Report to:	Board of Directors				
Date of Meeting:	29 April 2015				
Report Title:	CEO update report				
Status:	**For information**	**Discussion**	**Assurance**	**Approval**	**Regulatory requirement**
Mark relevant box with X	x	x	x		
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Executive Sponsor (presenting):	Bridget Fletcher, Chief Executive				
Appendices (list if applicable):	Appendix 1: National Developments Summary for information				

Purpose of the Report

The purpose of the Chief Executive's report is threefold, namely:

- to highlight key national and local health economy developments that are of strategic relevance to the Foundation Trust and which the Board needs to be aware of;
- to bring together key messages from the Board papers into a single, high level assurance narrative; and
- to update the Board on key strategic and operational developments that the Executive Team are leading.

This month's report covers developments that have happened since the March Board of Directors meeting

Key points for discussion

As can be seen by the national developments summary, due to purdah and the dissolution of parliament, national activity is significantly reduced. Key national developments to highlight include:

- The Care Act 2014 came into force on 1 April 2015
- New Models of Care Vanguard Programme has begun – the Vanguard sites crucial role in redesigning the future NHS should not be underestimated
- Number of nurse workforce developments reflecting current pressures in the system
- Increasing range of technology developments
- Interesting commercial developments that could signal a direction of travel

From a local health and care economy perspective we continue to collaborate on new models of care and are leading the development of the Enhanced Health in Care Homes Vanguard

For the Trust, in addition to closing down negotiations for 2015/16 and planning for tomorrow with new models of care, key points to note on 2014/15 delivery include:

- continued pressure on services and impact on patients and staff
- continued vigilance regarding safer staffing on wards
- improvement against some performance standards
- improved financial performance
- continued progress on delivering our Right Care Programme
- continued national interest in and recognition of Airedale's innovation

Recommendation:
The Board is asked to:
- **receive** and **note** the CEO update report and attachment

1 National Developments and Publications

Details of the main national developments and publications that I wish to bring to the attention of the Board this month are summarised in **Appendix 1.**

Key national developments to highlight include:

- The Care Act 2014 came into force on 1 April 2015
- New Models of Care Vanguard Programme has begun following a kick off event held earlier this month – the Vanguard sites crucial role in redesigning the future NHS should not be underestimated
- Number of nurse workforce developments reflecting current pressures in the system
- Increasing range of technology developments as the shape of care and access to services benefits from and responds to technology
- Interesting commercial developments that could signal a direction of travel

Directors will be aware this Board meeting falls in pre-election "purdah". This means announcements from and activities by public bodies which could influence or be seen to influence the election are restricted. This is reflected in the shorter than usual National Developments narrative as no policy documents have been published following the dissolution of parliament. National media interest in the NHS pre election is significant – in line with purdah rules no comment is included in this month's report.

At the Board meeting I will update Directors on further progress on any additional related developments.

2 Local Health Economy Developments

2.1 New Models of Care Update

Vanguard Update:
Airedale is coordinating a panel visit from the National New Models of Care Team on 27/28 April. Panels drawn from a number of national bodies, together with subject matter experts and local patient representatives (Isobel Scarborough, Chair of our PPEE panel kindly agreed to join the Airedale and Partners Vanguard panel) are visiting all 29 Vanguard sites over the next few weeks so they can agree the support packages and resources necessary to enable Vanguard sites deliver at pace and at scale.

Pioneer Update:
Partners across Airedale Wharfedale and Craven also continue to work on new extensivist and enhanced primary care clinical models of care as part of the separate Pioneer programme. A blue print on the proposed clinical model is being developed by the CCG following a series of clinical workshops involving clinical staff from across the local health and care economy, including from Airedale.

3   Airedale Foundation Trust Update

3.1   *Right Care:* Improving Patient Experience

Following our reflections at the November Board strategy day, Directors 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.   This month's patient story focuses on the life changing impact intensive community rehabilitation can have.

3.2   *Right Care:* 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 March. Given the continued significant service pressures across the system, the Board will want assurance regarding patient safety and staff wellbeing. Rob Dearden will provide further detail regarding proactive management and a further update on nurse recruitment campaigns.

3.3   *Right Care Today*: 2014/15 Annual Plan Delivery

i)   Right Care Portfolio of Programmes: Q4 update

This month's Board pack includes the Q4 Right Care Portfolio of Programmes update which demonstrates individual programmes are continuing to progress well with their work plans; strong progress continues on the *Right Care* staff engagement plan being led by our 29 *Right Care* champions; and service transformation is happening and making a huge difference for patients and their carers/familes as demonstrated by the Improving Patient Flow Programme's Dementia Crisis Response and Prevention Service case study.

