

**Operational Plan
for 2017/2018 to 2018/2019 (v2.0)**

Airedale NHS Foundation Trust



Right Care

OUR VISION: CARE IN PEOPLE'S HOMES THROUGH DATA DRIVEN, INTEGRATED SERVICES



Our NHS values

Airedale **NHS**
NHS Foundation Trust



THE NHS
CONSTITUTION
the NHS belongs to us all

- Working Together for Patients
- Respect and Dignity
- Commitment to Quality of Care
- Compassion
- Improving Lives
- Everyone Counts

YOUR HOSPITAL *Here to care*

Section 1 Forward Plan

A. Establishing The Strategic Context; Clinical Strategy Right Care

Building on our progress to date, the Trust Board of Directors have considered our future requirements and next steps in our journey as we strive to meet the challenges ahead.

Our focus over the previous three to four years has centred on improving the patient experience, maintaining high quality care, whilst at the same time putting in place the foundations to achieve our shared Right Care ambition. Our Right Care vision remains at the heart of what we are trying to achieve, placing the patient at the centre, empowering and supporting people in a way that best meets their individual needs, enabled by technology.

However we fully recognise the range and diversity of the increasing demands, expectations and challenges over the next few years, that requires a significant shift in emphasis away from episodic care to population based health, with partners coming together to meet our local population's health and social care needs. Our focus going forward is therefore on ensuring we maintain a high quality care and experience, whilst achieving financial sustainability, through transforming the way care is delivered for our local population.

This two year plan sets out the Foundation Trusts initial steps towards this approach, focussed heavily of partnership, integration and internal efficiency. Key areas include;

New Models of Care – Learning from the work of Vanguards and best practice nationally and internationally, we are looking to lead, in partnership with others, in developing new models of care for our local population.

Partnerships – Developed with other Providers, whether through horizontal service delivery networks established across WYAAT (West Yorkshire Association of Acute Trusts) or new organisational forms with commissioners, social care, universities and technology partners, including exploring the possibilities regarding an accountable care system for future years. All of these require a different way of working with partners to release energy and ambition.

Productivity – An increased focus on productivity and efficiency, driven by publications such as Carter and GIRFT, where we need to look for service efficiencies through increasing standardisation and reducing variation.

Quality Improvement - Embedding our Quality Improvement Strategy and Plan, focusing on improvements in quality and safety and in our systems and processes, but also making small continuous improvements in ways of working and practice.

Our People – We can't do any of this without our staff, who are our biggest asset and committed to providing great care and experience for our population. We need to live our values and behaviours and support everyone by protecting staff well being. Leadership development shall be key to supporting our ambition, including through the use of new roles.

Change – We have further developed our Right Care Portfolio with priority focus on patient flow, theatres and outpatients as well as the implementation of an electronic health record. The Foundation Trust recognises this required change and that we need to try new things, new ways of working and embrace new technology.

Strengthening Accountability – Management of the challenges and the increasing number of risks has led to a series of processes and systems to increase grip and control at all levels through greater focus, transparency and accountability. Through this we aspire to maximise our Single Oversight Framework and Care Quality Commission ratings.

B. Activity and Performance

Activity Planning

The Foundation Trusts starting point for activity planning is the 2016/2017 forecast out turn based on Month 6 projections. Operational Groups present their Annual Plans to the Trust Board of Directors each year. The content of these plans incorporates an assessment of demand and capacity against key objective areas and highlights pressures or gaps. These in turn are built into contract negotiations with Commissioners and the Foundation Trusts overall Annual Plan submission.

Capacity

At this time we would estimate being able to deliver contracted activity levels. In line with previous years, we anticipate the following areas having the most significant pressures;

(a) Referral To Treatment (at Specialty Level)

Following pressures experienced in 2016/2017, our current projection for 2017/2018 is delivery of this standard at an aggregate level of 92%. For two services, there continues to be a challenge to deliver at specialty level;

General Surgery – This is impacted by both sub-specialisation and cancer work. Focus through our Right Care Programmes, particularly in Theatres and Outpatients should lead to improvement through 2017/2018

Orthopaedics – There is a longer term challenge regarding Orthopaedics in line with the position nationally. There are sub-specialisation and capacity pressures and we do not believe this can be completely resolved in 2017/2018. We are working with stakeholders to develop capacity so that by 2018/2019 this is improving.



