how we work with them to deliver that.

Leeds Teaching Hospitals NHS Trust and the other health and social care providers across Leeds are all committed to this and as part of the national Integrated Care Pioneer Programme, will be pushing for this to happen quickly across the City.

We are a specialist centre where you will receive the latest trial drugs, therapies and treatments; but we care equally as passionately about making sure that “everyday” conditions and minor surgical procedures are given the same time and attention as brain or heart surgery.

Keeping the public well (and out of hospital) is a task that stretches beyond the NHS and Social Care services; housing, transport, environmental services and many other sectors play a vital part in this. The Leeds Joint Health and Well-being Strategy sets out actions and outcomes that will support us by keeping demand for hospital based services down. We will work with our partner to achieve the outcomes contained in the Strategy.

Many patients do not need to be in hospital and can be better supported in the community or even in their home. We will work with our NHS, Leeds City Council Social Care and voluntary sector partners to reduce admissions to hospital for frail elderly patients and those with long-term conditions by providing better alternatives closer to or at a patient's home.

For example our maternity services will work with other care providers to ensure that babies have the best start in life with joined up services for families before their babies are born. We will work with families and GPs to ensure the best care and we will make sure that everyone can access their own care record.

If you need to go into hospital your experience will be planned and managed effectively with good links to your GP and other services. We will make sure that you are able to go home as soon as possible and that you are provided with the right aftercare to make sure you can stay at home.

On leaving our hospital, you will go back to services as close to home as possible with effective support for rehabilitation. We will work closely with NHS partners, the local authority, charities and voluntary groups to bring about the best possible outcome for you.

Releasing the pressure for beds and theatres by improving our efficiency and standard length of stay for minor and non-complex conditions will allow us to expand our specialist portfolio. There is a compelling case for being the best for specialist AND integrated care.



How will we achieve this?

Strong partnership working is key to successful integrated care and we are a key part of the programme board driving forward this work across the city. Some of the key deliverables are outlined below.

- Play a pivotal role in the development of the city-wide Integrated Care Pioneer Programme with partners from health and social care.
- Implement the Leeds Care Record programme to ensure information is shared better between us, GPs and other health and social care providers leading to a safer and better experience for patients.
- Play our part in achieving the outcomes described in the Leeds Joint Health & Social Care Strategy.
- Work with commissioners, health and social care providers, patients and staff to develop

strategies for integrated services and pathways across Leeds which challenge traditional organisational boundaries and look for the best way to deliver care for patients. Our clinical staff will lead this work and where it is better for patients to be treated in a different way, we will work with partners to make this happen in a responsible and safe way which does not disadvantage or inconvenience patients.

- Reduce urgent admissions for frail elderly patients and those with long term conditions by up to 20% Access to urgent advice and care will be available digitally, on the telephone and at urgent care centres.
- We will provide immediate treatment when you need it with a full range of A&E facilities and community based services too.
- Ambulances will take you to the point of appropriate care – which will increasingly mean different options – whether alternatives

to hospital or the regional specialist centre in Leeds.

- Give patients access to their own health care record.

Have we got it right?

Please give us your comments on this goal. Is it the right goal and what else could we do to achieve it?

Visit <http://leedsth-strategy.cleverttogether.com>

Goal Five: Finance

Financial sustainability.



What does this mean?

Each day, 365 days a year we spend nearly £3m delivering our services. So the context for sustainability is to focus on what we have and having confidence that it is put to the best use.

Like the rest of the NHS we face major financial constraint for the foreseeable future. We need to be able to make annual efficiency savings of between four and six per cent per year for the next three years and expectation while demand for health care is increasing.

There are limits to the level of savings we can make through salami slicing annual budgets without compromising the delivery of the safe and high quality care that our patients expect and deserve. We need to think differently, take a more long term approach and look at new and innovative ways of delivering services differently in order to be sustainable and more effective.

Our ambition will not be realised unless we are

financially viable. We can no longer expect to be allocated money ear-marked for other parts of the NHS to subsidise practices that continue in our hospital but have been transformed in other Trusts. The entire health system in Leeds will not succeed unless we become a truly integrated health and social care service and that means fundamental changes need to be made without traditional organisational boundaries getting in the way of better care.

