



**Chief Executive's Report**

**Public Board**

**30 September 2021**

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

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

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

## **1. Current Pressures and Elective Recovery**

Over the last two months we have experienced significant demand on our services and the efforts of staff have, as ever, been exemplary. We continue to have high numbers of Covid inpatients and admissions, averaging between 80 and 100 patients during August and September. Attendances to and admissions from our A&E departments have been significant, and above the average for this time of year. Our colleagues in general practice, social care, community healthcare and mental health are experiencing similar challenges and there is significant pressure on health and care services, which is likely to continue as we move into winter. I am hugely grateful to our staff who continue to apply great effort and expertise in providing their best quality care for patients. I'm also grateful to everyone who is continuing to make every effort to curb the virus by social distancing, getting vaccinated and implementing best practice infection prevention and control measures. These efforts, together with the winter planning we are undertaking with our citywide partners, make a big difference to managing the continued pressures and provide timely and quality care to patients.

This period has seen increasing focus on elective recovery, following the announcement of additional funding from government for the NHS to support tackling waiting lists and providing more timely treatment for patients. There is significant work underway across our clinical specialties and planned care teams, both within the Trust and in collaboration with our WYAAT partners, to maximise the efficiency of our planned care processes, increase capacity where possible and to test new innovations and approaches. Some of our challenges and actions within elective care are explained within the Integrated Quality and Performance Report at item 12.2 and there will be continued programmes of work across the Trust and WYAAT to tackle the backlog over the next 12 months and beyond.

## **2. Appointments**

I am pleased to confirm that Dr Phil Wood, Chief Medical Officer, will be taking on the role of Deputy Chief Executive for the Trust. Phil will deputise for me in meetings and undertake a range of other responsibilities when I am not available. Phil will carry out this role alongside his responsibilities as Chief Medical Officer for the Trust.

I also note that four new ministers have been appointed to the Department of Health and Social Care. Gillian Keegan has been appointed care minister, replacing Helen Whately. Maggie Throup has become a junior health minister, responsible for prevention, public health and primary care. Maria Caulfield has been appointed a junior health minister and Lord Kamall has been appointed minister for innovation in the House of Lords, replacing Lord Bethell. I wish them the best in what are crucial years ahead given Covid-19 and the legislative reform currently going through Parliament.

## **3. Annual General Meeting**

Due to the limitations imposed by Covid-19 we have again needed to hold our Annual General Meeting virtually. A series of videos will be available on the Trust's YouTube channel from 2pm on 29<sup>th</sup> September alongside our Annual Report.

## **4. Involving Patients in Patient Safety**

NHS England and Improvement published the Framework for Involving Patients in Patient Safety in June 2021. The strategy to improve patient safety has three strands; Insight, Investigation and Involvement. The Framework seeks to respond to Don Berwick's assertion that "patients and their carers should be present, powerful and involved at all

levels of healthcare organisations from wards to boards of Trusts (Berwick Report, 2005). It is separated into two parts; part A describes involving patients in maintaining their own safety and part B describes the development of a new role - the Patient Safety Partner (PSP) performed by members of the public.

I am pleased to report that we already have an established programme (Partner Programme) for involving members of the public in both our Quality and Safety improvement work. The work is a positive example of how we implement our Leeds Way values and the Leeds Improvement Method. I am also very pleased to report that the programme has been recognised nationally and has won the 'Service User Engagement and Co-production Award' at the HSJ Patient Safety Awards. This is great news and well deserved. The contribution of our Quality Improvement Partners is of huge value to our services and we regularly see the benefits of working collaboratively with members of the public.

NHSE/I require LTHT to provide a public statement on patient safety involvement, this can be found in Appendix 1.

