Implementing the NHS Next Stage Review report *High Quality Care For All,* and the Yorkshire & Humber SHA vision document *Healthy Ambitions*

- Scrutiny Board (Health) briefing paper December 2008

1. Purpose

This briefing explains how the NHS Next Stage Review report *High Quality Care For All*, and the Yorkshire & Humber SHA report *Healthy Ambitions* are being implemented by this Trust. Key recommendations will inform the Trust's corporate strategic plan. They will also be part of our operational business planning.

2. Summary

High Quality Care For All is a different type of strategic document than many previously published by the Department of Health. Lord Darzi's report was driven by the NHS itself; it is a bottom-up plan rather than a top-down one.

Both *Healthy Ambitions* and *High Quality Care For All* are 10-year strategic vision documents. As a result the implications at this early stage are for planning and strategy rather than immediate implementation. Because the strategy is built on the input of the NHS locally, it will be driven locally. Early implementation plans will be included in the Trust's business plan for 2009/10.

The report is based on a national process of engagement with clinicians, stakeholders and the public. Each strategic health authority created its own vision based on local engagement. This approach means it reports on current best practice as well as advising further changes to provide the highest quality care. Some of this best practice is already being used at this Trust. Some examples are provided as appendices.

In *Chapter 10: Implications for Delivery Models*, the report states how its recommendations might impact upon various types of organisation. Paragraphs 28 – 47 discuss the role of hospitals. Paras 31 – 35 specifically address facilities such as those provided by LTHT.

3. Alignment of Trust strategy with vision created by Darzi review process

The next LTHT business plan for 2009/10 will be the first one since publication of the national and local Darzi review documents. It will contain specific elements that correspond to the direction set by the review.

In considering the Darzi review and Trust strategy, senior clinicians and managers suggest that for LTHT overall a number of themes will emerge:

- Partnerships with other health care organisations
- Integration of our services with other health organisations in primary and secondary care
- Making sure patients are not disadvantaged by changes in contracting arrangements and partnership working
- Making sure services remain efficient as changes happen

- Translating research into practice more quickly
- Requirement for local teams to analyse and interpret new national policy directions
- Training and education for all staff to make changes in healthcare.

The same group considered the implications for LTHT clinical directorates and suggested the following themes:

- Current priorities remain current priorities
- A number of issues arise across the Trust
    - the journeys that patients follow,
    - changes in service provision,
    - day surgery,
    - the number of times patients are asked back after surgery,
    - creating more reliable processes,
    - safety,
    - patient-centred care
- Some specific issues for each division/directorate that will influence business planning and operational management; these will be included in the Trust risk register and assurance process.

4. Trust business planning process

The process for business planning at LTHT takes into account national and local factors. The two Darzi review reports form 2 of the 4 high-level strategic factors underpinning Trust business planning:

- Trust vision and strategic goals
- NHS Operating Framework
- *High Quality Care For All*
- *Healthy Ambitions*

LTHT Strategic Objectives are:

- Achieving excellent clinical outcomes
    - Improve the safety and quality of our clinical services
    - Reduce the rates of healthcare associated infections
    - Continue to reduce mortality and morbidity rates

- Improving the way we manage our business
    - Develop key processes and systems - planning, risk management and patient administration
    - Improve our efficiency and effectiveness, our capacity and our financial sustainability.
    - Become a Foundation Trust

- Becoming the hospital of choice for patients and staff
    - Improve the experiences for our patients, referrers and commissioners
    - Strengthen our reputation

– Deliver ongoing improvements in our organisational culture and staff survey outcomes

There were 4 key areas of focus for 2008/09 which will be reviewed and amended or supplemented as part of the 2009/10 planning round:

- Patient safety
- Patient administration
- Patient Level Information and Costing system (PLICs)
- Organisational Development

5. Implementing *High Quality Care For All* at LTHT

Section 3 of this document makes it clear that the national and local Darzi review reports do not form blueprints for local services. Changes made at LTHT will build year upon year to meet local priorities.

The following boxes indicate some of the summary recommendations from *High Quality Care For All* and provide examples of work taking place in the Trust.

Chapter 3 - High Quality Care For Patients And The Public:

Defines what is meant by high quality care for patients and the public. The focus is on partnership working between NHS and other agencies to:

– Help people to stay healthy
– Empower patients
– Provide the most effective treatments
– Keep patients as safe as possible

LTHT response:

LTHT provides treatment for people who are ill and within that setting there are things that can be done to promote good health. We are working with partners in the city to understand the contribution that can most effectively be made. A public health strategy is being developed and will be consulted upon through the local strategic partnership body Leeds Initiative.

