

Introduction

The purpose of the Chief Executive's update report is to:

- highlight key national and local health economy developments that are of strategic relevance to the Foundation Trust and which the Board believes Governors need to be aware of; and
- bring together key messages from the Council of Governors papers into a single, high level assurance narrative.

This report covers developments that have happened during Quarter 1

Action required by the Council of Governors

To receive and note the report.

Chief Executive Update

**Council of Governors
Quarter 1, 2015/16**

**Bridget Fletcher
Chief Executive
July 2015**

1 Introduction

The purpose of this report is to brief the Council of Governors on key headlines and developments that occurred during the first quarter of 2015/16 (April - June 2015). Further details were included in my April, May and June monthly Board update reports and team briefings which were circulated to Governors at the time of publication. As always I am happy to respond to any queries arising from the Board papers.

2 National Developments

As Governors are well aware, the General Election took place during Q1 with purdah impacting on pre-election activities, and the election result signalling a plethora of announcements. Key developments of relevance to the Foundation Trust that I want to signal to Governors this quarter include:

- **The Care Act 2014** came into force on 1 April 2015 signaling major changes to the care system in England including rights for those receiving care and those who provide it to their loved ones.
- **Post-election government announcements** – there have been a host of announcements in line with the Conservative's election manifesto commitment to NHS investment of at least £8bn over next 5 years and £22bn efficiency. These include:
 - delivery of seven day services including recruiting an additional 5000 GPs over next 5 years;
 - all major cities offered control over their health budgets;
 - CQC has been asked to include a hospital's efficiency as one of the key criteria for rating the quality of its leadership within the well led domain;
 - Changes to 18 week referral to treatment waiting time targets;
 - Monitor and the Trust Development Authority (TDA) to be aligned under the leadership of one chief executive. The Secretary of State's announcement confirms that no changes to the foundation trust model are currently envisaged with continued political support for the principle that NHS organisations should have access to greater freedoms as their delivery for patients and taxpayers improves;
 - Review of agency staff costs and cap introduced;
 - Executive remuneration to be reviewed; and
 - affirmation of the Government's commitment to the Five Year Forward View (5YFV)
- **Five Year Forward View: *Time to Deliver*** - In June the seven principal national health bodies published Five Year Forward View: *Time to Deliver*. It looks at the progress made to date towards delivering the Five Year Forward View, and sets out the next steps the NHS needs to take if it is to achieve the shared ambitions within.
- **The New Models of Care Vanguard Programme** – Governors will recall from my last report that Airedale successfully led an Airedale and Partners bid for the enhanced health in care homes Vanguard. The Trust is also engaged with partners across the wider West Yorkshire economy in pursuing the latest new Vanguard opportunities for urgent care and acute care collaborative models.
- **New NHS success regime for challenged local health economies** - launched in June to work with three local health economies initially. The regime is intended to create the conditions needed in these health economies to overcome the challenges they face, through aligned intervention and support. The regime signifies a shift from focussing solely on institutions to taking a system-wide approach to dealing with challenges.

As Governors can see, this quarter we have seen a plethora of national announcements post-election. A further flurry of announcements has continued into Q2 and will be reported on in my Q2 report. There is a perceptible shift of gear as the national leadership bodies focus on seeking to reverse the rapid decline in financial and performance problems. At our June strategy day, the Board considered the mosaic of measures and proposals and their overall impact for the Foundation Trust and wider health and care system. The Board remains of the view that our overall *Right Care* vision and underpinning strategy are appropriate for the medium term.

3 Local Health Economy Developments

Throughout Q1 Directors have continued work to develop and strengthen partnerships with key stakeholders across the local and wider West Yorkshire health and care economies, including:

- developing a sustainable stroke service;
- building better relationships with local GP practices, groups of practices and Primary Care Federations;
- strengthening the alliance with West Yorkshire acute providers;
- reviewing urgent care capacity;
- taking forward the closing the gap work;
- developing new models of care; and
- accelerating pace of change to deliver our shared *Right Care* vision.