(b) Nationally Mandated Performance Standards

We have profiled what we consider realistic trajectories for national performance standards on Clostridium difficile, RTT, A&E 4 hour waits and Cancer based on current demands and external factors.

Winter (including Beds)

There is a significant piece of work completed to develop a Resilience Plan for Winter - led by the Chief Operating Officer and approved by the Trust Board of Directors. This plan is shared through the local A&E Delivery Boards to site partners on the detail and is in line with the 8 key interventions outlined by NHS England. Within the Foundation Trust, our Winter Champions have helped to design plans for the current year.

The hospital has 281 beds in its established bed base. From analysis of the previous years trends and forward projections, for winter the Foundation Trust is projecting it shall require a maximum of 350 beds. This is 69 above current establishment of 281. At current time there are an additional 50 bed spaces available during winter across our ward areas. By using the capacity and also by changing the skill mix of the intermediate care ward, it is possible to operate these plans continuously, albeit on a reducing bed base requirement.

Delayed Transfers of Care (DToC) - For a large part of 2016/2017 this has had a significant impact on available bed capacity in the hospital on a day to day basis with delays in getting patients transferred from the Emergency Department once it's determined they require admission. However, since the end of January once the impact of the West Yorkshire Accelerator Zone schemes have started to be felt (namely care home and residential home placements, intermediate care and rehabilitation placements and care packages in patients own homes), Delayed Transfer of Care levels have reduced with a corresponding improvement in the A&E 4 hour standard.

Discussions are on-going at pace via the newly formed A&E Delivery Boards to look at continuity of this support as otherwise assessments shall continue to be completed in an acute hospital bed which is not appropriate. In addition, through the A&E Accelerator Zone, the Foundation Trust shall be implementing the SAFER bundle to facilitate the discharge process.

Elective and Non-Elective Activity

Activity is managed by the Clinical Groups on a daily basis and overseen by the Chief Operating Officer. Elective capacity is reviewed at weekly scheduling meetings with input from the relevant clinical leaders. This allows a review of the planned work for theatres alongside the available bed capacity and allows the teams to make any adjustments that may be required. In addition, there are weekly RTT and Cancer standard meetings supporting delivery of these national standards. For Non-Elective activity there are three meetings a day which are attended by clinical and managerial staff. The meeting is chaired by the Assistant Director of Operations or Service Manager of the day and uses the REAP (Resource Escalation and Action Planning) tool to determine the level of risk to delivery of the required capacity for the 24 hour period and levels of escalation and intervention needed at a point in time depending upon that level of risk. This meeting also reviews the elective admissions due in for the following day and takes action as needed.

C. Quality

Quality Improvement Strategy

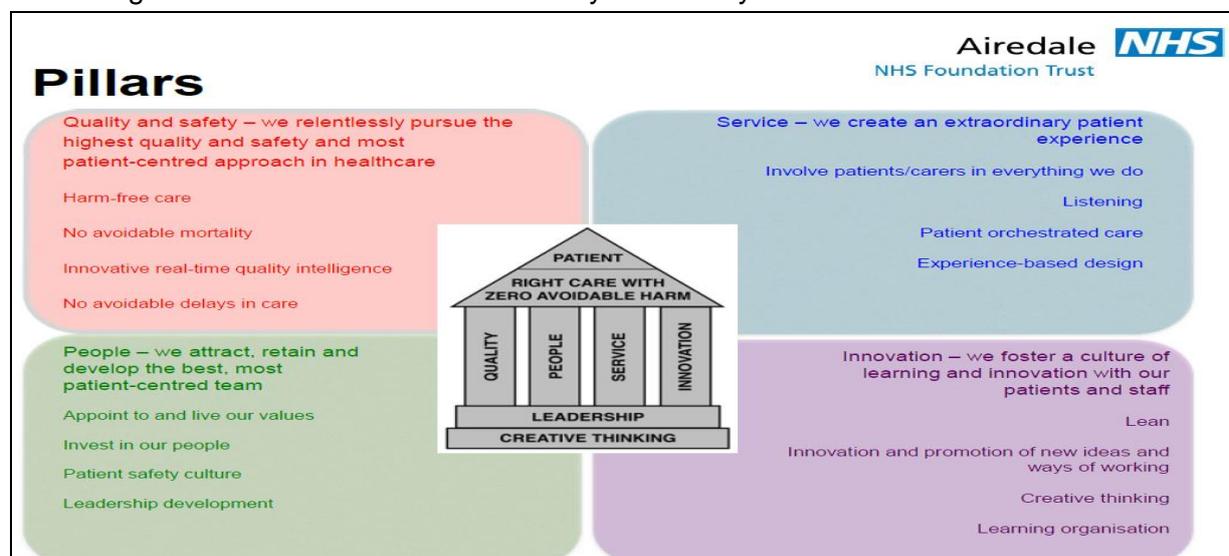
The Foundation Trust aspires to deliver harm-free, high quality, patient-orchestrated care and be renowned for doing so. Our staff embrace our Right Care vision, which has the individual patient at the centre and combined health and social care integrated around their needs. Patients access help and support in a way that is right for them, that makes them feel empowered, active and safe. We also promote Self-Care and Health and Wellbeing, both with our patients and our staff.