LTHT is already leading the way with new treatments in cardiovascular disease (CVD), a major cause of early death. In addition to pioneering work in cardiac disease **(see Appendix A)**, the Trust is working with partners in the health community to put the national stroke strategy into practice.

Chapter 4 - Quality At The Heart Of The NHS

Looks at how quality becomes an integral part of managing the NHS. The focus is on making quality of care *an organising principle* for the service.

- Safety, including HCAIs
- Quality standards set by national board
- Publish quality indicators
- Link between hospital funding and patient assessment of experience
- Provide incentives/rewards for clinical leadership, service delivery and innovation

LTHT response:

Patient Safety is an integral part of the LTHT strategic objectives; the Trust is developing a new Patient Safety Strategy and is signed up the National Patient Safety Campaign.

LTHT is rolling out work to improve the quality of caring within our hospitals. The *Productive Ward - Releasing Time To Care* is a change programme to influence behaviour change among NHS staff. The work focuses on improving processes and environments by changing behaviour and culture. The aim is to help nurses and therapists spend more time on patient care thereby improving safety and efficiency.

LTHT aims to fully implement guidance issued by the National Institute for Health and Clinical Excellence (NICE). As NICE expands its focus to include wider quality standards and best practice in high quality care, our Trust will take account of this shift. LTHT will comply with national guidance on measuring quality and publishing performance in 'Quality Accounts' as it is introduced into the NHS.

Chapter 5 - Freedom To Focus On Quality

Considers how to unlock the talents of NHS staff and provide freedom and opportunity for them to contribute to managing as well as delivering high quality services. It provides a framework for this to happen by:

- Giving greater freedom to the frontline
- Creating a new accountability
- Empowering Staff
- Fostering Leadership for quality

LTHT response:

LTHT is working with its partners and the strategic health authority to agree a timetable for application to Foundation Trust status. A full programme of consultation and engagement will be developed to involve stakeholders and the public in this step. The Trust Board understands the key benefits of FT status. We are committed to preparing the organisation so that we can gain local support as well as approval from the approving bodies.

LTHT recognises that clinical engagement is crucial to ensure that those who provide care drive improvements. The Trust has recently completed a review of its senior management structure. There is now a team of very senior clinicians working alongside general managers in each part of the organisation. We now have more effective clinical input to decision-making in the Trust. This includes business planning and performance management.

Chapter 6 - High Quality Work In The NHS

Focuses on supporting staff to deliver high quality care by ensuring there is a positive and developmental working environment. It considers:

- High quality workplaces
- High quality education and training

LTHT response:

LTHT human resource strategy supports the Trust's strategic objectives. It outlines workforce planning and management taking into account:

- Agenda for Change
- European Working Time Directive
- National Consultant Contract
- Partnership with staff organisations
- Organisational Development

The strategy is to use national frameworks such as the Agenda for Change Knowledge and Skills Framework to provide

- effective training,
- development,
- appraisal, and
- increased productivity.

We are committed to increased medical engagement and productivity as key to organisational success.

We intend to improve the way we manage our business. We will do this through a new management structure. We will manage our staff better. We will develop an underpinning OD strategy focussing on individual and team coaching. We are also increasing our service improvement capacity and capability.

In order to become the employer of choice locally and nationally we are promoting and developing work on culture and behaviours. We are revising and improving induction arrangements to transform the new employee's first contact with the Trust. We are also designing interventions to develop the Trust as a model employer, including:

1. Using the annual staff survey to identify specific local priorities for action;
2. Better HR performance indicators;
3. Providing the lead for initiatives such as workplace stress project, employee recognition schemes.

6. Implementing the Yorkshire & Humber SHA vision document - *Healthy Ambitions*

There were four key aims of the SHA vision document and the engagement process leading to publication:

1. To ensure clinical decision-making is at the heart of the future NHS
2. To improve patient care.
3. To deliver more accessible and community based care.
4. To establish a vision for the next decade in time for the 60th anniversary of the NHS

Priorities for action arising from the report include:

- A better system with fewer journeys for patients, carers and families.
- Healthier lifestyles – with a halt in the rise in obesity.
- Rising breastfeeding rates – with reduced variation across the region.
- Halving the number of children admitted to hospital with asthma.
- Mental health services available without waiting.
- Half the number of preventable admissions from diabetes.
- Highly experienced staff making decisions at the front door of every hospital
- Saving 600 premature deaths every year with better stroke care.
- Double the number of people able to choose to die at home rather than hospital

7. LTHT clinical engagement

Senior clinical leaders from LTHT were represented on each of the appropriate Y&H SHA pathway groups including chairing or co-chairing groups.