During Q1 the Board also agreed to support the following important regional partnerships:

- **Yorkshire and Humberside Leadership Academy: i-lead Alliance to support work on inclusion** - The Board has agreed to join the i-lead alliance and demonstrate our commitment to inclusive workplaces.
- **Yorkshire and Humber Social Partnership Forum: commitment to partnership working** – The Board has endorsed the Forum's partnership statement and confirmed support for ongoing partnership working, staff engagement and ensuring high standards of employment practices to realise improved services and experiences for service users

Significant organisational developments across the local health and care economy this quarter include:

- **Bradford District Care Trust** - Monitor has confirmed the Care Trust's Foundation Trust application has been approved with authorisation live from 1 May 2015.
- **Bradford Metropolitan District Council** - The Council has ratified the appointment of Kersten England as Chief Executive. Kirsten joins the Council from City of York Local Authority where she has been Chief Executive for the past few years.
- **Yorkshire Ambulance Trust (YAS)** - YAS has confirmed that interim Chief Executive, Rod Barnes, and David Macklin, Interim Director of Operations, have been appointed substantively to both posts.
- **MP appointments** - Following the general election, all four of our local MPs – Kris Hopkins, Philip Davies, Andrew Stephens and Julian Smith – were re-elected.

4 Airedale Updates

4.1 *Right Care: Improving Patient Experience*

Patient stories

During Q1 the Board reflected on learning from the following patient stories:

- At the April Board the patient story focused on the life changing impact intensive community rehabilitation can have.
- The patient story at the May Board focussed on the reflections of a patient and his family following an acute episode and where improvements could be made as told by the matron for urgent care.
- At the June Board Directors heard from the Director of Nursing, Rob Dearden, who briefed the Board on a patient's (Martin) experience of discharge following his recent urgent admission.

Inpatient Survey results

Findings from the latest Care Quality Commission inpatient survey for Airedale NHS Foundation Trust were considered by the Board last month. The independent survey asked the views of a sample of adults who had stayed overnight as an inpatient in August 2014. The patients were asked what they thought about different aspects of care and treatment they received at Airedale Hospital. The survey shows that the majority of patients who are referred to our hospital feel they were well looked after and

were treated with dignity and respect. Overall, patients had a good experience of inpatient care within Airedale NHS Foundation Trust. However, we are not complacent - there are still areas in which we need to improve. Directors are reviewing the findings in detail and preparing an action plan in response for consideration at a future Board.

Improving Services in Craven

A rehabilitation service, which supports patients with heart problems in the community, has been extended to help people in the Craven area. The service, which is run by staff from the Trust's cardiac rehabilitation specialist nursing team, supports patients and their families following a heart attack, cardiac stenting or heart surgery. Around 200 patients in the Craven area are expected to benefit from the service, which includes a cardiac rehabilitation exercise programme. The programme, alongside cardiac rehabilitation exercise classes, helps patients self-manage their condition and provides support and education to enable them to reach their goals. Previously patients in Craven were invited to the exercise classes at Airedale Hospital and had telephone support, but now we are able to provide the service much closer to their homes, which will be a huge benefit to them and their rehabilitation.

4.2 *Right Care: Improving Quality and Safety*

Improving Stroke services

As Governors are aware, we been reviewing stroke services at Airedale. Clinical teams have led this work, which included looking at ways to address challenges such as, the variation in quality and provision of stroke services across Airedale, Wharfedale and Craven, the national shortage of stroke consultants and seven day access to services such as scans and specialist treatment, to save lives, improve recovery and reduce disability.

Representatives from the Trust, Bradford Hospitals and the three local CCGs attended Bradford Council's Health Overview and Scrutiny Committee (HOSC) meeting in April to inform them of the review and the options being considered, with the expectation of returning to the committee in three months with the outcome of the work. However, due to imminent shortages of stroke consultants at Airedale, the group returned to the meeting at the earliest opportunity, in June, with a revised plan to secure support for a single site hyper acute stroke unit (HASU) – for the first critical 48 hours of care - based at Bradford Royal Infirmary (BRI), and the transfer of Airedale's two HASU beds to BRI. The plan supported the existing stroke unit at Airedale remaining as an acute stroke care and rehabilitation unit – 90% of the services it provides will be unaffected by the changes - and patients will be transferred to Airedale for their ongoing acute care and rehabilitation, once they have been stabilised by the team in Bradford, usually within the first 48-72 hours. Colleagues from the Trust also attended North Yorkshire Council's HOSC meeting in June to ensure they were informed of the changes for patients in Craven. HOSC members from both councils approved and supported the plans. The new service is expected to be up and running by August.

Together with the local CCGs, we are engaging with patients, the public and other stakeholders, to find out what is important to them when accessing stroke services and how the changes could impact on their lives to identify any issues we have not considered and the potential service improvements that should be discussed.

Quarter 4 Quality Account

In this month's papers Governors will note the Quarter 4 quality account which Karl Mainprize, Executive Medical Director, will present. This important report presents a range of metrics indicative of quality and safety based on national and local priorities. It is intended to provide assurance that identified risks are being managed appropriately and raise areas of concern for escalation. It is scrutinised by the Board each quarter, with monthly updates provided in between.

Putting Patients First: Safe Staffing Levels

At the April, May and June Board meetings, directors considered the safe staffing levels monthly and half yearly reports from Rob Dearden, Director of Nursing, which summarised planned and actual staffing on duty for both registered nurses/midwives and care workers compared to planned staffing levels. The reports also included exception reporting where staffing levels were less than 90% of that planned, described key risks and detailed assurances regarding contingency planning, mitigating

actions and incident reporting. Whilst the Board concluded that there were no significant staffing issues due to staffing shortfalls or associated concerns reported, it recognized the pressures front line staff were facing in some parts of the hospital and in particular the nurse recruitment challenge from the local and national workforce market, where demand continues to outstrip supply. The Board heard how locally we are looking at different roles and new ways of working to tackle some of the recruitment issues. The Board also approved a business case to invest in permanent staffing to reduce reliance on bank and agency.

4.3 Right Care: 2015/2016 Annual Plan Delivery

Right Care Portfolio of Programmes

Each month the Board receives an update on progress of the Right Care Portfolio of Programmes focussing on the financial profile of all the programmes that make up the Portfolio, alongside a programme by programme update of key actions. During Q1 two new programmes were added to the programme reporting - staff engagement and new models of care.

Financial position

The overall financial position at the end of Q1 was:

- The overall position at the end of June is a deficit of £562,000 which is £6,000 worse than plan.
- EBITDA (earnings before interest, taxes, depreciation and amortization) performance is £179,000 worse than plan driven by CIP slippage of £305,000 relating to the inability to close the additional beds that were opened for winter leading to increased Nursing costs, and higher than expected medical agency costs in the Surgical Group.
- The CIP position is an overall deterioration of £412,000 in 2015/16 and a gap of £1,555,000 recurrently. The Right Care Programme Board continues to review the forecast and a number of schemes are being considered to close the gap.
- Agency spend has improved significantly in June since tighter controls have been put in place.
- Changes to the tariff for 2015/16 mean that Non Elective Income above the 2008/09 baseline is paid at 70%. In previous years this has been 30% therefore any overtrades are more fairly compensated than previously, however there still remains an overall reduction. The 30% threshold adjustment, above that agreed in the plan, is £182,000 at month 3.
- The forecast is a year-end position of £5,731,000 against a plan of £7,337,000, £1,606,000 worse than plan and £412,000k worse than the contingency set aside.

This position is having a detrimental impact on the overall Trust position and recovery is the focus of the Right Care Programme Board. The overall financial forecast is demonstrating that this can be covered in year, providing it does not deteriorate further, due to improvements in financing costs.

Performance Standards

The overall position against the key performance standards at the end of Q1 was:

- The indicative Risk Assessment Framework Quarter 1 rating for Service Performance is Green.
- The Quarter 1 position for the A&E 4 hour standard was achieved at 95.7%. This, however, continues to be really tight and potentially at risk, as declared to Monitor in our Annual Plan submission.
- There were 4 cases of Clostridium Difficile infections reported in Q1 of which 1 was considered to be avoidable and therefore counts against the annual threshold. At the time of writing this report a further case has been reported in July and is currently under review to determine whether it was unavoidable. Achievement of the Clostridium Difficile threshold for 2015/2016 remains at risk as declared to Monitor in the Annual Plan submission. The risk is based on the low centrally set threshold for 2015/2016 of 6 which, despite having reduced the number of infections from 235 to 4 over the previous eight years, the Board of Directors does not feel is achievable in the current year.
- Regrettably, we have had an MRSA bacteraemia in June. This is the first case for some considerable time. A Post Infection Review is due to take place and the outcome awaited.
- All other standards are achieving the required thresholds or are within de minimis limits

Contracts 2015/2016

We have reached agreement with Commissioners on 2015/2016 Contracts which are now agreed and signed.

Further details of the financial and performance position for Q1 are included in the Director of Finance's report.

4.4 Operational and strategic planning 2015/2016: Update

During Q1 the Board reviewed and sign off the 2015/2016 Annual Plan for submission to Monitor together with the required self-declarations. A copy of the final version is included in the Council of Governors papers. The Board declared risks relating to delivery of the urgent care 4 hour standard and CDiff threshold. The Board also declared risks regarding financial sustainability.

In June the Trust hosted the annual visit by our Monitor relationship team. The style of visit was very different to previous events with a much greater focus on meeting front line staff as part of Monitor's new approach to due diligence on annual plan delivery and sustainability. Informal feedback was positive and supportive. The Monitor team fully understand the challenges we face and the aspirations we have to address these. At the time of writing this report the Trust has not yet received formal feedback on the submission.

4.5 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 continued to attract national interest from media, think tanks and policy advisors throughout Q1. Key highlights include:

- the Trust's telemedicine service featured as a case study in a Monitor publication *Exploring international acute care models*
- the Trust's telemedicine service use of therapy to support rehabilitation post discharge featured as a case study in a Guardian supplement on therapy services;
- The Health Foundation commissioned a film on our Gold Line end of life service which will be broadcast later this year
- Monitor has confirmed it is to publish a report based on a project to explore the costs and impacts of moving care out of hospital, using a Simulation Model to assess the impacts of these services across the local health economy which has been informed by Airedale's telemedicine service.
- the Trust's telemedicine service was referenced as an innovation by Jeremy Hunt in an exchange with local MP Philip Davies (Shipley);
- the Airedale & Partner Vanguard was highlighted as innovative by Simon Stephens in his speech at the NHS Confederation Annual Conference on 2 June; and
- the latest York Health Economic Consortium independent evaluation of the telemedicine service for AWC CCG patients was launched at the Kings Fund Digital Conference on 17 June.

3.6 Good News

Good news items from Q1 to share with Governors include:

Formal Opening of new Emergency Department (ED)

World champion triathlete Jonny Brownlee officially opened Airedale Hospital's new Emergency Department (ED). He was chosen by ED staff as their local sports hero to help them celebrate reaching the £100,000 target for their ED Appeal. Jonny cut a ribbon at the entrance to the new department and a new plaque naming him as the guest who officially opened it has been placed on a mural featuring a bicycle against a tree with leaves highlighting some of the donators. He was then given a tour of the new department and staff had the chance to meet and chat to him.

Other guests included the original sponsors and supporters of the appeal - Barbara Hodgkinson, founder of the national Butterfly Scheme which helps hospital staff to care for and improve the health and wellbeing for patients with dementia; Ann Christian associate of LCF law firm; Malcolm Weaving owner of Rendezvous Hotel, in Skipton and Eileen Proud, chair of Friends of Airedale and Mike Yates, chair of Airedale New Venture - the hospital's two charities. The Keighley News nominated the appeal as its charity of the year and both Skipton Craven and Keighley Rotary Clubs generously supported the Appeal.

The Emergency Department Appeal was launched just over a year ago. The funds have been used for resources for our new state-of-the-art department including distraction walls, an interactive floor for the children's waiting area, a sky ceiling, equipment and facilities to help patients with dementia and cardiac monitors for the general assessment areas.

Awards

Airedale's services have been recognised nationally as being amongst the best. Achievements in Q1 include:

- **BMJ (British Medical Journal) Team of Year, Palliative Care Category:** together with partners across the Bradford and Airedale End of Life Managed Clinical Network for compassionate care for patients at end of life. This is a major achievement and is recognition of the importance and potential of multiagency working, replacing competition with collaboration and cooperation. The team has been presented with a rather elegant trophy representing Minerva, the Roman goddess of wisdom, medicine, music, poetry and other good things.
- **CHKS Top Hospital Annual Awards:** Airedale Hospital has again been named as 1 of the top 40 hospitals in the UK by CHKS at an awards ceremony held in London in May. The CHKS Top Hospitals Awards are based on the evaluation of 22 indicators of clinical effectiveness, health outcomes, efficiency, patient experience and quality of care. The Trust was also named as one of the top 5 hospitals in the UK for patient safety following an assessment based on a range of indicators, including rates of hospital-acquired infections and mortality.

Friends of Airedale Annual General Meeting

In June I had the great pleasure of attending The Friends of Airedale Annual General Meeting and presenting the Long Service awards. Airedale Hospital could not function without the support, activities and fundraising efforts of the army of volunteers who give of their time selflessly year after year to help enhance the patient experience and help us deliver Right Care every day. I am particularly grateful to Eileen Proud, the chair of the Friends for her boundless energy and tenacity and will to get things done. One of Eileen's priorities, which has had the support of the Friends, has been to support our work to enhance the experience of patients with dementia including the development of the Butterfly Garden in partnership with our Head Gardner, Steve Marshall. At the July Board meeting there will be a focus on dementia care to highlight developments for people with dementia including those supported by the Friends including the Butterfly Garden.