The closing 2014/15 financial position leaves a recurrent gap which will be carried into 2015/16. Current projections for 2015/16 assume that this gap will be reduced to £1,075,000 in year but then increases to £1.8m recurrently. The Right Care Programme Board have been considering ways of closing this gap recurrently and first reports suggest a further £913,000 of savings are deliverable, reducing this recurrent gap to £909,000. Further work is still required to reduce this further. A key risk in progressing at pace continues to be capacity of the staff involved in the programmes.

ii)   Financial position: month 12 headlines

The overall financial position at the end of March is as follows:

- The financial position to date is a normalised surplus of £58,000 against a planned surplus of £29,000- £29,000 better than plan;
- EBITDA is £1,347,000 worse than plan. This position delivers a CoSR rating of 3.0 against a plan of 3.0;
- PbR Income is £2,376,000 above plan, driven mainly by Day Cases, Outpatient Procedures, High Costs Drugs which are offset by cost, Non Elective, and Direct Access;
- Vacancies and sickness in Medical Staffing posts continue to be filled with agency;
- CIP is £20,000 better than expected;

The Board will be interested to note the non elective 70% income threshold reduction was £1,045,000 to the end of March. This excludes East Lancashire and Bradford CCGs as they funded their element of the 70% throughout the year. No support was received from our main Commissioners. If this funding was forthcoming the financial position would be further improved.

As previously reported the recurrent CIP gap continues to be managed through the Trust's *Right Care* Portfolio of Programmes which are making progress as detailed in the *Right Care* update report included in the Board pack. 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 in 2015/16. For 2014/15 the CIP slippage is manageable within the contingency set aside.

iii) Performance standards

The indicative Quarter 4 rating for Service Performance remains Amber.

Accident & Emergency (A&E) 4 hour treatment time standard
The Trust achieved the 4 hour standard in March – performance was 95.76% against the 95% standard. The quarter position at the end of Q4 was 95.28% and for the year was 95.59%.

Whilst the Trust did hit the target overall for the month, quarter and year, at times a number of patients did have to wait over 4 hours for their treatment. We also had to cancel a number of elective operating lists as demand for beds again outstripped supply, despite opening more than the additional winter capacity beds planned for. Staff went the extra mile and were stretched to the limit in responding to the surge in demand

This is not the position I want this hospital to be in with patients not having optimum experience every time and staff health and wellbeing at risk. Without radical whole system transformation, ongoing achievement of this target continues to be a challenge.

Directors continue to view achievement of this target as a risk and recommend that the Board declares the risk to Monitor in the 2015/2016 Annual Plan submission Board declarations.

Hospital Acquired Infection Rates
There were no cases of MRSA in March – the total for the year remains 0, which is where we should always aspire to be.

The number of Clostridium Difficile infections as at the end of March was 11 cases. This is set against the national threshold target of 9 and de minimis of 12 applied in Monitor's Risk Assessment Framework. As previously reported individual cases can now be reviewed with commissioners who can determine that an infection was unavoidable and if so an adjustment can be made. To date the CCG has agreed that 7 cases can be classified in this way, leaving 4 recorded cases to the end of March.

Whilst it is pleasing that overall performance is below the threshold, Directors consider achievement of the Clostridium Difficile threshold for 2015/2016 as a risk and recommend that the Board declares the risk to Monitor in the 2015/2016 Annual Plan submission Board declarations.

Other Standards
For Q4 the Trust achieved the required thresholds or was within de-minimis limits for all other Monitor standards with the exception of the following:
- RTT 18 week standard which has been suspended to enable participating Trusts to clear the backlog following additional activity commissioned by NHS England as part of a national initiative.

- Regrettably we did not deliver the screening element for the 62 day cancer standard in the cases of two patients awaiting bowel screening. An exception report summarising the outcome of the root cause analysis is included in the Board pack.

The position for both the local CCG Stroke and TIA standards is still below the commissioner required thresholds. As previously reported the Foundation Trust has received Performance Notices from the CCG and confirmation that penalty charges will be applied.

Further details of the financial and performance position for are included in the Director of Finance's reports

iv) Information Governance Annual Report 2014/15

This Month's Board pack includes the Information Governance (IG) Annual Report. The Board will be pleased to note significant progress made this year and can be assured the Trust has a robust process for managing IG and the associated responsibilities that come with our commitment to adopt best practice processes and procedures in order to protect patient and service users' information.

3.4   *Right Care Tomorrow*: Operational and Strategic Planning 2015/2016 Update

Directors have continued to support and enable clinical groups and cross cutting *Right Care* programmes to complete their detailed implementation plans for 2015/2016 and beyond.

Directors have been circulated with the final draft for comment and will have the opportunity in the private session of the Board to make any final comments prior to submission to Monitor and publication. As referenced above, the Board will be declaring risks around performance standard delivery relating to the urgent care 4 hour standard and CDiff threshold. The Board will also declare risks regarding financial sustainability.

3.5   Strategic Influence and 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 national interest from media, think tanks and policy advisors.

This month the Trust's telemedicine service featured as a case study in a Monitor publication *Exploring international acute care models* and Simon Steven's referenced the service at a national conference in response to a question regarding developing services for care homes.

National Developments Summary

1   Significant developments

Major changes to care system introduced

Major changes to the care system in England went live on 1 April 2015. The Care Act 2014 which came into force at the beginning of this month, includes rights for those receiving care and those who provide it to their loved ones. It includes standards for access to services from care homes to help in the home for tasks such as washing and dressing. The changes coming into force apply only to the care system for older people and younger adults with disabilities.

New Models of Care Vanguards: Kick Off Event Held

Following last month's announcement naming the successful 29 New Models of Care Vanguard sites **(including the Airedale and Partners Enhanced Health in Care Homes Vanguard)**, earlier this month NHS England held a kick-off event. The purpose of the event was to bring together all 29 Vanguard teams with the NHS national organisations and various support partners to begin the work to define the dedicated support packages required to enable and accelerate change. An intensive evaluation programme will seek evidence on what works so that this can be replicated in other parts of the country. The Vanguards are seen as key to redesigning the future NHS. The programme and has the support of all 6 lead NHS bodies.

2   Department of Health

Patients could be made to show their passports when they use hospital care in England under new rules introduced by the Department of Health. Those accessing new treatment will be asked questions about their residence status in the UK, and may need to submit passports and immigration documents when this is in doubt. Hospitals will also be able to charge short-term visitors from outside Europe 150% of the cost of treatment. The new rules came into force on 6 April for overseas visitors and migrants who use NHS hospital care in England. Primary care and A&E care will remain free, and there will be financial sanctions for trusts which fail to identify and bill patients who should be charged.

3   NHS England

Revised Never Events Policy and Serious Incident frameworks

NHS England has revised two important patient safety documents. The revised Never Events Policy and Framework includes changes to the definition of a Never Event and adjustments to the Never Events list. The revised Serious Incident Framework provides renewed guidance to help organisations recognise, investigate and respond to Serious Incidents appropriately to minimise the risk of the incident happening again.

New toolkit launched to help reduce poor in-patient care

NHS England has published a new toolkit to help commissioners reduce poor experience of in-patient care. The toolkit has been co-designed with the help of a number of Clinical Commissioning Groups so it could be tested for its ease and usability.

Improving support for dementia patients
Relatives of dementia patients will be able to stay with their loved ones in hospital overnight and outside visiting hours, according to new NHS E guidance. Alistair Burns, NHS England's national clinical director for dementia, has written to chief executives of all trusts asking them to allow carers to stay on the ward, just as parents are welcomed to stay with their children.

A&E targets missed
The NHS in England has missed its four-hour A&E wait target for the past three months. 91.8% of patients were seen in four hours between January and March - below the 95% target. That is the worst three-month performance since the target was introduced at the end of 2004. It also means the target has been missed overall for the whole of 2014-15 with 93.6% of patients seen in four hours.

Business Plan 2015/16
NHS England has published its business plan for 2015/16, summarising the headline goals and priorities for the year ahead. The plan sets out ten priorities to improve quality and access to services for patients, drive better value for money and to build the foundations for the future health and care system.

4   Research and Publications

Monitor: *Exploring International Acute Care Models*
This project aimed to review whether other countries (Australia, Canada, France (maternity services only), Germany, the Netherlands, Sweden and the USA) are able to deliver specific service lines more efficiently than the NHS at the same or better quality of care to help inform and support the current thinking on potential new models of care in the NHS. Their three main insights are: the value of 'risk tiering' for maternity and paediatric services; the importance of technology, particularly to deliver care remotely; and the role out-of-hours care delivered by GPs can play in providing urgent care. **Airedale's telemedicine service is referenced in the section on technology.**

Sussex University: A&E cases fall when GPs open 7 days a week
New research undertaken by Sussex University has found that opening GP surgeries at weekends would mean 2m fewer patients waiting in A&E every year. The study shows visits to casualty have dropped by 8% in areas where patients can see family doctors seven days a week. Academics say there is a huge decrease in the numbers going to emergency departments with mild or moderate ailments.

5   Focus on Nursing

Royal College of Nursing: *The Fragile Front Line*
The Royal College of Nursing has claimed that a drive to recruit nurses for hospitals following a series of inquiries, has neglected a growing crisis in community care. The community nursing workforce has shrunk in the past five years - losing 3,300 posts, including 2,000 district nurses - at the same time as the number of nursing posts in hospitals has increased, despite NHS plans to shift care out of hospitals.

The Nursing and Midwifery Council has updated its code of practice
The Nursing and Midwifery Council (NMC) has updated its code of practice, meaning nurses and midwives will be expected to raise and, if necessary, escalate any concerns over public safety or face being struck off and banned from practising. The update looks to prevent repeats of scandals such as the Stafford Hospital care scandal and the sexual abuse of children on NHS premises. Another addition to the code of practice urges responsible use of social media to ensure patients' anonymity is respected.

Nurse Recruitment: Latest overseas recruitment figures
New figures from the Nursing and Midwifery Council show one in four nurses was recruited from abroad last year. In 2009-10 11% of nurses were recruited from abroad, a figure which rose to 29% in 2014-15.

Safe Nurse Staffing Analysis
Analysis by the HSJ has revealed that more than four out of five acute hospitals in England are failing to meet their own targets for nurse staffing. In the latest monthly safe staffing data published by NHS providers, 194 acute hospitals out of 229 for which data was available failed to meet their own targets for the numbers of registered nurse hours filled during the day – a total of 85%. More than two-thirds of all hospitals failed to meet their own targets for nurse hours filled at night, with 67% missing their target. In total, 107 out of 139 acute NHS trusts failed to achieve their own nurse staffing targets for both day and nights.

6 Technology developments

Healthwatch has set up GP comparison websites across the country
New Trip Advisor-style GP practice comparison websites have been set up in 15 areas across England by Healthwatch using patient survey data and publicising local and national news stories about practices.

NHS open to global innovation: healthcare leaders launch global search
NHS England, the Department of Health and the Government Office for Science have launched a worldwide call for innovators to partner with local health and care systems in trialling new technologies, digital services and other innovations with the potential to offer better outcomes for patients. The 'test beds' programme is inviting expressions of interest from innovators to test their ideas to deliver health services in better ways and at scale in the NHS.

Patients to be offered innovative tests, scans and smart pills in exchange for becoming "living labs" for global tech companies.
NHS England has invited the health technology industry to provide its latest equipment free, or heavily discounted, in a deal to speed up the use of new technology. The NHS is to advertise itself to health companies around the world, promising them a way to validate the latest wearable monitors, apps and diagnostic tests. NHS England hopes that by the end of the year deals will have been agreed for 10 cities to introduce diagnostic scans for Alzheimer's, pills that can text relatives when they have been swallowed, apps to speak to a doctor on a smartphone, and computer programmes that identify patients likely to develop diabetes.

NHS Mental Health Apps Library launched
NHS England has launched a ground breaking initiative to help treat depression and anxiety and improve access to psychological therapies by unveiling the first ever directory of NHS-

endorsed digital mental health services. The Mental Health Apps Library features online tools, resources and apps that have a proven track record of effectiveness in improving mental health outcomes

7   Commercial developments

Dr Foster Intelligence sold to Telstra Health
Dr Foster Intelligence, the health informatics company, which was formed through a joint venture with the Department of Health in 2006, has been acquired by Telstra Health, a provider of electronic health solutions which is a division of the Australian telecoms company, Telstra.

IBM launches health unit
IBM has launched a health unit to make sense of the wealth of data created by the boom in fitness trackers and apps. Watson Health aims to create a secure, cloud-based data sharing hub that can feed analytic technologies. It could provide diagnoses or health alerts which could also be sent to doctors, carers, or insurers for example, with the user's permission.