Leeds Teaching Hospitals is not currently financially sustainable and we will need to achieve this by: ensuring we are paid correctly for the work we do; treating patients differently who do not necessarily need to come to a hospital and by being amongst the best in the UK for efficiency, length of stay, purchasing and the use of Information Technology, so every taxpayer pound counts.

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 step change we need in the quality of patient care we offer.

We believe that investment will allow us to work more efficiently. For example, an investment in staffing levels will see more staff on our wards enabling nurses to spend more time with patients and running ward more efficiently. This will lead to our length of stay and infection rates reducing and will release us from our reliance on expensive agency staff. This greater productivity and a focus on better integrated care in the most appropriate setting could reduce the number of wards and even sites we need to deliver care from and reduce our overheads and costs in the longer term.

Foundation Trust status will give us greater financial freedoms and enable us to build a surplus for investment in services.

To achieve this vision we need to invest in:

- Nursing
- Specialist services
- Integrating our services.



How will we achieve this?

- Develop a three year financial plan to support us achieving financial sustainability by 2016/17.
- Work smarter across the organisation to make efficiency savings of 18-20 per cent over three years.
- Work with clinical leads to identify how things can change and set out clear improvements in service quality and efficiency. When necessary invest but with a clear expectation on return.
- Identify new opportunities around research funding and specialist services.
- Enhance the Trust's marketing and commercial skills to identify and deliver in areas where we can generate more revenue.
- Achieve Foundation Trust status in three year's time enabling us to develop a surplus to invest in our future.

Have we got it right?

Please give us your comments on this goal. Is it the right goal and what else could we do to achieve it?

Visit <http://leedsth-strategy.cleverttogether.com>

The Leeds Way

To be the best in specialist and integrated care.

We will be characterised by the pursuit of excellence in healthcare, delivering the highest quality and safest care to our patients. We will develop our local hospital services in a way which integrates them with community services and social care. This will enable many of our patients to be treated more frequently at home or in the community rather than having to come to hospital. This is particularly important for frail elderly patients and those with long term conditions. This will enable us to develop our specialist services and ensure we secure and develop our future as a leading specialist centre in the UK.

We will do this by developing the right values, culture and compassion in our leadership behaviours and aligning them with the most appropriate resources to create world class delivery.

We want to empower and invest in our staff and allow them the autonomy and freedom to deliver safe, effective and personal healthcare for every patient, every time. We will also deliver leading edge innovation, achieve academic and educational excellence and expand the boundaries of healthcare working in partnership and collaboration with our partner organisations.

We are a billion pound hospital and financial sustainability must be one of our goals. We must re-organise what we spend, to ensure we have the highest quality services and do so in partnership with other local NHS organisations.

To achieve our vision we will deliver five goals. These are outlined in the diagram on the next page along with our ten corporate objectives and our values,

which have been developed by staff from across the Trust. Further details about each goal are included in these pages.

We believe that in delivering these goals, we will create a platform to build a strong portfolio of specialist work at a national and regional level and provide seamless integrated care to local patients and beyond.

Thank you for reading this document.

Give us your feedback

Have we got it right?

We have piloted a new web-based approach to collecting your opinion. We call this system WayFinder. It is easy to use and allows you to add comments and vote on ideas that are already submitted by others. This crowd sourcing approach allows you to have your say without prejudice. The power of the idea is more important than who is voicing the opinion. WayFinder has successfully defined what our staff believes our goals and values should be and now we would like you to add your opinions.

Please visit: <http://leedsth-strategy.clevertogogether.com>

You will need your login and password which will be supplied to you by email which will be sent to you from our delivery partner @ Clevertogogether.com. If you do not have a login please contact Ross.langford@leedsth.nhs.uk who will arrange for you to join the debate online.

You have until 14 March 2014 to comment on our plan.