## **5. Local and regional partnerships**

The Health and Care Bill has had its second reading and is now at the Committee Stage. Preparation continues to take place in Leeds and West Yorkshire ahead of the implementation of the new arrangements on 1 April 2022. I attended the West Yorkshire and Humber Partnership Board on 7 September which received an update on the development of governance arrangements across the Integrated Care System. These arrangements set out how West Yorkshire will establish a formal statutory partnership with statutory functions placed upon two new bodies; an Integrated Care Boards (ICB) and Integrated Care Partnerships (ICP). Integrated Care Boards will be at regional level (e.g. West Yorkshire and Harrogate) and take on the statutory functions currently held by Clinical Commissioning Groups. The West Yorkshire and Harrogate partnership has made commitments to delegate significantly to place level and to provider collaboratives; the Trust will play a key role in these in Leeds and within the West Yorkshire Association of Acute Trusts. Further updates and approvals will be brought to Trust Board as required as the legislation progresses through Parliament and is implemented.

I attended the Leeds Health and Wellbeing Board on 16<sup>th</sup> September. The agenda focused on the coordinated action taking place to address health inequalities and the publication of the refreshed Joint Strategic Assessment of health and care needs and assets across the city. It was positive to be part of such impassioned discussion about how the city can work together to tackle such important issues. As the Acute Trust in the city we have an important role to play in responding to the health needs in the city with accessible and high quality services, and to reduce health inequalities through our role as a health service provider and Anchor Institution.

## **6. Research and Innovation**

Dr Phil Wood attended the launch of the Centre for HealthTech Innovation (CfHI) on 10<sup>th</sup> September, joining Professor Nick Plant Deputy Vice-Chancellor for Research and Innovation at the University of Leeds. This partnership between the University of Leeds and the Trust will showcase Leeds as a leader in medical innovation. The centre's work focusses on four 'grand challenges' to respond to unmet clinical needs drawing on the strengths and capabilities of the partners in the Leeds Healthtech ecosystem.

I was pleased to hear about the successful launch of the Innovation Pop Up on 16<sup>th</sup> September, led by Professor David Brettle, Chief Scientific Officer and Liz Mear, Managing Director of the Leeds Academic Health Partnership (LAHP). This development at the Trust was recognised at the event by Tracy Brabin, Mayor of West Yorkshire, who spoke about how the collaborative working between sectors and the Pop Up will help position Leeds City Region as the engine for health innovation.

## **7. Listening and Learning**

I was delighted to open our second virtual Excellence in Practice celebration event, kindly supported by Leeds Hospitals Charity, for 202 Nurses, Midwives and Operating Department Practitioners (ODPs) who completed the Leeds Excellence in Practice programme this year. There are now 403 registered staff who have now completed the programme, which celebrates the skills of our fantastic workforce here in Leeds, whilst developing them in the Leeds Improvement Method and Compassionate Leadership.

On 2<sup>nd</sup> September I met the HIV Service Team and the who were the winners of the Pride Wall display competition as part of Leeds Pride. It was good to hear about the activities which have taken place after the Leeds Pride Parade was cancelled due to Covid-19.

On 14<sup>th</sup> September I met with our new Clinical Leadership Fellows. The Fellows will be leading on a variety of projects over the next 12 months within the Trust and it was great to hear their enthusiasm and passion for improvement at Leeds.

On 16<sup>th</sup> September I visited the team on Ward L52 at Leeds Children's Hospital following a small fire in a drugs room that happened on Monday 13 September. The team showed great teamwork in efficiently evacuating patients, families and staff, maintaining excellent patient care throughout. I was pleased to see that the ward had already reopened and the minimal damage was already being taken care of.

On 22<sup>nd</sup> September I took part in a 'Big Leeds Chat' event in Morley. The Big Leeds Chat is a series of events taking place across Leeds to hear about people's experiences of health and care and their suggestions for improvement. It was great to be able to meet with members of the public and partners organisations. I heard about people's gratitude for the NHS during Covid-19, their challenges in dealing with the changes required by the virus and their hopes for improved access and integration of health and care services.