Maternity & Newborn Care
Bryan Gill, Consultant Neonatologist
Julie Scarfe, Head of Midwifery
Mary Armitage, Matron

Long Term Conditions
Eileen Burns, Consultant Geriatrician
Peter Wanklyn, Consultant Stroke Specialist
Greg Reynolds, Clinical Director Cardiology

Children
(Chair) Ian Lewis, Consultant Paediatric Oncologist
Fiona Campbell, Consultant Paediatrician
Roly Squire, Paediatric Surgeon
David Crabbe, Paediatric Surgeon

Planned Care
(Chair) Professor Mark Baker, Lead Cancer Clinician

Acute Episode
Graham Johnson, Consultant Emergency Medicine

End of Life
Fiona Hicks, Clinical Director Palliative Care

Through the contribution of these individuals some of the outstanding examples of local NHS achievements form part of the vision created by the Darzi review process.

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Appendix A - Case studies

The following case studies illustrate the way the vision in *High Quality Care For All* and *Healthy Ambitions* is based on the very best care already being provided in the NHS in Leeds and in the Trust. They show how local implementation is already under way.

a) LTHT case study - PPCI

What Health Ambitions says:

Acute Episode Pathway: recommendation #32

New models of care should be developed as detailed in the Acute Clinical Pathway Group report for:

- Stroke
- Heart attack
- Trauma
- Older people

What LTHT is doing

When a patient suffers a heart attack, their care during the first few hours is critical to their survival and long term health.

LTHT is leading clinical practice in the early treatment of heart attacks, making a dramatic impact; saving lives and increasing the efficiency in the use of NHS resources. The treatment is called Primary Percutaneous Coronary Intervention (PPCI).

Since the 1980s, patients with suspected heart attack have been taken to hospital and treated with clot busting drugs (thrombolytics). Although thrombolysis is an effective treatment, it is only works in 50 – 60% of patients. It is associated with major side effects including haemorrhagic stroke and bleeding.

Traditionally, the role of the ambulance has been to stabilise the patient and transfer them to the nearest hospital for diagnosis and treatment. Now, the ambulance service makes a diagnosis and brings heart attack patients directly to the Cardiac Catheter labs at Leeds Teaching Hospital. This can mean bypassing a local hospital to reach the PPCI centre.

A small balloon at the tip of a catheter tube is inserted via the groin and is guided to the blocked artery under X-ray control. The balloon is then inflated and removed leaving a "stent" in place in the patient's heart artery. The stent is a stainless steel scaffold that allows the blood flow to be restored and maintained. The procedure takes 30-60 minutes.

Patients treated with PPCI are much more likely to survive the heart attack and have a shorter hospital stay. Leeds now has performed over 1,400 PPCIs and has developed into one of the largest centres in the UK. The outcome of this project is being used to

guide the development of services nationwide. This treatment also reduces overall costs to the NHS.

Primary Angioplasty (PPCI) is now acknowledged to be the 'gold standard' treatment for patients having a STEMI (ST elevation Myocardial Infarction).

The new type of care shows how improvements in the future will be based on increased partnership working, in this case with PCT and ambulance Trust.

Changes will also require NHS staff to work together in different ways than before. PPCI requires the combined skills of a consultant cardiologist, cardiac nurse, radiographer and cardiac technician. One of the biggest challenges has been the need to provide this service at all times of the day and night. This has required significant changes to clinicians' work (and sleep) patterns.

The procedure is a complex one, illustrating how important it can be to provide some types of care at hospitals where there is very specialist knowledge and expertise.

b) LTHT case study – Maternity Care

What Health Ambitions says:

Maternity and Newborn Pathway: recommendations #15

There should be a focus on reducing health inequalities and improving health outcomes for both mothers and babies with the aim to reduce infant mortality rates for the manual groups by 20% by 2010

What LTHT is doing

A pilot is under way to improve access to high quality maternity for vulnerable and disadvantaged women and families. It aims to improve positive outcomes for women and their babies by providing a new model of midwifery care. The emphasis for health organisations is on partnership working and providing individualised care.

The Maternity and Newborn Pathway (*Healthy Ambitions*, 2008) recommends the introduction of selective midwifery 'caseloading'. This means that vulnerable and disadvantaged women receive 'a high degree of continuity of care'. The report says the focus should be to reduce health inequalities and improving health outcomes for both mothers and babies with the aim to reduce infant mortality rates.

Absolute rates of infant mortality in Leeds are above the national level. Analysis shows higher infant death and low birth weights are associated with higher levels of deprivation. Analysis of deprived areas in Leeds shows that the infant mortality rate is 8 per 1000 live births in these areas compared to 4.3 in the not-deprived areas.