Our Vision, Goals and Values



Our vision	The leader in specialist and integrated care				
<p>Our goals</p>	<p>1. The best for patient safety, quality and experience</p>	<p>2. The best place to work</p>	<p>3. A centre for excellence for research, education and innovation</p>	<p>4. Seamless integrated care across organisational boundaries</p>	<p>5. Financial sustainability</p>
<p>Our objectives</p> <p>i.e How we will achieve our goals</p>	<p>Drive quality improvement for patients to become the safest healthcare organisation in the country.</p> <p>Involve patients in their treatment and use their feedback on services they receive.</p> <p>Deliver all the mandatory standards in line with the NHS Constitution and all regulatory requirements including improvement of care, capacity and demand management.</p>	<p>Develop a highly engaged, high performing workforce and positive patient centred culture delivering great care for patients.</p>	<p>Ensure the Trust is a leading provider of specialist services.</p> <p>Deliver commissioners' activity and improved patient pathways by widespread deployment of improvement techniques, removing waste and increasing productivity.</p> <p>Be an outstanding research and education organisation.</p>	<p>Improve care and services through integration and collaboration across networks and partners.</p>	<p>Improve financial margins to support the delivery of high quality care.</p> <p>Seek out mutual business development growth opportunities to benefit the Trust, its patients and the Leeds City Region.</p>
The Leeds Way	Patient-centred	Fair	Collaborative	Accountable	Empowered



Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-being and Adult Social Care)

Date: 21 March 2014

Subject: Aspiring NHS Foundation Trusts – Leeds Teaching Hospitals NHS Trust progress update

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

1 Purpose of this report

1.1 The purpose of this report is to present an update on the progress of Leeds Teaching Hospitals NHS Trust (LTHT) towards achieving Foundation Trust status.

2 Background

2.1 At its meeting on 31 July 2013, the Scrutiny Board heard from LTHT regarding its plans and general trajectory associated with achieving NHS Foundation Trust status. The Scrutiny Board also considered the role of NHS Trust Development Authority (TDA), which is responsible for providing leadership and support to the non-Foundation Trust sector of NHS providers, providing around £30bn of NHS funded care each year.

2.2 At that meeting, the Scrutiny Board considered the details presented and discussed a number of issues, including:

- LTHT’s progress against a range of performance targets, including A&E waiting times and ‘Referral to treatment times’.
- Achieving financial targets as part of the Foundation Trust requirements and the relationship between costs and service quality;
- The relationship between clinical audit, research and service quality;
- Complaints systems and handling at LCH and LTHT;
- The use of hospital estate, backlog maintenance and the overall capital programme at LTHT;
- Maintaining high quality care and patient safety.

2.3 The Scrutiny Board agreed to maintain an overview of developments and formally consider progress at a future meeting.

3 Main issues

- 3.1 Leeds Teaching Hospitals NHS Trust (LTHT) has been invited to provide a written update on the Trust's general progress towards achieving Foundation Trust status, including progress against the action plan produced during the time of the Recovery Director being in post at the Trust. The update for the Trust is attached at Appendix 1.
- 3.2 Given its role in relation to non-Foundation NHS Trusts, NHS Trust Development Authority (TDA) has also been invited to provide a brief update regarding LTHT's progress. This will be shared with members of the Scrutiny Board as soon as practicable.
- 3.3 LTHT's Chief Executive has been invited to attend the meeting and outline LTHT's progress to date. Representatives from the local Clinical Commissioning Groups have also been invited to attend the meeting.

4 Recommendations

- 4.1 Members of the Scrutiny Board are asked to consider the information presented and identify any specific matters that require further and/or more detailed scrutiny.

5 Background papers¹

- 5.1 None used

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Health and Well-being and Adult Social Care Scrutiny Board

Leeds Teaching Hospitals NHS Trust

Update of progress towards foundation trust status

13 March 2014

Introduction

1. In April 2013, the Trust moved under the oversight of the NHS Trust Development Authority (TDA) and is accountable to it, as it prepares for authorisation as a Foundation Trust.
2. In May 2013, the TDA identified sufficient concerns to merit rating the Trust as having 'material issues' with an escalation score of '4' (on a scale of 1 to 5 where 5 is the highest level of concern). The current rating continues to be '4'.
3. The Trust and TDA agreed a recovery plan in June 2013. Progress against this has been monitored throughout the year.
4. To achieve Foundation Trust status, the Trust will need to demonstrate that it has the leadership and governance to ensure continued delivery of high quality care within an organisation that has a strategy that is clinically and financially sustainable.
5. An agreed date for the Trust's formal application to become a Foundation Trust has not yet been agreed with the TDA. A key determinant will be the financial strategy.