On 23<sup>rd</sup> September I visited our A&E departments at LGI and St James' and our elderly medicines team. It was good to be able to meet with the teams, thank them for their work and understand more about how our current non-elective pressures are being managed. The teams have been under significant pressure recently and this will continue through winter. I am hugely grateful for the commitment, hard work and clinical excellence across these teams.

## **8. Celebrating Success**

Congratulations to Mr Ian Eardley, Consultant Urological Surgeon, who has been announced as one of five clinical national leads appointed to help address some of the key issues facing the NHS. Ian has held a range of national roles including Vice Chair of the Royal College of Surgeons (England) and Chair of the Joint Committee for Surgical Training. Ian has been appointed as joint National Clinical Director for Elective Care and will play a key leadership role in the NHS's efforts to tackle the backlog for treatment. This

agenda is key for the Trust in the months and years ahead so it is great to have such an effective LTHT leader at the forefront nationally.

Our Long Service Awards are an important part of recognising the dedication of our staff over the years. I had the pleasure of meeting three colleagues recently who have all reached the 40-year milestone of working at our hospitals; Andy Pola, Receptionist/Clerical Officer; David Linton, Perioperative Practitioner; and Yvette Reece, Business Manager. It was a privilege to meet with them and present them with their 40-year certificates in September.

Congratulations to Dr Helen Ford, who has been made an Honorary Professor of Neurology in the Faculty of Medicine and Health at University of Leeds.

Congratulations to Kate Smith and Ryan Longley who have been awarded a prestigious National Institute of Health Research (NIHR) Integrated Clinical Academic Pre-Doctoral Clinical Academic Fellowship (PCAF). The PCAF provides funded time and training to prepare for a PhD fellowship application.

## **9. Consultant appointments**

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

New consultant posts:

- Dr Jennifer Beggs – Consultant in Elderly Medicine
- Dr Rajinder Singh – Consultant in Stroke Rehab
- Dr Grazie Delle Donne – Consultant in Paediatric Cardiology (ICC)

Replacement consultant posts:

- Dr Hassan Ahmed – Consultant in Anaesthetics (Cardiology)
- Dr Sarah Boynton – Consultant in Paediatric Cardiology (EP)

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

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

## **11. Recommendation**

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

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

## **Appendix 1: Statement on Patient Safety Partner Role**

We welcome the publication of the Framework for involving patients in patient safety. At Leeds Teaching Hospitals NHS Trust one of our key Trust values is to be patient centred in all we do. In order to drive forward patient centred improvements and changes to systems and processes, patients need to be at the heart of our decision making. We are proud of the collaboration we have with our Quality Improvement Partners. These are people who have given their time to join our meetings and contribute, equal to other voices, a public perspective and involvement in our work. They actively help us achieve our aim of being the best place for patient safety, quality and experience by being influential and demonstrably included in the decisions we make. They ensure we focus on what matters and what makes a difference to those who use our services. Our work on this to date has been recognised nationally, demonstrated by being short-listed for a patient safety award.

Our Partners began helping us in our Quality Improvement work by joining our QI collaboratives. Because of our commitment to Partners being agents of change, we have since expanded the areas our Partners influence to include:

- Patient Safety work
- COVID Recovery and Transformation work
- Leeds Improvement Method work
- Recruitment and Selection of senior posts in the Trust
- Membership of the Trust Drugs and Therapeutics Committee

The Framework for involving patients in patient safety, describes the inclusion of patients in the safety work of the Trust. Within the Trust, we have already aligned a Partner to work with the Patient Safety team and aim to meet the rest of the requirements of the publication, through the continued development of the Trust Partner Programme.

We will shortly be launching an ambitious strategy to show how we wish to develop the involvement of Partners within the organisation and as an important and valued presence across the wider healthcare system of Leeds and West Yorkshire. We commit to further understand the requirements needed to achieve delivery of the Framework.