The two geographical areas for the newly structured and resourced teams in Beeston and Chapeltown were chosen using a variety of health needs assessments, including:

- birth weight,
- indicators of deprivation by area
- infant mortality.

Where this model has been evaluated previously it has shown improved outcomes for women and babies. There was earlier access to midwifery care and an increase in home births. Breast feeding rates and normal deliveries also increased. Improved satisfaction both from women and families was recorded as well as among midwives themselves.

Midwifery in Leeds has traditionally been delivered by midwives based wholly in either the hospital or community setting. The two pilot teams will be based in Children's Centres. This means maternity services are much easily accessible to suit the lives of the women in these areas. Services are visible within community facilities and recognition is a way to engage with vulnerable families in disadvantaged areas.

The two teams will be providing care before, during and after birth for a defined caseload of women. Antenatal and postnatal care will be offered at home or the Children's Centre. Care at the time of birth will include an early labour 'at home' assessment, where appropriate, and delivery at home if it is the woman's choice. For women who choose not to deliver at home, the team will accompany the woman to the hospital and continue to care for her during labour and birth and encourage early transfer home.

The teams will be working alongside a PCT initiative offering help to tackle child poverty, obesity, smoking, breast feeding, sudden infant death, teenage pregnancy, domestic violence and drug and alcohol misuse.

c) LTHT case study – End of Life Care

What Health Ambitions says:

End of Life Pathway: recommendations #20, 23, 24

- Effective use of IM&T to support seamless care to ensure patient choices, DNR etc are known, shared and worked with
- Advanced Care Planning – shift in place of dying from hospital to home
- Workforce Development – palliative care as everyone's business

What LTHT is doing

Leeds is participating in a Marie Curie Cancer Care *Delivering Choice* programme to improve choice and care at the end of life. Leeds is the first major urban centre to do this and work to date has helped to shape the National Strategy on End of Life Care and the Darzi review.

The Leeds project involves:

- LTHT

- NHS Leeds
- Leeds social services
- Yorkshire Ambulance Service
- St Gemma's Hospice and Sue Ryder Care Wheatfields Hospice

Approximately 7000 people die in Leeds each year with 4000 deaths per year within LTHT. Some of these are acute, unexpected deaths. The majority however, are expected – occurring as a result of a terminal illness (eg malignancy or progressive organ failure).

High quality end-of-life care requires co-ordination between health and social services and between community, hospice and hospital-based teams. One measure of the quality of end-of-life care is the proportion of patients who die in a setting of their choice. When asked, the majority of patients would choose to die at home. In Leeds, only 21% at home, whereas 55% die in hospital (2005 figures).

Following an investigation phase, eight work-streams (listed below) have been developed to enable more patients to receive care in the place of their choice.

Improving hospital/hospice discharges
A dedicated individual is working to streamline the process for getting people home. For patients who need it, a nurse can come to the hospital or hospice, travel home with the patient and stay there, providing care for up to 24hours until the district nursing service can step in.

Community teams who can respond quickly to need
A new service model started in Jan 2008 – the "complex and palliative continuing care service" (CAPCCS). This spans health and social care and supports the district nursing service to provide a rapid response to patients in their own homes who qualify for continuing health care funding.

Dedicated Transport
A dedicated palliative care ambulance enabling patients to be transferred to the place of their choice in comfort and at a convenient time.

Care Homes
35 care homes have been selected to enrol in a training and development programme (CHESS) to enable them to deliver better terminal care and keep appropriate patients from coming to hospital for their last days. This began in October 2007 and if successful, it will be rolled out to other care homes in Leeds.

Support for patients and carers
There is a new day hospice at St George's Centre in South Leeds, jointly run by Wheatfields and St Gemma's hospices and Marie Curie which opened in March 2008. Further work on models for supporting patients and carers is ongoing.

Education and Training
Two posts have been appointed to develop education and training for all health and social care staff groups in Leeds to support the programme. This will concentrate on communication skills – asking patients about their choices and communicating

prognosis, as well as advance care planning and symptom management. A website has been developed to support this, at www.leedspalliativecare.co.uk

Ethnicity and Diversity
A link worker has been appointed to ensure that palliative and end-of-life services reach all sections of the community in Leeds.

Palliative Care Register
A systems integration analyst is undertaking a feasibility study into generating a palliative care register that spans primary and secondary care, and records patient preferences for end of life care. It is hoped that this will enable more streamlined working between settings.

LTHT has been at the forefront of these exciting developments and continues to work with partners to develop and implement the vision of supporting patients' choices for end of life care.

An independent, parallel research study into the quality of care before and after the interventions is commissioned from Lancaster University. The Kings Fund is undertaking the financial analysis and action research.

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