Recovery plan

6. The key elements of the recovery plan are:
 - § A&E: delivery and maintenance of the 95% standard for patients seen within 4 hours
 - § referral to treatment (RTT): delivery of the 18 week standard for patients requiring admission for elective surgery
 - § actions resulting from the NHS England Risk Summit on Paediatric Heart Surgery
 - § a sustainable financial plan which is materially commissioner supported
 - § leadership capacity.
7. The Trust committed to delivering the A&E standard from the beginning of June 2013. This was achieved and has been consistently maintained until February 2014 when a combination of factors (high demand, shortage of nurse staffing, Nora virus) compromised delivery for a period of several weeks. Performance is now back in line with the standard.
8. The Trust developed an action plan aiming to deliver the 18 week standard by January 2014. Unfortunately this trajectory has not been achieved and a revised target date has been set for June 2014. The TDA has challenged and received assurance that this plan is robust. The Trust Board has also received independent assurance from the NHS intensive support team that the plan is based on best practice process and guidance to ensure delivery is sustainable.

9. The NHS England Risk Summit on Paediatric Heart Surgery was triggered by concerns raised over mortality data. The TDA was assigned specific responsibility for oversight on two elements of the resulting action plan: review and revision of the Trust's approach to complaints; and Information Governance. The Trust Board approved a new Complaints Policy in November and has demonstrated to the TDA that the Information Governance structures and processes have been reviewed and strengthened.
10. The Trust was required to submit a robust financial plan that provided sufficient levels of efficiency and surplus in accordance with TDA guidance. The plan submitted in April 2013 failed to do so. Subsequent assessment of the Trust's financial position demonstrated that it has a significant financial challenge. The Trust is working with the TDA on a turnaround plan that will deliver financial viability over a period of two to three years. The scale of the challenge is now better understood and mechanisms are being put in place to meet the challenge.
11. A year ago, the Trust had a number of vacancies at Executive level and had implemented internal reorganisation of management structures to strengthen clinical leadership. The TDA identified leadership capacity as a significant risk. Immediate action was taken to appoint an interim Chief Executive and interim Director of Recovery. Substantive appointments have followed with the recruitment of Julian Hartley as Chief Executive, Tony Whitfield as Finance Director and Simon Neville as Director of Strategy and Planning (to start in May 2014). Tony and Simon have been recruited from one of the country's highest performing foundation trusts. Further senior management appointments have been made to strengthen internal capability and capacity.

Progress to Foundation Trust Status

12. On the 17th March, the Care Quality Commission (CQC) will conduct an inspection of the Trust in accordance with the new approach set out by the Chief Inspector of Hospitals. This is a significant milestone in the Trust's preparation, the outcome being an objective assessment to the public and stakeholders of the quality of care delivered. For the Trust to progress with an FT application, it will need a rating of 'Outstanding' or 'Good'.
13. The Trust will submit a Board approved two year plan to the TDA on the 5th April, followed by a five year plan on the 20 June. These documents will provide assurance on the Trust Board's strategic thinking and preparation for Foundation Trust status.
14. The Trust will continue to develop its plans and embed the necessary strengthening of governance arrangements under the oversight and support of the TDA.
15. The expected date for application to become a Foundation Trust has not yet been agreed, a key determinant being the agreement of a robust financial strategy.

Conclusions

16. The Trust is in a period of change following renewal of executive and senior leadership. Good progress has been achieved in addressing the concerns that triggered the TDA's rating of 'material issues'. However, this rating still applies due to on-going issues particularly related to delivery of the RTT standard and the financial strategy.
17. The Trust is progressing towards Foundation Trust status, with the support of the TDA. However, the timescales are still subject to further agreement.

13 March 2014

CHANGES TO THE SEACROFT HOSPITAL SITE

We will be concluding the sale of the unused part of the Seacroft Hospital site by 31 March 2014. The land will be sold to the Homes and Communities Agency (HCA). They will not be starting any work on the site until the appropriate permissions have been granted from Leeds City Council.

We are working closely with the HCA to make sure any work they carry out on the site is done so in an appropriate way and does not affect the access to out-patient services for staff and patients.

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