Patient safety lies at the heart of what we do and research has shown that up to one in ten patients suffer harm, at least half of which is potentially avoidable. **We aim to reduce this, aspiring to zero avoidable harm.**

Whilst we have a reputation for delivering high quality safe care, we believe we can do it better. Quality and Safety is our business and our number one priority. After widespread consultation with patients, staff, and stakeholders, we developed and launched a Quality Improvement Strategy which we expect every current and future member of staff to commit to. We aspire to zero avoidable harm and have introduced the Right Care Quality Temple, which shows the four pillars that we use to drive the improvement in quality and safety. This organisation wide approach to improvement supports our approach to achieving a Good or Outstanding Care Quality Commission rating going forward.

Responsibility for this is embedded in everyone's role within the organisation. The Quality Assurance Framework outlines a change to deliver more robust and streamlined governance that will help deliver this strategy. Performance and improvement objectives are reviewed monthly at the Delivery Assurance Groups. In addition, detailed reviews by our Clinical Specialty Assurance Committee (which includes Non-Executive Directors representation) together with regular Executive Director walk rounds, staff briefings and Director listening sessions, provide a more transparent Ward to Board approach.

The Quality Improvement Strategy is led by Executive Medical Director and Interim Director of Nursing who are the Trust leads for Quality and Safety.



Quality Improvement Plan

The Care Quality Commission visited the Foundation Trust in March 2016 and performed an assessment as part of their Hospital Inspection Programme. The Quality Report published on 10th August 2016 detailed the overall rating for the Foundation Trust of Requires Improvement. The Foundation Trust achieved Good for all services inspected for the Caring domain and Community Services were rated as Good for all domains with the exception of Well-Led where they were rated as Outstanding.

The Foundation Trust developed and provided a detailed Improvement Plan to the Care Quality Commission for the identified must dos within the report, along with those quality issues that will strengthen our compliance with Care Quality Commission regulations. Each of the 29 must do requirements has both an Executive Director and an Operational lead. The agreed timeframes for completion are rigorously monitored through a programme whereby the leads provide updates in relation to immediate compliance, continued compliance and present the evidence for this.

Quality Account 2017/2018 Priorities For Improvement

Our three key local quality priorities for 2017/2018 are:

1. Patient Experience: Improving the quality of wound care for patients both in Hospital and the Community.

The care we provide to patients who have or develop wounds can fundamentally improve the quality of their lives. There are approximately 79,500 people in England who have a complex wound at any one time and the healing of these complex wounds can take months, years or never happen at all. However by the provision of standardised care based on research and best practice, patients will have the greatest opportunity for healing. In addition by working seamlessly between community, primary care and the hospital setting we will ensure there is an individualised programme of treatment to support this healing and the improvement in the quality of patients' lives. This will be monitored at the Nursing, Midwifery Leaders Group and reported through all the Clinical Delivery Assurance Groups

2. Patient Safety: To improve the prevention, early identification and management of Acute Kidney Injury (AKI)

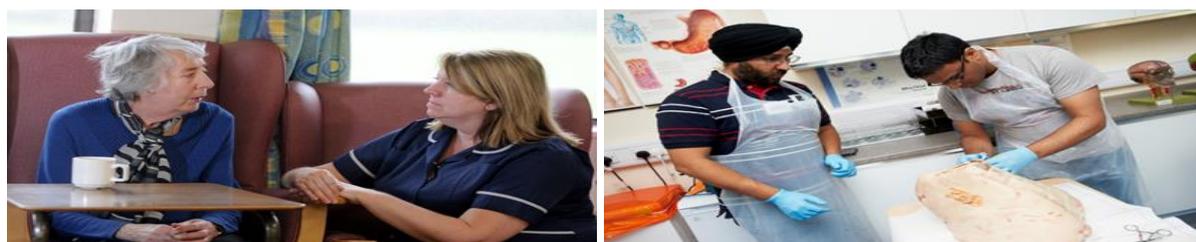
As a significant source of harm, the early detection and effective management of Acute Kidney Injury is a key priority for the Foundation Trust. One in five emergency admissions to hospital in England and Wales has Acute Kidney Injury (AKI) (Wang et al 2012) and of the estimated 100,000 deaths associated with AKI, approximately 30% could have been prevented with the right care and treatment (NCEPOD 2009).

Building on existing quality improvement work and in recognition that early detection and management has a profound effect upon patient safety we seek in collaboration with our "Right Care" partners, Airedale, Wharfedale and Craven Clinical Commissioning Group and Bradford District Care NHS Foundation Trust, to raise awareness of this with the aim of reducing avoidable deaths whether in hospital and/or community care settings. There is an identified clinical lead for this important patient safety initiative and progress will be monitored by the Clinical Groups and reported at all the Clinical Delivery Assurance Groups.

3. Clinical Effectiveness: The management of sepsis

Sepsis is a key national priority for NHS England and local commissioning groups with recent high profile reports highlighting issues in the its detection and treatment. Sepsis claims 37,000 lives each year in the UK and costs the NHS an estimated £2.5 billion. Research indicates that by continuing to improve the Trust response to sepsis can save up to 100 extra lives each year in a hospital the size of Airedale and around £1.25 million. Progress is measured through the CQUIN indicator and progress monitored by the Clinical Groups and reported at all the Clinical Delivery Assurance Groups.

Other local prioritised quality improvement work identified for inclusion in the 2017/2018 Quality Report include: **Patient experience:** Improving care for patients living with dementia; **Privacy and dignity:** Creating a customer services culture; and a patient-led care environment. **Patient safety:** Infection prevention and control; Reduction of slips, trips and falls sustained by patients admitted to our hospital wards; and Frail Elderly Care Pathway Team - frailty identification and care planning between health and social care. **Clinical effectiveness:** Airedale Digital Care Hub and the overall quality of healthcare for people with long-term conditions; The monitoring of Caesarean Section rates through the safe promotion of normality; and, Fractured neck of femur improvement project.



Summary of Quality Improvement Plans (including national quality priorities)

Priority Area	Delivery Assessment / Plans 2017/2018 to 2018/2019
Infection Prevention	Historically low levels of MRSA/Clostridium difficile. Monitored through Clinical Groups. Supporting elements: Hand Hygiene audits across all wards and departments to be consistently >95%.
Referral to Treatment	Focus on delivery of national aggregate standard by increasing theatre and outpatient utilisation and efficiency. Pressures in General Surgery and Orthopaedics as highlighted in Section B.
Cancer Waiting Times	Aim to sustain delivery of all national cancer access targets. Aim for 28 day standard and IPT within 38 days.
A&E 4 Hour Standard	Delivery of national standard reliant on resolving Delayed Transfers of Care issue and growth being at planned levels. Supporting elements: Improved Ambulatory Care, 7 day ward rounds and greater surgical assessment
Diagnostics Waiting Times	Continued focus on delivery of national standards Potential for McMillan nursing support for holistic needs assessment and development of Midwifery sonography

National clinical audits	Ongoing participation in various clinical audits including ED, AMU (SAM standards), NNAP, Children's diabetes and screening
7 Day Standards	4 key standards for 2020. Key principle to achieve through redesign at no cost pressure. Diagnostic core standard – Group working towards but areas of concern are ECG, bronchoscopy and endoscopy. Daily ward round pressures - AAU model of care (see Capital Plan) shall help support delivery.
Safe staffing	e-rostering, SBAR, Ward deep dives, SAFER Nursing Care Tool. To achieve over 90% fill rates for registered and unregistered workforce. Challenges in some surgical wards and theatres Mitigated through Ward development plans
Care hours per patient day	Monitored via safer staffing report presented to Board.
Better Births review	Participation in Programme Management Board
Mortality/SI	Mortality Surveillance Group, Child death overview; perinatal case reviews Surgery Fracture Neck of Femur group chaired by Medical Director to drive mortality down.
Anti-microbial resistance	To deliver targets as defined by Infection Prevention and Control. Prescribing guidance; monitoring and challenge
Falls	Aims 25% reduction in all falls; 50% reduction in 2nd falls
Sepsis	Early identification and treatment as per CQUINS indicator. Aspire for 50% reduction in mortality.
Pressure ulcers	Foundation Trust aims for zero Grade 4; 50% reduction in Grade 3 and 20% reduction Grade 1 and 2 in hospital acquired ulcers.
End of life care	Aiming to increase numbers of patients on Gold Standard Framework. Three wards to gain GSF accreditation within next two years. Participation in local review of children's bereavement palliative care. Bereavement care in Maternity.
Patient Experience	Achieve national performance standards for FFT. Aim to improve complaint responses to 95% within 40 days over two years of plan. Engagement - Children's forum, environment improvements Maintain 95% level of patients recommending the service All Groups focus on clinical variation and standardisation

Cost Improvement Programme and Quality Impact Assessment

The Foundation Trusts Cost Improvement Programme 2017/2018 and 2018/2019 shall continue to work alongside the Trusts overall clinical strategy of 'Right Care' and remains established as a series of transformation programmes alongside tactical Group targets. As a development, during 2017/2018 we plan to increasingly align schemes with the Care Quality Commission domains of safe, effective, caring, responsive and well-led.

The transformation programmes have continued to develop in the Foundation Trusts planning and focuses on opportunities to transform the way care is provided and evaluates the potential benefits. This includes reviewing the fit to delivering the overarching Right Care strategy. There are four main programmes; Transforming Urgent Care and Patient Flow (including a focus on discharge and the SAFER bundle), Value Programme incorporating Theatre Productivity and Clinical Standardisation, Developing an Integrated Health Record (incorporating Outpatients) and our People Plan. Each area has a Programme Board with a number of working groups reporting into them. The Boards are made up of both clinical and non-clinical staff groups, including finance, as well as representation from the Staff Unions. The groups develop their plans, which in 2017/2018 shall also include appropriate stress testing, and maintain CIP trackers which are reported to the Quarterly Right Care Programme Board, attended by all Executive Directors and Chaired by the Chief Executive.

The Foundation Trust has an established risk management framework, through which all risks, including those linked to efficiencies are highlighted throughout the year. These are raised through, for example, Delivery Assurance Groups or the Right Care Programmes, Any risks above a certain level are then escalated to Executive Directors for review at the monthly Executive Assurance Group. The overarching Corporate Risk Register (which contains the highest ranked risks) is reviewed quarterly by both the Audit Committee and Trust Board of Directors.



Triangulation

At a Trust level, through our Executive Assurance Group we review and address progress and risk areas on a monthly basis. This includes reviewing a series of high level metrics as part of an integrated governance process (including a triangulation of impact around Quality, Safety, Finance, Performance, Workforce and Service Development) to review overall progress and any potential cumulative impacts across different areas of the Foundation Trust, together with detailed Quality and Safety information on a range of national indicators.

D. Workforce Planning

Under the direction of the Integration and Change Board (ICB), a workforce strategy has been developed to cover the Bradford and District health and social care economy. This has been developed with the involvement of staff from across a range of provider, commissioner and voluntary sector organisations. This Strategy reflects both our local ambition and that of the ICB for the wider health and social care economy. The four key areas of focus will be: growing our own workforce from across the health and care economy; developing talent within; creating the environment to retain talent within the system; and creating a shared culture of integration and system wide working. This strategy has shaped our local input into the wider West Yorkshire STP people and workforce plans.

At a Trust level, through our Executive Assurance Group we review and address progress and risk areas on workforce matters a monthly basis. This includes reviewing a series of high level metrics as part of an integrated governance process (including a triangulation of impact around Quality, Safety, Finance, Performance and Service Development) and a detailed focus on specific workforce matters. This would also include any quality impact as a result of workforce CIPs that required review (see detail in Quality section). In addition, workforce and people matters are overseen by our People Plan, an enabling Programme, within the Right Care Portfolio with clinical involvement.

