Report to:	Board of Directors				
Date of Meeting:	27 January 2016				
Report Title:	CEO update report				
Status:	**For information**	**Discussion**	**Assurance**	**Approval**	**Regulatory requirement**
Mark relevant box with X	x	x	x		
Prepared by:	Ann Wagner, Director of Strategy & Business Development Jane Downes, Company Secretary				
Executive Sponsor (presenting):	Bridget Fletcher, Chief Executive				
Appendices (list if applicable):	Appendix 1: National Developments Summary for information Appendix 2: Response to Gateway Letter 04494 Preparedness for a Major Incident				

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 report covers developments that have happened since the October Board of Directors' meeting.

Key points for discussion

National

Significant national developments this month include the publication of the financial and planning framework for 2016/17 and requirements for place-based sustainability and transformation plans to access the additional NHS funding allocated during the most recent comprehensive spending review. Rather than being focused on one particular group, one organisation, or one set of services, a place-based approach to commissioning and delivery looks at the whole needs of a given place and its communities. This can extend beyond health and social care into the wider determinants of health - e.g. housing, education and environment to keep people well and living independently.

Local health and care economy

In addition to collaborating on new models of care, we are continuing to work with health and care partners regarding stepping up activities to meet the challenges ahead including developing sustainability and transformation plans that will secure funding required to deliver long-term plans. This needs to be seen within the context of place based commissioning – i.e. Accountable Care Systems and Organisations.

Airedale

For the Trust, key points to note from this month's Board pack include:

- learning from this month's patient story on how we can improve dementia care
- positive results from latest CQC national Maternity survey
- arrangements for scrutinizing mortality and avoidable mortality
- new strategies for inclusion and patient and public engagement
- financial performance at month 9 and forecast in line with plan
- performance against Monitor delivery standards and targets will be rated as Amber for Q3 with failure of 62 day cancer target in October, and failure of the current 4 hour ED treatment time standard in November and December
- our preparedness for a major attack in wake of the Paris attacks
- the number of good news stories including latest awards successes and details of our new welfare drop-in centre for ex-service staff.

Recommendation:

The Board is asked to:

- **receive** and **note** the CEO update report and attachments.

1 NATIONAL DEVELOPMENTS AND PUBLICATIONS

Details of the main developments and publications from the past two months are summarised in **Appendix 1.**

As the Board can see the Department of Health and national bodies have made a number of significant announcements over the past few weeks clarifying existing policy intentions.

What has been published?
A joint letter from Jim Mackey (NHS Improvement) and Professor Sir Mike Richards (Care Quality Commission) to all trust boards**,** asking them to consider quality and finances on equal footing in their planning decisions**.** This highlights that in due course Monitor, together with the CQC and NHS England, will be publishing revised National Quality Board staffing guidance and a new metric looking at care hours per patient day, as part of the CQC's new assessment on the use of resources. We are expecting further details on this will be published in the coming months.

Sustainability and Transformation Fund ('STF')
As announced in the recent Spending Review, the government has committed to provide an additional £8.4bn real-terms funding for the NHS by 2020/21. Individual letters have been sent by NHS Improvement to trusts highlighting their indicative share of the £1.8bn sustainability fund for 2016/17**.** This funding will be dependent on having:

a. A recovery plan with NHS Improvement and agreed control total for 2016/17 including capital and revenue limits
b. A plan for maintaining agreed performance trajectories for delivering quality and access standards
c. Development of sustainability and transformation plans, including adherence to the planning timetable
d. Compliance with all staff agency rules
e. Tangible progress towards achieving seven-day services

A general component of the fund will be allocated to trusts based on the proportion of their emergency services (as reported in the 14/15 reference cost collection). A targeted element will be allocated separately and detail of how to apply for this will be published shortly. The Trust's lead CCG will communicate the indicative level of payment of the general component. By **8 February 2016** the trust will need to confirm whether to accept this offer and agree to the conditions. The release of funding will be subject to a quarterly review process in arrears. Providers that continue to require cash support after receipt of the funding will have access to DH interim support loans as at present via the Independent Trust Financing Facility.

Andrew Copley will brief the Board on the offer to Airedale and the conditions so Directors can decide whether to accept the offer.

2016/17 Financial framework and planning guidance
NHS Improvement (Monitor) published *Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21.* This sets out the steps to help local organisations deliver sustainable, transformed health service and improve quality of care, wellbeing and NHS finances. The planning guidance includes details of the operational planning approach for the next financial year and sets out a pragmatic

approach to tariff setting and business rules, with the aim of supporting system stability and recovery in 2016/17. The Board will want to reflect on the planning framework and consider the impact on the trust's plans including any significant revisions of our final 2016/17 annual plan submission which is due on 8 February.

In addition to 2016/17 operational plans for individual organisations, the Planning guidance asks every health and care system to produce its own sustainability and transformation plan (STP) for October 2016 to March 2021. One of the first steps in this process will be for local health and care systems to agree their transformation footprint – the geographic scope of their STP – by 29 January 2016.

Monitor has prepared geographical maps and resources that may help discussions between clinical commissioning groups (CCGs), providers (NHS trusts and foundation trusts), local authorities, other key partners and arms' length bodies (ALBs) determine their planning footprints. These resources are based on Monitor's research into local health and care systems, but are not prescriptive. It will be up to local health and care systems to determine their planning footprint.

A letter from NHS Improvement outlining additional arrangements to tackle agency costs.
The letter details the following:

a. The plan to lower the agency price caps for medical and clinical staff on 1 February has been re-stated.
b. The ban on using agency frameworks not approved by NHS Improvement will be extended to all staff groups from 1 April. Currently, it only applies to nursing staff.
c. NHSI has recognised that framework suppliers' renegotiations or re-tendering with agencies will extend beyond 1 April. In the meantime, suppliers must "strongly support" the price caps.
d. NHSI will in time move towards expressing price caps in a way that defines the amount the worker receives – equivalent to standard NHS terms and conditions – and agencies will bid to be on-framework on the basis of their agency fees.
e. NHSI will also take steps to stop agency workers using personal services companies to avoid taxes.
f. A requirement on providers to use e-rostering.

Preliminary recommendations from Lord Carter's review into operational productivity
Recommendations will be published at the end of this month or early February. In the letter sent from Lord Carter to the Secretary of State, he re-emphasises that the NHS will be able to generate £5bn of efficiency savings by the end of the parliament, but only with:

a. A single reporting framework adopted for all trusts based on benchmarked best practice, which in turn will also reduce and rationalise the data reporting burden currently placed on providers by commissioners and regulators;
b. Support for addressing delayed transfers of care, which is leading to sub-optimal use of clinical resources;
c. National support and coverage to help providers unlock the productivity improvements linked to redesigning clinical services, to enable rapid adoption and implementation by providers of the review's recommendations; and
d. Substantial improvements in workforce productivity. A 1% improvement in workforce productivity could represent around £400m in savings.

Further initiatives around procurement:

a. Requirement on acute trusts to submit data on their procurement spending by 20 January, to support the development of a 'procurement price index' for 100 products initially.
b. Confirmation of the six demonstrator sites who will be financially supported to pilot the adoption of GS1 and PEPPOL standards: Derby, Salisbury, North Tees, Cornwall, Plymouth and Leeds. The government indicates that £12 million will be invested to support these trusts.

What we expect still to be published?

In the coming weeks, the following additional announcements and publications are expected:

- Technical guidance to support the planning guidance, in particular the development of sustainability and transformation plans.
- Detail of the conditions attached to the control totals issued for 2016/17.
- Details of the targeted element of the £1.8bn sustainability fund.
- The standard contract and CQUIN guidance.
- Final report from Lord Carter.
- Confirmation that local digital roadmaps have been delayed: The deadline to submit local digital roadmap footprints has been delayed from April to June 2016 to ensure alignment with planning guidance and the submission of Sustainability and Transformation Plans.

Other national developments of note to draw the Board's attention to include:

NHS Corporate Manslaughter Case

The first corporate manslaughter prosecution against an NHS trust began at Inner London Crown Court on 12 January.

Junior Doctor Strike

In November, NHS Employers made a firm offer to junior doctors in a bid to get talks started – but it was only after the BMA's ballot result with a 98 per cent vote in favour of taking strike action that talks began, this time suggested by the BMA via ACAS. The Secretary of State, Jeremy Hunt, initially rejected the offer but changed his position a few days later. Negotiations began again in December with strikes suspended.

In the New Year talks broke down as NHS Employers revealed a new offer to junior doctors. The BMA announced three periods of strike action beginning 12 January. The first of the three days of action went ahead. A small number of operations and outpatients appointments for Airedale patients had to be cancelled. The Trust is working hard to ensure that patients affected by the strike are offered alternative appointment dates as soon as possible.

In an attempt to address the impasse, Sir David Dalton, Chief Executive of Salford NHS Foundation Trust, has been appointed to help with the discussions. The BMA has announced that, on the basis of early progress made in the current set of talks, they have suspended the 48-hour industrial action planned for 26-28 January. The planned strike, involving a full walk out on 10 February between 8am and 5pm remains in place, subject to the outcome of the talks.

Directors continue to review the implications of national developments which particularly affect Airedale and the local health and care system.

2. LOCAL HEALTH ECONOMY DEVELOPMENTS

2.1 Sustainability and Transformation Plans 2016-2021

Every health and care system is required to produce its own sustainability and transformation plan (STP) for October 2016 to March 2021. One of the first steps in this process is for local health and care systems to agree their transformation footprint – the geographic scope of their STP – by 29 January 2016. At this month's Integration and Change Board health and care partners across Bradford and Airedale agreed to support a Bradford and Airedale footprint and will be working together to develop the full STP for submission in June. We are also in discussion with colleagues in East Lancashire regarding linking to their STP arrangements given the population that we serve.

To support this work ICB has been reviewing its work programme and I have agreed to be the executive sponsor for work-streams relating to digital developments, including harnessing technology, shared electronic patient records and care homes which link to the vanguard work and national work I am sponsoring.

2.2 New Models of Care Update

The Trust continues to be involved in a significant number of new care model programme developments both locally and across West Yorkshire, including:

- Airedale & Partners Enhanced Health in Care Homes Vanguard
- Airedale, Wharfedale & Craven CCG Pioneer including complex care proof of concept development the CCG has agreed to award the proof of concept contract to the Airedale Provider Partnership – an alliance comprising Yordale's GP Federation, BDCT and Airedale FT
- West Yorkshire Urgent Care Vanguard

Vanguard programmes are currently finalising their value propositions for the next tranche of national funding

2.3 Restructure of Services - Calderdale and Huddersfield NHSFT

The Trust has published its recommendations on the proposed restructure of services covering the Halifax and Huddersfield area. The proposals include the development of a central emergency centre to provide specialist and acute emergency care for seriously ill and injured patients. Either Calderdale Royal Hospital or Huddersfield Royal Infirmary could become the trust's main A&E unit, with one site mainly used for planned care.

2.4 Leadership developments

Steven Eames, Chief Executive of Mid Yorkshire NHS Trust has been appointed to also lead North Cumbria University Hospitals NHS Trust. Stephen will remain the accountable officer at Mid Yorkshire and will be in close contact with the Board and executive throughout the week. David Melia, Deputy Chief Executive/Acting Chief Nurse, will be taking day-to-day responsibility during the days he is absent from the trust. In addition Jo Webster, Chief Officer at Wakefield CCG, will be joining Mid Yorkshire on a part-time basis to provide leadership and support to the team in relation to the strategic agenda across the Mid Yorkshire health system.

2.5 West Yorkshire Joint Health Overview and Scrutiny Committee

The five West Yorkshire councils have agreed to formalise current informal arrangements and have established the West Yorkshire Joint Health Overview and Scrutiny Committee. As an appointed joint committee, the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and associated guidance will apply, including required attendance and the provision of information from NHS bodies. The vast majority of health scrutiny will continue to take place at each individual Council's Health Scrutiny Committee. However, the West Yorkshire Joint Health Scrutiny Committee business will include:

- Issues relating to Healthy Futures (the 10CC Group);
- Issues where it is more relevant, efficient and/or effective to consider an issue on a West Yorkshire wide basis, particularly around specialist commissioning or matters that relate particularly to NHS England;
- Putting in place arrangements for joint scrutiny concerning two or more of the constituent Councils, such as the current joint scrutiny work being undertaken by Calderdale and Kirklees; and
- Sharing and learning from best practice across West Yorkshire

2.6 Regional Genomic Medicine Centre gets go ahead

The Yorkshire and Humber region will be playing a key role in the development of personalised medicine through the establishment of a new NHS Genomic Medicine Centre (GMC). Earlier this month NHS England announced that the region has been given approval to set up the centre as part of the national 100,000 Genome Project. The ground-breaking project involves looking at the genomes of patients with certain rare diseases and patients with certain cancers. By comparing the genomes from lots of people, the NHS Genomic Medicine Centre (NHS GMC) will help to give a better understanding of the diseases, how they develop and which treatments may provide the greatest help to future patients.

The successful bid for the Yorkshire and Humber NHS GMC was led by Sheffield Children's NHS Foundation Trust, Sheffield Teaching Hospitals NHS Foundation Trust and Leeds Teaching Hospitals NHS Trust. It was supported by the other 11 acute trusts in the region including Airedale along with the Yorkshire & Humber Academic Health Science Network and our major universities. The new centre is expected to go live during January 2016

2.7 Partnership Development

Throughout December and January, Directors have continued work to develop and strengthen partnerships with key stakeholders across the local and wider West Yorkshire health and care economies. This includes building better relationships with local GP practices, groups of practices and primary care federations, local providers, the local authority and providers across the West Yorkshire.

Collaborative working across the West Yorkshire Association of Acute Trusts (WYAAT) continues to gather momentum. To help support the work of WYAAT the West Yorkshire Directors of Finance, led by Andrew Copley, have completed an assessment of respective provider financial positions and plans for the next 5 years which has been helpful in understanding baselines, challenges, opportunities and priorities for collaboration.

The Trust has invited GP partners from across AWC, Bingley and Pendle to an engagement event later this month to consider how we can strengthen partnerships to help close the gap between primary and secondary care.

3. AIREDALE FOUNDATION TRUST UPDATE

3.1 *Right Care:* Improving Patient Experience

Patient Story: improving care for patients with dementia
This month's patient story will focus on caring for patients in hospital with dementia. The story will be presented by Emily Smith – who will share the recent inpatient experience of her grandfather, Mr Smith. Emily is a Pharmacist at Airedale and one of the Trust's Right Care champions

Maternity Services: CQC National Survey 2015 Results
This month's Board pack includes a report on the latest CQC national maternity survey results. The report presents numerical data for the CQC National Maternity Survey 2015 and provides a comparison of results between the 2013 and 2015 surveys. The report benchmarks Airedale's performance with other organisations providing maternity services in the region. The survey is just one example of measuring patient experience for the trust's maternity services.

3.2 *Right Care*: Improving Quality and Safety

Winter champions and winter messages
To help with some of the pressure that winter brings the trust has established a group of winter champions, drawn from departments across the trust, to keep colleagues up to date with what's happening over winter and to support problem solving together. The group are using a range of communication channels including screen savers, cartoons and WhatsApp to keep in touch and disseminate key messages to front line staff. The group has gathered momentum and is an excellent example of a social movement.

Scrutiny of mortality and avoidable mortality
This month's Board pack includes a paper from the Executive Medical Director, Karl Mainprize, confirming the process the trust is using for the scrutiny of mortality and avoidable mortality. This is in response to a letter from the NHSE National Medical Director and the NHSE Director of Patient Safety outlining a process that they wish to be followed around the scrutiny of mortality and avoidable

mortality starting with a self-assessment submission requirement for the end of January. As part of the Quality Improvement Strategy we had already developed a new Learning from Mortality process, including guidance on the identification and extraction of learning from potentially avoidable mortality, which was started in November 2015. This paper outlines a revision to that process including proposals to set up a Mortality Surveillance Group which will scrutinize mortality and trends in mortality and provide a report on a monthly basis to Board, attached as an appendix to the monthly Quality Account. This will be set up and start reporting in February 2016.

Inclusion Strategy 2016-2020
Inclusion is a significant area for development over the next 3-5 years, recognising that a cultural journey of transformation needs to continue. There is good evidence that inclusivity delivers better care and patient/staff experience. In this month's Board pack is our first inclusion strategy. The strategy sets out the organisation's commitment, requirements (Equality Delivery System 2, Workforce Race Equality Standards) and key focus in delivering inclusivity. The strategy is aligned to our culture and values, and our leadership behaviours, yet challenges us about these also. It highlights key action areas in respect of leadership, the Board/Council of Governors, Staff, our Patients and the Environment.

Patient and Public Engagement (PPEE) Strategy 2016-2020
The PPEE Strategy which is brought to the Board for approval seeks to deliver extraordinary Patient Experience in line with the organisation's quality performance standards (and is aligned with the Quality Improvement Strategy). It is totally aligned to Right Care, Right Place First Time. It seeks to articulate the individual person at the centre of care, who is empowered, informed, involved, supported when necessary to live as full a life as possible and to receive efficient, timely care interventions as required in any setting. This is enabled by technology. The PPEE Strategy communicates expectations for delivery and clearly aligns this with Right Care.

3.3 *Right Care Today*: 2015/16 Annual Plan Operational Delivery

Safe Staffing
This month's Board pack includes the nursing and midwifery staffing exception report for December 2015 in response to the publication of *Hard Truths: Putting Patients First* (Department of Health, 2014). The aim of the report is to inform the Board about nursing and midwifery staffing capacity and capability in relation to agreed establishments and to provide assurance that concerns and potentially unsafe staffing levels are escalated and dealt with promptly.

Intermediate care ward
In line with the trust's winter plans, the Intermediate Care Ward (previously ward 10) has opened and became fully operational on 14 December. It is being managed by a multi-disciplinary team of staff who work to provide personalised intermediate care to those patients who do not require an acute bed within the hospital, but who are not yet ready for discharge home or to Community Services.

Month 9 financial and service performance headlines

Financial performance
The overall financial position at the end of December was:

- a deficit of £668k against a planned deficit of £669k, in line with plan;
- EBITDA is £598k worse than plan. This position delivers a CoSR rating of 3 against a plan of 3;

- PbR Income is £51k above plan;
- CIP is £694k worse than forecast due to supporting additional capacity in relation to Winter earlier in the financial year, and higher than planned agency costs;
- Within the position is a 30% non-elective threshold abatement equating to £461k.

Performance Standards
The Board will see from the performance report that our Monitor Risk Assessment Framework Quarter 3 indicative rating is Amber due to the A&E 4 hour standard being below threshold for the quarter.

Following continued pressures for urgent care in the health system, including the closure of further Nursing Home beds in the district which have significantly affected both discharges and flow through the hospital, and staffing capacity pressures during peak periods of demand, the A&E 4 hour standard was not achieved for Quarter 3 at 94.7% with performance in November and December below the 95% standard at 94.4% and 94.3% respectively. Year to date performance at the end of Q3 was 95.7%. An exception report is attached to the performance report highlighting the main reasons and actions being put in place to try and prevent further occurrence, although this standard continues to be a declared risk with Monitor. We have continued to work with stakeholders regarding mitigation and urgent care system resilience across the district and are currently exploring the possibility of expanding the bed infrastructure internally to accommodate patients medically fit for discharge

The total number of clostridium difficile infections year to date as at 16th January is 9 cases. This is set against the national target of 6 and de minimis of 12 applied in the Risk Assessment Framework. In line with updated national guidance, individual cases can now be reviewed with commissioners and if determined by the CCG that the infection was unavoidable, an adjustment can be made so that this does not count against the Foundation Trust's annual target. Of the 9 cases to date, all have now been reviewed with the outcome being that three cases were deemed avoidable (and therefore count against the annual threshold). The year to date total is therefore 3 cases against an annual threshold of 6.

All other national standards were achieved or were within de minimis limits.

The current position remains tight for a number of areas;

- We are continuing to declare risks on the clostridium difficile and A&E 4 hour standards for 2015/2016 due to the low threshold and continuing pressures noted in the performance report;
- Nationally, correspondence continues to be received from Monitor, TDA and NHS England regarding updates to the RTT Operational Standards, A&E and reporting arrangements for cancer. As highlighted in 2016/2017 Planning guidance, these shall continue to be nationally mandated priorities in the years ahead;
- In line with the national requirements for Improving and Sustaining Cancer Performance, this report now includes details of our 62 day cancer standard position by individual site and other required national indicators.

Further details of the financial and performance position at the end of December are included in the Director of Finance reports.

3.4 *Right Care Tomorrow*: Looking Ahead to 2016/17 and Beyond

Board involvement and activity to support and assure the planning round has begun with the Board strategy day on 3 December where Directors had the opportunity to consider the national spending review implications. The Board met with the Council of Governors on 10th December for the first of the Board to Council annual planning sessions.

This was followed up in January with a strategy day to review presentations from the Groups on their refreshed plans for 2016/17 as well as an opportunity to review the latest financial planning headlines. Further national guidance including the publication of control totals has changed the context in which our financial planning assumptions were drawn. In the private Board meeting Andrew Copley, Director of Finance, will bring the Board up to date with latest information and lead a discussion to determine whether the Board should accept the control total. The Board should be aware of the significant workload pressure this planning round is generating on the Trust and its partners.

The planning round will conclude with a further Board to Council meeting in March, in which the Board will present the final annual plan to Governors, including how feedback from governors has been incorporated and how the plan will support the longer term requirements for a place-based sustainability and transformation plan with partners.

3.5 Gateway letter: Preparedness for a Major Incident Ref 04494

Attached to my report is a paper prepared by Stacey Hunter, Director of Operations to provide assurance to the Board of Directors that the Trust has in place appropriate arrangements to meet the requirements of DH Preparedness for a Major Incident Gateway letter (reference 04494) published following the recent, tragic events in Paris. **(Appendix 2)**

3.6 Forthcoming CQC inspection

As the Board is aware, the CQC is carrying out its inspection of Airedale in March. Preparations are well underway – the first two required submission deadlines have been met with hundreds of documents submitted as evidence. Staff have been briefed and are being encouraged to talk to the inspectors. The CQC continues to refine its approach, especially in relation to patient and public engagement and participation in the process

3.7 Good News

Good news to bring to the attention of the Board this month includes:

Staff Reward and Recognition:
Rachel Binks, Airedale Nurse Consultant Digital Care Lead was selected along with Dr Daniel Cowie (Gateshead Vanguard lead GP) to speak at a reception arranged for the Vanguards at No 10 Downing Street. Rachel had the opportunity to talk with the Prime Minister about Airedales TMed innovation and how this was supporting the enhanced health in care homes new model of care

Pride of Airedale Awards:

Team Awards: awards were presented to the following teams in the past two months in recognition of their outstanding contributions:

- Research team for outstanding performance
- Fiona Page (FT Membership Manager) and the Governors for their work on the Annual Open Day
- International Nurse Recruitment Team – for their success in the recent international nurse recruitment drive
- Pathology team for excellence in service and recognition of extensive growth
- Medical consultant team for outstanding service

Individual Awards: individual awards were presented to Lorna Smithson - Human Resources; Bijumon Joseph - Ward 6; Helen Gardner – CEO Office; Carol Woolgar– Quality team; Roy Dixon – Children's Unit; and Jane Green - AMU.

Instant Award: Ward 14 was the first ward to undertake the training and introduce the new HealthRoster system. Their commitment and enthusiasm to embracing this new technology, as well as their dedication to engaging with the staff on the ward to aid the transition from paper to electronic rostering, resulted in Fran Edwards and Neil Freeman being selected for a Trust Instant Award

Planning is well underway for the **Annual Pride of Airedale Awards** event that will take place on 3rd March at the Rendezvous Hotel in Skipton. Judging has commenced, with judging panels comprising nurses, doctors, directors and governors. Around 350 staff are expected to attend the event.

Gold Line Service

Following the preview at November's Board meeting, a special public screening of the film **'Power of People'** was held at the Keighley Picture House on 27th November. Power of People is a series of mini documentaries which bring health care improvement to life and show the personal stories behind change. The five short films, commissioned by the Health Foundation, included an inspirational film about our successful Gold Line service. Operating from Airedale Hospital, Gold Line provides a 24-hour nurse-led telephone advice, support and care co-ordination service for patients with a serious illness, who may be in their last year of life. This innovation was created in partnership with patients, their carers, GPs, commissioners, and Manorlands and was made possible through a grant from The Health Foundation. The screening was well attended with approximately 150 people there including family members of patients featured in the documentary and staff involved in developing and delivering the Gold Line service

New welfare drop-in service for ex-service people

More support is being given to ex-service people by staff at Airedale Hospital who have provided a base for a new welfare drop-in service. The Royal British Legion now visits the hospital site to spread the word about the wide range of advice and support they can give to serving personnel, veterans and their dependents.

Airedale Hospital was one of the partners to sign the Bradford District Armed Forces Community Covenant Pledge in January 2012 to ensure that the armed forces community face no disadvantage when accessing local public services. This sits under the national Armed Forces Covenant, led by central Government, which show support for and gratitude to the armed forces community for the sacrifices made in discharging its duties.

Appendix 1

National developments Summary

1 Significant developments

Comprehensive Spending Review 2015
The government published its comprehensive spending review on 25 November 2015, setting out the budget for each department over the course of this parliament. Key headlines for health included confirmation of an extra £10bn in real terms for the NHS by 2020. This includes the £2bn already announced in the 2014 autumn statement. The £8bn of additional investment has been applied to NHS E's budget only, with substantial reductions being required from non-NHS health budgets. This is likely to lead to around 20-25% cuts in other health spending. The £8bn for the NHS has been frontloaded, with £3.8bn increase for 2016/17, £1.5bn in 2017/18, followed by a lower growth rate in the next two years followed by a larger rise in 2020/21.

NHS Planning Guidance 16/17
The annual NHS planning guidance and priorities and rules for 2016/17 and beyond were published just before Christmas. The document emphasises local system leadership – but also includes the traditional list of 'must dos' and some 'hard edged' targets and penalties. Among these was the plan to tie access to billions of pounds of transformation funding to the quality of 'system leadership' in each area. The guidance sets out nine 'must dos' and warned providers to expect very limited capital funding in 2016/17.

The nine 'must dos' for all local health systems in 2016/17 are set out below:

> The first of these is to develop a high quality and agreed 'sustainability and transformation plan' that will dictate the most locally critical milestone that must already be achieved in 2016-17.
>
> Providers must return to aggregate financial balance, including secondary care providers delivering efficiency savings through Lord Carter's £5bn productivity savings programme. They must also comply with the maximum total agency spend and hourly rates determined by NHS Improvement.
>
> All organisations will be expected to develop and implement a local plan that addresses the sustainability and quality of general practice, including existing workforce and workload issues.
>
> They must "get back on track" with access standards for A&E and ambulance waiting times to make sure at least 95% of patients do not wait more than four hours to be seen, and that all ambulance trusts respond to at least 75% 'Category A' calls within eight minutes. This will require making progress in implementing the urgent and emergency care review and associated ambulance standard pilots.
>
> Similarly, there must be improvement against standards that dictate more than 92% of patients or non-emergency pathways must wait no more than 18 weeks from referral to treatment, as well as offering patient choice.
>
> The 62-day cancer waiting standard must be met, including safeguarding better diagnostic capacity and the two-week and 31-day cancer standards must continue to be improved. Providers are also asked to make progress in ensuring one-year survival rates are kept by

delivering a year-on-year improvement in the proportion of cancers diagnosed at an earlier stage.

Two new mental health access standards must be achieved and maintained: more than 50% of people experiencing a first episode of psychosis will start treatment with a NICE-approved care package within two weeks of referral, and 75% of those with "common mental health conditions" will be referred to the Improved Access to Psychological Therapies (IAPT) programme, treated within six weeks of referral (but 95% treated within 18 weeks).

At least two-thirds of the estimated number of people with dementia must be diagnosed.

Local plans must seek to transform care for those with learning disabilities, including by implementing better community provision, reducing inpatient capacity and rolling out treatment reviews aligned with published policy.

Lastly, all NHS organisations must develop and introduce an affordable plan to improve quality, particularly for those currently in special measures. They will also be required to publish avoidable mortality rates annually.

Consultancy and Agency Price Cap

Caps on NHS consultancy spend brought £42m savings in the third quarter of 2015/16. With wider controls on agency staff, Monitor and the TDA believe £160m savings could be seen by the end of the financial year. Add ref to letter

First NHS Corporate Manslaughter Prosecution

The first corporate manslaughter prosecution against an NHS Trust began in early January. The charges against the Trust alleges it *'failed to take reasonable care to ensure that the anaesthetists involved in the care of the patient held the appropriate qualifications and training for their role, and further failed to take reasonable care to ensure that there was the appropriate level of supervision for the anaesthetic treatment of the patient'*.

The outcome of the case could have a lasting impact on the way the NHS approaches serious risk and systemic errors. The HSJ commented that "whatever the outcome of the trial, the decision to bring such a prosecution against an NHS organisation sends an important signal to health service leaders – one that will no doubt play on the minds of many managers called upon to make hard choices about staffing levels, equipment maintenance, or workforce training and culture."

Junior Doctor's Strike

A temporary arrangement was reached between the government, the BMA and NHS Employers which meant the three days of strikes planned for early December did not go ahead.

A further three dates in January and February were then confirmed following failure to secure agreement. The first of these took place earlier this month. NHS England confirmed around 10,000 junior doctors had reported for duty out of the 26,000 scheduled to work the day shift (which included those working in emergency care who were not taking action). The press reported that more than 20,000 operations and appointments were cancelled as a result of the day of action. Next week's planned strike has been cancelled pending the outcome of further talks. The day planned for February is still pencilled in for a full walk out, including from emergency cover.

Sir David Dalton (CE, Salford Royal NHSFT) who has been appointed to help the ACAS negotiations commented that the Government's message on seven-day services in the NHS has become muddled

during the junior doctor contract dispute, adding that junior doctors were, in fact, the NHS staff group that would have to do the least extra work to achieve improved weekend services.

2 Government and Department of Health (DH) Developments

Cross-party call for National Health and Care commission.
Former health secretaries and ministers have called for a review to confront the "existential crisis" within the NHS and social care and provide cross party solutions.

National Tariff Objection Threshold
The government's plans to make it harder for providers to block NHS tariff proposals faced challenge in the House of Lords. The amendments tabled saying the changes "are fundamentally unfair; and do not achieve their policy objective…and are in direct contradiction to the assurance given by Lord Howe on 6 March 2012", were approved. In the government's response they recognised the importance of continuing to consult and engage with all stakeholders to improve the tariff-setting process, and have already written to e.g. NHS Confederation inviting joint-working on improving tariff engagement in the future.

Monitor is developing options as to how it might set the national tariff over more than one year, to be set out in an options paper in February.

Lord Carter Review in to NHS Efficiency
HSJ reported that the headline savings estimates sent to hospital trusts as part of the Lord Carter's review were based on contentious reference costs data. The metrics and savings opportunities have not yet been made public; however Lord Carter has indicated that the savings figures are a starting point for discussion and that he had been meeting with trusts to negotiate figures which are fair and achievable.

London NHS Devolution
The Chancellor has signed a health devolution deal for London. The agreement will see the launch of five pilot schemes designed to transfer power over NHS services from Whitehall to local groups.

National Audit Office Report – NHS Finances
A NAO report shows the finances of NHS trusts and foundation trusts has 'significantly' deteriorated since 2014/15, warning that NHS E faces a £2.2bn black hole with two-thirds of trusts ending this financial year in deficit. The report calls for the DH, NHS E, Monitor and the TDA to "take a rounded view of how to improve trust's finances".

Nursing Associate Role
The government plans to create a new post of 'nursing associate' in the hope of solving a staff shortage created by requiring all nurses to be graduates. Nursing associates would take over basic care, allowing registered nurses to focus on medicine management. The new scheme would mean healthcare assistants could become associates after two and a half years apprenticeship.

Changes to Donor Policy
Transplant medics will no longer be required to ask families of dead registered donors for consent before they take organs. In Wales, a change to the policy now means that adults will be regarded as having consented to organ donation unless they have opted out. The opt-in system still applies in the rest of the UK.

Survey of NHS Staff
MORI has been commissioned to survey NHS staff's awareness of and attitude towards national policies. The survey will focus on the charging process for some groups of patients who may not be entitled to free NHS care. The survey will be conducted between 11 January and 31 March.

Childhood Obesity Strategy
The DH will be launching a childhood obesity strategy. Experts say if current trends continue, 75% of adults could be overweight or obese by 2035, bringing a host of health issues, including diabetes, heart disease and cancers. A number of measures have been recommended, for example introducing a tax on sugary drinks and a review of how food is advertised online.

3 NHS England (NHS E) Developments

Transforming end of life care in acute hospitals – the route to success"how to" guide
NHS England has published a revised and updated version of the Transforming end of life care in acute hospitals: The route to success 'how to' guide, first published in December 2015. The publication marks another significant milestone to improve the quality and experience of care at end of life for patients and their families. It offers practical advice and support for frontline clinicians and leaders for the work required to transform end of life care in acute hospitals.

New NHS England action plan to tackle sepsis
NHS England has published a new action plan to help support healthcare professionals to recognise and treat sepsis promptly. Earlier this year NHS England brought together Royal Colleges, the UK Sepsis Trust and others to advise on how best to improve the recognition and treatment of sepsis. This new action plan sets out what we need to do to drive improvements for patients with sepsis.

Allocation of Resources to NHS E and the Commissioning Sector
NHS E announced real terms funding increases for CCGs in every year, with firm allocations for the next three years and indicative allocations for the final two years. The individual allocations for each CCG were published in early January.

The move towards place based commissioning will mean specialised services funding in local areas is related to CCG allocations. This will support engagement of CCGs in co-commissioning and enable a fuller expression of place-based utilisation of NHS funds.

Independence Deadline for Commissioning Support Units (CSUs)
NHS E is considering scrapping its timetable for CSUs to become independent. Proposals for making CSUs autonomous are likely to emerge by the end of the month. The current policy for CSUs to be floated out of the NHS by the end of 2016 looks unlikely. Instead, under current proposals CSUs would not have a deadline in addition to which NHS E says it could supply CSUs with a loan, negating the need for working capital.

Safe access to online GP records
By 31 March 2016, patients in England will be able to request to see detailed information in their online GP records. To make sure patients access all the right information about their health, practices will need to verify the identity of the patients and make sure their records are accurate.

New national clinical director structure
NHS E has confirmed that its national clinical director ('NCD' roles will be reshaped to create a 'more coherent structure' and to reduce costs. Eight NCD posts will be cut with the remaining NCDs to be

grouped under three main areas: major programmes (covering learning disabilities, cancer, mental health, diabetes and obesity, urgent and emergency care and maternity and women's health); service improvement (covering cardiac services, stroke, respiratory, end of life care, diagnostics, musculoskeletal, dementia, emergency preparedness and critical care); and population (covering children, young people and transition to adulthood, older people and integrated person centred care) group.

Inquiry in to the Collapse of Integrated Care Contract
NHS E is to commission a probe into the high-profile collapse of the £800m Cambridgeshire and Peterborough contract for the provision of integrated care for older people, including the work of the Strategic Projects Team, which advised on the initiative.

4 NHS Improvement (Monitor/TDA) Developments

National Whistleblowing Policy
Monitor and the TDA are proposing to introduce the first national whistleblowing policy for adoption by all NHS organisations in England. The policy sets out: who can raise a concern; how the concern will be investigated; and what will be done with the findings of an investigation.

Southern Health NHS Trust to be externally monitored
Monitor has appointed an 'improvement director' to work with Southern Health NHSFT, after it failed to properly investigate hundreds of deaths.

NHS Board Vacancy Survey
NHS Improvement, on behalf of the new national board for leadership development and improvement and its members, has asked chairs and chief executives to take part in a survey to assess the executive director and non-executive director vacancies in their organisations. There are a number of particularly critical vacancies across the NHS, which is making it difficult for some organisations to deliver at the pace and scale which is needed. The survey will help to find out what would be most valuable at a regional or national level in helping providers address their hard-to-fill board level vacancies.

5 Care Quality Commission Developments

National Guardian for Freedom to Speak Up appointed
The CQC has appointed Dame Eileen Sills DBE, chief nurse at Guy's and St Thomas NHSFT, as the first national guardian for the freedom to speak up safely in the NHS. Dame Eileen will help (in partnership with regulators) in leading a cultural change, initially with Trust's and FT's, with the aim of ensuring that healthcare staff always feel confident and supported to raise concerns about patient care. A network of individuals within FT's and trust's appointed as local freedom to speak up guardians will be led, advised and supported by Dame Eileen, and will be responsible for developing a culture of openness at trust level.

Bringing the CQC's Comprehensive Inspections within Scope of its Fee Raising Power
The DH is consulting on a proposal to extend the CQC's fee raising power to cover all aspects of its comprehensive inspection programme. Currently, the CQC's fees may only cover those activities which relate to assessing whether providers are compliant with registration requirements. The CQC's new comprehensive inspections consider the quality of care above and beyond the registration requirements, highlighting good and outstanding care. The inspections therefore go beyond the scope of the CQC's fee setting power.

In a separate consultation, the CQC is asking whether it should move to a position of full cost recovery over two years or four years; this follows confirmation that the CQC's grant will be reduced over the next four years. In order to proceed with plans to move to full cost recovery, the DH must introduce these regulations to allow the CQC to charge fees for its full inspection programme.

'Fit and Proper Person' Test
The CQC is being asked to reconsider its Fit and Proper Person Test approach as one trust now faces a £200,000 legal bill for a complaint against a now exonerated chief executive. The trust involved in the case published a 117 page report, by two independent barristers, examining allegations about the FT's chief executive's conduct at her previous NHS employment. The CQC has been criticised that its fit and proper regulations process is not transparent, with decisions to reject complaints being made without explanation, despite a number involving employment tribunal cases where people have been implicated in unfair action against whistleblowers.

Mental Health Act Annual Report 2014/15
The CQC has published the sixth annual report on its findings of the use of the Mental Health Act by care providers in England. Key findings of the report include: Clinicians are not always supporting patients to be involved in their care; care records suggest that people detained under the MHS are not always receiving care that is tailored to their individual needs; and managers are not always providing the training and support that staff need to develop the skills and knowledge necessary to apply the MHA and the Code of Practice correctly.

CQC Strategy 2016-2021
The CQC is carrying out the final stage of consultation on its strategy for 2016-2021. The CQC is particularly keen for governor involvement, and asked for the details to be shared with Council of Governors with a view to participating in focus events organised across the country.

House of Commons Committee of Public Accounts
The Committee has raised new concerns about the performance of the CQC. Whilst recognising the substantial progress since 2012, it found that it was behind where it should be and was not yet an effective regulator. The report highlighted the significant impact of staff shortages are having on the CQC's ability to complete its inspection programme and identified weakness in the consistency, accuracy and timeliness of its initial draft reports. The Committee also raised concerns about the CQC's ability to respond quickly and effectively to information received from service users and staff, as well as the quality of information on offer to people seeking a care provider.

Information Security Review
The Secretary of State has asked the CQC to carry out a review on the effectiveness of current approaches to security by NHS organisations when it comes to handling confidential patient information. Visits to a sample of NHS providers have been taking place throughout November.

CQC Inspection Programme
The CQC have now undertaken comprehensive inspections of 125 NHS service providers. Of those, two trusts have been rated as 'outstanding', 39 as 'good', 18 as 'inadequate' and the remaining 101 as 'requires improvement'. Their programme to recruit 600 inspectors has ended with the appointment of 627 new inspectors.

6 Royal Colleges Updates

Royal College of Emergency Medicine
The Royal College and the RoSPA are calling for a £20m per year nationwide programme that would relieve some of the pressure on A&E departments by preventing accidental injuries to children under the age of five. A targeted campaign they believe would help to reduce emergency treatment for under-fives by 30%, thereby reducing the overall burden on A&E by 2%.

7 Appointments and People Moves

DH: Chris Wormald has been appointed as the new Permanent Secretary for the Department of Health, following Dame Una O'Brien's recent announcement that she is to step down from the role. Chris will move across from his current role of Permanent Secretary at the Department for Education.

NHS E: Matthew Swindells has been appointed Director of Commissioning, Operations and Information replacing Dame Barbara Hakin who has retired.

8 Consultations

NHS Confederation - Work/Life Balance
The EU has identified work/life balance as a key priority in its 2016 work plan and has started consulting on how the existing EU legal and policy framework in this area should be modernised. NHS views will inform the consultation exercise as forthcoming EU proposals in this area could have an impact on NHS employers.

New Cancer Drugs Fund Operating Model
NHS E and NICE are consulting on a proposed new operating model for the CDF to become operational from 1 April 2016. Under the proposal, the CDF would become a 'managed access' fund to enable access to promising drugs which lack sufficient evidence to support a recommendation for routine commissioning, while further evidence is collected. At the end of this period, the drug would either be made available through routine commissioning or only on the basis of individual patient funding requests.

Overseas Visitors and Migrants: extending charges for NHS Services
The DH is consulting on extending charges for overseas visitors and migrants. The consultation outlines proposals to extend the current charging practice to A&E, community, ambulance and other areas of care. The DH aims to recover up to £500m per year from charging overseas visitors and migrants by 2017/18.

9 In the News

NHS to introduce sugar tax
Simon Stevens, the head of the NHS, has revealed in an interview with the Guardian that the health service plans to impose its own sugar tax in hospitals as its contribution to tackling the "national sugar high". Mr Stevens said hospitals across England will start charging more for highly sugared drinks and snacks sold in their cafes and vending machines in an effort to discourage staff, patients and visitors from buying them. Explaining why the tough action was needed, he said: "It's not just the wellbeing of

people in this country and our children. But it's also the sustainability of the NHS itself." Mr Stevens also criticised shops for offering two-for-one deals on cakes, biscuits and other treat foods, and positioning such snacks close to checkout queues. The National Obesity Forum has acked Mr Stevens' plan.

Hospitals failing dementia patients

Dementia patients admitted to hospital in England play "Russian roulette" with their health, a charity is warning. The Alzheimer's Society said it had found shocking evidence of poor and variable care during a review, and called for all hospitals to publish an annual statement of dementia care, including information on satisfaction, falls, readmissions and staff training as part of its campaign to improve standards. The report, based on Freedom of Information (FOI) requests, found problems with falls, night-time discharges and readmissions, and said standards needed to improve urgently. The Department of Health said the disease was a key priority. *BBC News* notes that a quarter of hospital beds are believed to be occupied by a person with dementia. Meanwhile, the *Times* reports that middle-aged people whose parents have dementia are to be given healthy living advice to cut their own chances of getting the disease. Public Health England is planning to warn the middle-aged of their dementia risk in a campaign later this year. Doctors will urge the children of dementia sufferers to eat better and exercise more under plans to prevent thousands of cases of Alzheimer's and related conditions.

Millions waiting for GP appointments

New research indicates more than 10m patients are struggling to obtain a GP appointment, with record numbers waiting more than a week. NHS statistics show that the proportion of people unhappy with local practice availability has risen by a fifth in three years, amid pleas from patients for seven-day opening. The findings also show the proportion of those backing Sunday opening for doctors' surgeries has now topped 40% for the first time. The survey of more than 800,000 patients found that 11% were unable to get an appointment at all, while a record 18.1% had to wait a week or more after appointments were made to see their doctor.

NHS GPs are most stressed in the Western world

Research by the Commonwealth Fund shows the NHS has the most stressed GPs by western standards. The group – described by the *Guardian* as the world's most influential health think tank - found that relentless workloads, endless bureaucracy and the shortest amount of time spent with patients fuelled stress amongst medics. Stress levels are so acute among British GPs that almost 30% plan to quit in the next five years, and the growing pressures on NHS family doctors are so intense that more than 20% have become ill in the past year, according to the Fund's findings. Just under six in 10 GPs (59%) find their work stressful, with 39% of these saying it is very stressful and 20% extremely stressful, which is higher than any other leading western nation in the triennial study.

NHS still missing key targets

Hospitals in England are continuing to miss many of their waiting time targets, official figures for November show. Ambulances, the 111 phone service and cancer services all missed key targets. A&Es only managed to see 91.3% of patients in four hours – the worst performance since record-keeping began in 2010. Meanwhile the six-week target for diagnostic tests to be done was missed. Significant problems were also experienced by hospitals in discharging some patients. There were over 153,000 days of delays, the second highest on record.

Concern over Elderly Bed-Blockers

Concern is growing that the number of pensioners taking up hospital beds when they should be at home or in a care home has risen by more than 15% within a year. NHS statistics show that pensioners account for one in three of all 'bed-blocking' cases, contributing significantly to record levels of used beds; equating to 1.59m days lost to bed-blocking between January and November.

The National Audit Office is currently undertaking a value for money study examining the discharging of older patients from acute hospitals. A key part of the fieldwork is a survey of key stakeholders across local health economies involved in the process, including acute trusts.

Mid Staffordshire NHS Foundation Trust
The NHS trust that ran Stafford hospital has been fined £500,000 for "basic" errors linked to the deaths of four vulnerable elderly patients between 2005 and 2015, and has been ordered to pay more than £35,000 in costs. Because the trust has no funds, the DH will settle the amount owed on its behalf.

NHS to offer new test for Down's syndrome
A new, highly accurate test for Down's syndrome has been recommended for high-risk women on the NHS. The simple blood test could mean fewer women needing invasive amniocentesis tests, which could carry a small chance of miscarriage or serious infection.

Pension Changes
The NHS is concerned that cuts to pension savings limits could result in a wave of family doctors, surgeons and other medical professions retiring early.

Mergers/Takeovers
Birmingham Children's Hospital and Birmingham Women's Hospital NHSFT have announced their merger. This follows the appointment of Sarah-Jane March as joint chief executive.

The first NHS hospital to be privately run – