

1 National Developments and Publications

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National developments that I wish to bring to the attention of the Board this month are summarised in **Appendix 1**.

The following are of particular note:

- The Government's response to the 5 Year Forward View (5YFV) as set out in Jeremy Hunt's innovation and efficiency speech at the FTN annual conference setting out their 4 pillar plan for the NHS and top 10 savings challenges to address the 5YFV £22bn efficiency challenge. At our Board strategy day we reviewed the main themes against our Right Care strategy and acknowledged that the strategy remained appropriate and emphasis now for us had to be on implementation.
- The National Information Board publication *Personalised Health & Care 2020* framework for action setting out how the NHS needs to use data and technology to transform outcomes for patients and citizens. At the Board strategy day we acknowledged that whilst we have a strong technology enabled care innovation platform to build on, there is a lot to do in terms of supporting the workforce to maximise the benefits of technology and new ways of working.
- Continued noise about the Better Care Fund following critical report by the National Audit Office
- Yet more references to the financial crisis which continues to escalate, with continued calls for increased funding from various think tanks and NHS commentators.
- Early sight of forthcoming consultation on NHS tariff for next year which we reviewed at the Board strategy day

At the Board of Directors meeting we will have the opportunity for further reflection following the Board strategy day held earlier this month.

2 Local Health Economy Developments

2.1 Joined up working: Integration Hub goes live

In line with the Airedale, Wharfedale and Craven local health economy shared '*Right Care*' vision; a new Intermediate Care HUB (IC-HUB) went live earlier this month.

Working together with our partners, the IC-HUB, which is based within the Trust's Telehealth Hub, provides health and social care colleagues with a single point of referral for adults needing intermediate or enablement care. This is rehabilitation or recovery care after an illness, such as a stroke or if a person has long term conditions e.g. lung disease. It is also quick interventions to prevent major health problems developing if a person's long term condition deteriorates.

2.2 Airedale Wharfedale and Craven: New Models of Care Update

Partners are continuing to work through possibilities relating to the extensivist and enhanced primary care models.

2.3 Stakeholder engagement update

Directors continue their extensive engagement activities with partners and other key stakeholders to further refine our *Right Care* vision to ensure alignment with transformation and integration plans across our local health and social care economies. This month the Integration Change Board (ICB) held a workshop of Chief Executives and Chief Officers to consider the opportunities and potential of the 5 Year Forward View published last month. The next meeting of the ICB will be held on 21 November where members will discuss next steps.

2.4 Provider Developments

Bradford District Care Trust's Foundation Trust (FT) application has moved through the TDA assessment stage and has now entered the final Monitor assessment stage. If successful, this will mean the provider sector for Bradford, Airedale, Wharfedale and Craven will be 100% FT.

Having not moved for over a year, Monitor's FT pipeline has become active again with 3 Trust's authorised this month including 2 community Trusts.

3 Airedale Foundation Trust Update

3.1 Patient centred care

Following our reflections at this month's Board strategy day we agreed we would raise the profile of the patient story at future Boards with the experience being the first item the Board considers each month to set the tone for the meeting and root the discussion in patient centred care.

3.2 Improving quality and safety: safe staffing update

In the Board pack is the latest monthly report looking at staffing levels against plan on the wards during October. Staffing shortfalls did not raise any significant issues during October. The Director of Nursing will provide further detail regarding proactive management and an update on nurse recruitment campaigns.

3.3 Improving the patient environment: update

New Emergency Department:

The new Emergency Department building development is now complete and teams are preparing to accept patients into the state of the art £6.4m facility from December. For the past year patients and staff have been accommodated in a temporary facility whilst the new build took place. From December we will be able to provide care from a modern, healing environment of a standard our community and staff should expect from a 21st century health care provider. As previously reported, the development has enjoyed massive support from the local community, the Keighley News and other local businesses who have sponsored the development, as well as from our staff, Governors and volunteers who together have raised thousands of pounds to complement the Trust's £6.4m investment.

The Board will want to acknowledge the support and thank the staff who have worked tirelessly to both create the new environment for tomorrow whilst ensuring delivery of today. This is what *Right Care* is all about.

Enhancing public entrance areas:

Work on the new retail outlet – the Friendly Café – in the former main hospital entrance is well underway. Sponsored by the Friends of Airedale charity this will complete the scheme to enhance

that public area of the hospital which has become a place for patients to relax with their families and friends following the earlier improvements to seating and lighting. This will be followed shortly by a second scheme, this time supported financially by the Airedale New Venture charity, to replace the shop located in out patients with a modern, larger, brighter retail facility. Both developments, which were highlighted as priorities in the Trust's Patient and Public Engagement and Experience action plan, will significantly enhance the environment for patients, visitors and staff.

The Board will want to acknowledge the support of the Friends of Airedale and Airedale New Venture charities for their on-going support which will help to significantly enhance the patient experience by contributing to our healing environment aspirations as part of our estate transformation plan to deliver *Right Care*.

Improving access

Work begins this month as part of our new wayfinding scheme to help improve access for patients. Patients, visitors and staff will be involved in advising on the most appropriate signage to improve flow and enhance patient experience. The wayfinding scheme is supported by the Friends of Airedale, Airedale New Venture and The Airedale Charity and is a key part of a suite of improvements originally identified as a priority in our Patient and Public Engagement and Experience strategy.

3.4 Health Watch Enter and View Visit to Airedale General Hospital report in draft

Healthwatch North Yorkshire (HWNY) carried out a planned Enter and View visit to Airedale General Hospital on Monday 3rd November 2014.

The purpose of the visit was both to contribute to their wider programme of work and to look at a single issue across the NHS Foundation Trusts that serve the residents of North Yorkshire. One of their three Health and Social Care priorities for 2014/15 is Hospital Discharge and post Hospital support arrangements; and they are also looking at the quality of hospital inpatient facilities in North Yorkshire.

The initial feedback from Health Watch was positive and their overall observations show that the hospital was operating to a very good standard of care. Once the final report of the visit has been received this will be shared with the Board together with an action plan in response. As a learning organisation we always welcome feedback on our services as this helps us to continuously improve.

3.5 2014/15 Finance and Performance

Financial position: month 7 headlines

The overall financial position at the end of October was:

- The financial position to date is a surplus of £448k against a planned surplus of £453k, £5k worse than plan;
- EBITDA is £78k worse than plan, which delivers a CoSR rating of 3.5 against a plan of 3.0 due to improved liquidity;
- PbR Income is £799k above plan, driven mainly by Day Cases, Outpatient Procedures and High Costs drugs which are offset by cost, Non Elective, and Direct Access;
- The cumulative value of the non-elective 70% threshold tariff reduction for the year to date increased to £493k by the end of October;
- Vacancies and sickness in medical staffing posts continue to be filled with agency;

- The overall CIP performance in October, excluding CIP contingency, is £891k behind plan which is an improvement on the forecast of £91k.

The recurrent CIP gap continues to be managed through the Trust's *Right Care* Portfolio of Programmes. Executive Sponsors have completed a detailed review of the 2 year projects in their programmes (2015-2017) and scoped further work for the outer 3 years. Significant progress continues to be made in terms of the detail and delivery plans for each programme, but there is further work to do to close the gap. This will include an assessment of how much of the identified change is within our gift and how much of it is contingent on partners across the health and social care economy.

Overall, the CIP slippage is now manageable within the contingency set aside and as detailed in the *Right Care* monthly update report (Agenda item 3.1), projects are making good progress.

The overall position has improved on last month and Directors remain reasonably confident regarding 2014/15 plan delivery.

Further details are included in the Director of Finance's October update report.

Performance standards

Accident & Emergency (A&E) 4 hour treatment time standard

- The A&E 4 hour waits standard was achieved at 95.54% for October, which contributed to a YTD position of 95.89 %. Whilst the position to date for Nov has improved (97.11%) the Trust continues to experience huge peaks in demand.

Hospital Acquired Infection Rates

- There were no cases of Clostridium Difficile (CDiff) during the month of October leaving the total for the financial year to 6 cases of which 5 have been classed as avoidable. However, at the time of writing this report 2 hospital acquired cases have been confirmed during November which if considered avoidable will bring the total to 7. As previously indicated, remaining under our annual threshold of 9 remains a risk.
- There were no cases of MRSA in October– the total for the year to date remains 0

Other Standards

- All other standards were achieved, were within de minimis limits or had agreed exemptions in place (i.e. Referral to Treatment).

Further details of the performance position for October are included in the Director of Finance's report.

3.6 Strategic plan update

Airedale's 5 year forward view 2014/2015 to 2018/2019

As reported at the Board strategy day earlier this month, formal feedback from Monitor on the Trust's 5 year forward view submission has been received (Appendix 3). As anticipated our plan – which was ambitious but honest with caveats regarding delivery - has been given an AMBER rating with feedback focussing on CIPs and engagement with the whole health economy to realise our shared *Right Care* ambitions and develop a wider understanding of what sustainability looks like.

Directors continue to support and enable clinical groups and cross cutting *Right Care* programmes as they continue to develop their detailed implementation plans. The Board will receive detailed group presentations at the January strategy day as part of our assurance process to develop our next 2 year Annual Plan submission.

Directors will also have the opportunity to hear feedback from Governors at our planned Board to Council meeting next month regarding priorities from members and the public for consideration as we further develop next year's Annual Plan.

2014/15 Delivery expectations and planning for 2015/16

Earlier this month I attended a regional meeting held by Monitor, NHS England and the TDA for CEOs where they confirmed expectations regarding NHS performance over the coming months; outlined the 15/16 planning process and updated on their longer term thinking about the NHS.

Expectations included:

- the requirement to work collaboratively with local partners to deliver the best possible health services to your patients. CEOs were reminded this required personal leadership at local level.
- to continue to focus on meeting the NHS Constitution standards and take rapid action to improve performance where these standards are not being met.
- performance against national standards (A&E 4 hrs; 18 weeks; diagnostics 6 wks; all cancer waits and ambulance response standards) will be recovered so that they are all met consistently:

In early December, NHS E will be publishing planning guidance for 2015/16. The guidance will set out how the NHS budget will be invested in the coming year to drive continuous improvement. The overarching objectives of the planning round for 2015/16 will be to:

- refresh the second year of the existing two-year operational plans with a focus on making sure that the plans are as realistic as possible;
- secure alignment across NHS England's commissioner planning process and Monitor and NTDA's provider planning processes;
- establish a foundation for longer term planning, based on the NHS Five Year Forward View
- minimise the burden and opportunity cost for commissioners and providers of completing the planning returns;
- add value by identifying and resolving contradictions and inconsistencies between the financial and activity elements of commissioners' and providers' plans;
- identify the framework through which CCGs and individuals can take on more responsibility for commissioning a greater range of services, and
- model collective system leadership through joint working with partners.

There is an expectation that commissioners and providers will work closely together over the next six months to develop the best possible set of plans for 2015/16.

The Board is well cited on the challenges and requirements which are built into our planning and partnership arrangements.

3.7 Workforce update

People Plan

Actions to deliver the People Plan has begun with the launch this month of a new event aimed at line management, covering line management essentials, along with a new resilience training event to help all staff manage change, work pressure and stress.

Industrial action

Further industrial actions is taking place in relation to the national pay dispute on 24 November with Unison, Unite, RCM, GMB and Society of Radiographers calling on members to take a 4 hour strike/stoppage between 7am and 11am (8am until 12 noon for radiographers). This will be followed by a further period of action short of a strike. Normal contingency arrangements are in place to minimise the disruption to patients.

3.8 Innovation Recognition

The Trust's work in developing a compelling vision for the future of small acute hospitals including innovative ways of providing care enabled by technology continues to attract significant national interest:

- **Government response to 5 Year Forward View** – the Trust's at home telemedicine service featured in Jeremy Hunt's innovation and efficiency speech at the Kings Fund Annual Conference as an example of innovation. This was then picked up by a range of national media channels.
- **National Information Board Personalised Health & Care 2020 Framework for Action** – the Trust's nursing home telemedicine service was cited as an example of evidence of patients and citizens utilising digital care.
- **National Conferences:** this month the Trust has delivered a series of plenary presentations and taken part in panel discussions at a number high profile national annual conferences including The King's Fund, FTN and the International Telecare & Telehealth Conference and The FTN. Later this month we are also presenting at the Royal Society of Medicine Annual Conference.