Our own workforce plan informs and is informed by Health Education England and is developed in conjunction with clinical managers. The key challenges going forward will be:

- The recruitment and retention of the medical workforce.
- Nurse staffing, following recent investment our plan is to maintain nurse staffing levels through continued recruitment (including international recruitment), retention strategies and student support initiatives.
- Developing the future workforce. We have expanded further the Advanced Clinical Practice Workforce and see this role as a key element of our future workforce strategy. We are currently part of a pilot with two other Trusts in West Yorkshire to recruit and develop staff as Nurse Associates; and continue to use the Calderdale Framework to enhance other clinical roles. We are also working with our local colleges to harness the talent from within the local population and grow our own workforce; this includes our apprenticeship programme for health care support workers and other entry level roles.
- Managing agency expenditure. We have implemented the good practice set out in the agency toolkit supplied by NHS Improvement and continue to work with other providers in West Yorkshire to monitor and reduce agency expenditure in line with the caps. We have taken steps to encourage more doctors and nurses to take up substantive and bank appointments and will continue with this approach going forward. We have implemented e-rostering across our hospital and community nurse rosters and expect to see productivity, staffing and efficiency benefits as a result. Improving job planning for medical staff is a key priority for 2017/2018 to 2018/2019.

Over the next two years the Foundation Trust plans to:

- Further develop and deploy Advanced Practitioner roles in Nursing, Therapies, Midwifery and Pharmacy to supplement and complement other roles and to mitigate the risks associated with reductions in the number of junior doctors in some specialities.
- Continue to use the Calderdale (competencies) Framework to break down traditional ways of working and develop new roles (e.g. Assistant Practitioners, rehabilitation into ward and community teams), Orthopaedics ANP's, development of Nurse endoscopists.
- Consider further international recruitment and networked service models with other providers to address supply shortages at middle grade and Consultant level.
- Develop the clinical workforce to work across traditional and professional boundaries both within and outside a hospital setting, including the development of skill sharing and joint roles to support the provision of an integrated approach to health and social care for patients and partnership working.
- Continue the integration and development of the workforce aligned around services provided in the community, with more nurses and other health care workers working in the community as opposed to a hospital setting. Nurse staffing levels will remain under constant review to ensure safe staffing levels are maintained in line with requirements and the needs of patients.
- Through the Sustainability and Transformation Plan and WYAAT approach we would look to explore possible service collaborations as well as different models.
- We are committed to being an inclusive health care provider and employer. This is central to achieving our Right Care ambition and is at the heart of NHS and Trust values. We value the diversity of our workforce and the contribution that people make whether they be recruited locally, from within the European Union or further afield. We anticipate the continued need for diverse recruitment routes in the future.
- Continue to develop our apprenticeship programme in line with Government commitments and the new Apprenticeship levy from April 2017 with the expectation that apprenticeships will become the main entry level (band 1-4) route into work at our Trust.
- Progress work on productivity through areas highlighted in the Carter review and GIRFT. This has already started in Orthopaedics and Urology as well as work around productive Pharmacy. Peer challenge has highlighted some areas for focus (e.g. Inpatients being reviewed by a Consultant 7 days per week) in line with the national seven day standards.
- All Groups have assessed the requirements for implementing the four priority standards for seven-day hospital services.
- In 2017/2018 to 2018/2019 we shall be looking to embed quality improvement methodology throughout the Trust, including further Rapid Improvement weeks such as those we have held regarding discharges in the current year and through the inclusion of quality improvement methodology in leadership development programmes'

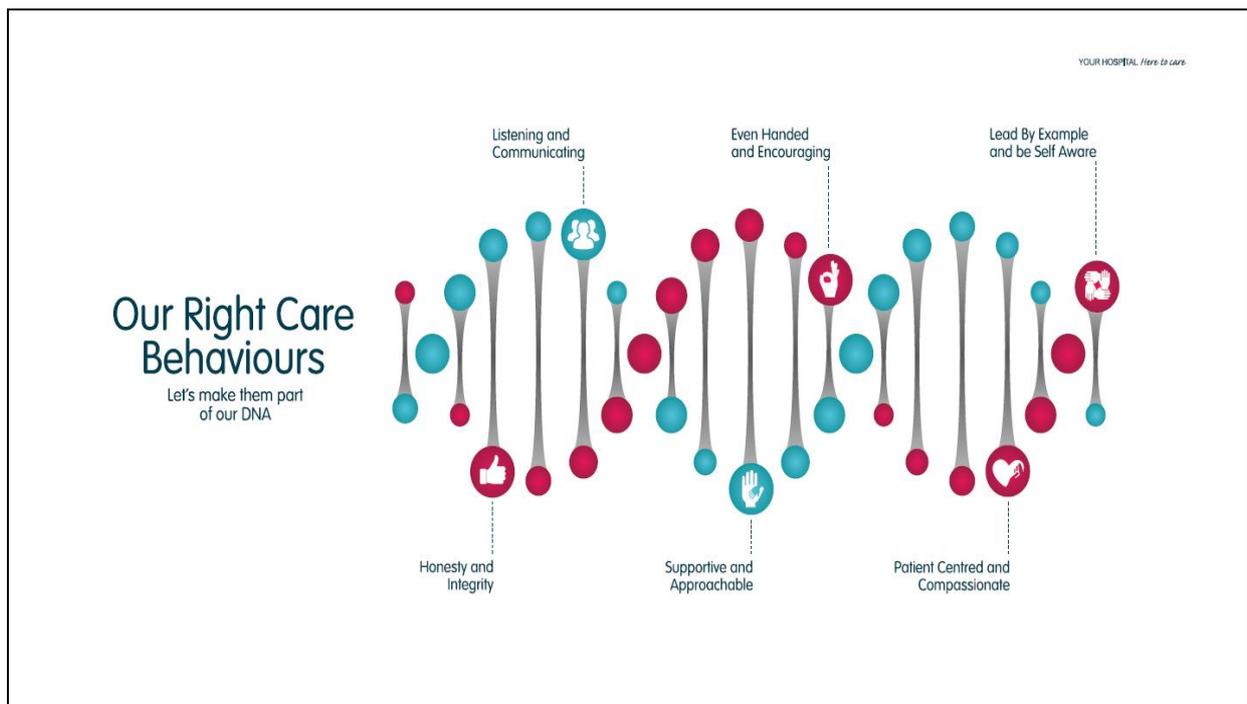
Our People Plan

Our people are key to our success. Evidence suggests that healthy, engaged and happy staff provide outstanding care. Our People Plan sets out our people management priorities.



Actions in our People Plan to respond to the challenges ahead

- Developing leadership capability at all levels, with a focus on clinical leadership
- Further improving engagement through increased senior leadership visibility, improved approaches to line management and engagement activities
- New models of care requiring new roles and ways of working
- A focus on embedding our values and behaviours in leadership development, recruitment, appraisal, development and reward and recognition
- Focus on reflecting the community served and become a more inclusive employer
- Improving the health and well-being of our people, including building resilience and reducing sickness absence
- Workforce Changes – including developing new roles and reconfiguring some areas of the workforce to reflect changed needs
- Managing talent through new recruitment pipelines and development at all levels
- Further enhancements to the reward and recognition scheme



E. Capital Expenditure

The main capital expenditure priorities for 2017/2018 and 2018/2019 are set out below.

Key capital expenditure priorities	Contribution to the strategy (including service delivery)
<p>Acute Assessment Unit</p> 	<p>To further develop urgent and emergency care arrangements during 2017/2018 we plan to design a major capital build, the Acute Assessment Unit (AAU). We intend to utilise the capital programme and estate development to realise efficiencies from improved clinical decision making, flow and patient experience.</p> <p>The AAU will be a project, complementing the Accident and Emergency Department development by consolidating the existing Acute Medical Unit, Ambulatory Care Unit, Medical Admissions Unit and Surgical Admissions Unit.</p> <p>It is intended to locate the Acute Care Hub next to A&E with a view to aiding operational assessment and flow.</p>
<p>Continued investment in improving our Estate Upgrades;</p> <p>Enhancing the environment for our patients and staff</p> 	<p>Demolition of Old Nursing Residences Requirement for Health and Safety due to age of buildings.</p> <p>Car Parking Responding to priorities raised by our Governors on behalf of the Members, further improvements include the permanent upgrading of temporary facilities, resurfacing, pay on exit parking a separate patient/visitor area and a significant upgrade.</p> <p>Ward/Department Upgrades Following completion of AAU, further work on upgrading ward and department facilities on a priority basis.</p> <p>Nurse Call System Replacement</p>
<p>Information Technology – Continued investment in IT infrastructure</p>	<p>This supports the delivery of the key projects set out in the Foundation Trusts 5 year IM&T Strategy.</p> <p>Desktop/Laptop Replacement, Systems Upgrade/Replacement, New Devices.</p>
<p>Medical Engineering Equipment Replacement</p>	<p>Supports the provision of excellent, high quality, safe care. Provision for Medical Engineering equipment replacement.</p>
<p>Radiology Room Upgrade</p>	<p>Rooms upgraded to accommodate equipment replacement.</p>
<p>Building & M/E Compliance, Estates Contingency including Backlog Maintenance</p>	<p>Supports the provision of excellent, high quality, safe care. This covers backlog maintenance and ensuring maintenance and equipment compliance standards are met.</p>
<p>Pathology Fit Out</p>	<p>Supporting the Pathology work highlighted in this plan.</p>

F. Sustainability and Transformation Plans

West Yorkshire and Harrogate STP

Through 2016/2017, West Yorkshire and Harrogate health and care organisations have worked together on the response to the challenges highlighted in the Five Year Forward View. The focus in the Sustainability and Transformation Plan has set out the initial journey towards closing the health gap between communities, the care gap leading to unwarranted variation and the financial gap.

WYAAT - West Yorkshire Association of Acute Trusts

In support and feeding into the West Yorkshire STP, the six hospital Trusts across West Yorkshire (including Harrogate) have come together to look at where opportunities to provide services differently exist. The purpose of the collaborative programme of clinical and non-clinical work streams is to reduce variation and deliver sustainable services to a standardised model which is efficient and of high quality. In developing this programme the parties will be designing services over a wider NHS footprint, thinking of different models of care and making collective efficiencies where the potential exists.

Led by Chief Executives, WYAAT organisations are looking at opportunities for collaborative working across the six Trusts. The key principles to the WYAAT approach are developing 'centres of excellence', standardised operating procedures and pathways, collaborating to develop clinical networks and creating alliances, developing workforce planning at scale and delivering economies of scale in corporate support functions.

Bradford and Craven Sustainability and Transformation Plan

Work also continues with our partners (Providers, CCGs, Bradford Council) on our local STP at Bradford District and Craven level which informs the West Yorkshire STP. We continue to explore with partners the potential for an accountable care system in future years.

G. Membership and Elections

Elections

The Foundation Trust has a Council of Governors with 19 public, 6 staff and 6 stakeholder seats. Since authorisation, we have been successful in attracting candidates to fill the majority of these posts. The Foundation Trust has an annual pre-election programme which includes an election special newsletter, information packs and bespoke information-giving sessions for interested candidates. These sessions are designed to give candidates a comprehensive understanding of the role and election process and the opportunity to speak to current Governors about the role in practice. The pre-election programme is communicated throughout the local community to ensure all members of the public have equal opportunities to become a Governor, encouraging representation of the community.

Governor Training and Development

Governors have a continuous programme of training and development including:

- Two day induction programme at the Foundation Trust
- Bespoke Govern well training day held at the Trust on topics selected by governors
- Networking opportunities with Governors from local trusts
- Mersey Internal Audit Agency Governor training events
- Governor network meeting with presentation and training sessions as required
- Governors also lead a performance evaluation group whose role it is to undertake a full self-assessment of the Council of Governors.

Public and Member Engagement

Governors have the opportunity to participate in an annual programme of engagement and recruitment events such as:

- Trust public and staff open day and Trust careers event
- Board meetings with engagement events in the community
- Health events in the community (e.g. a health event for farmers in Bentham)
- Other community events (e.g. Community Cohesion day in Skipton, college events)
- Regular focus events at the Foundation Trust with Governor drop-in sessions
- Identifying and establishing opportunities for engagement with a diverse range of people, from all groups in the community including under-represented groups.

Membership Strategy

The Foundation Trust currently has a public membership of 11,400 members and a staff membership, including volunteers, of over 2,800 members. The membership is generally representative in terms of age, ethnicity, gender, constituency and socio-economic group and ONS Monitor classifications. There is one out of the 16 public constituencies with a lower than average membership, however it is on the peripheral area beyond our natural boundary where Airedale NHS Foundation Trust would not be the first choice of hospital for those patients based on geographical location. Any areas requiring increased representation are identified on a bi-monthly basis and reviewed by the Membership Development Group with an agreed action plan. The Membership Strategy is reviewed on an annual basis and approved by the Council of Governors. Members also receive an update at the annual members meeting.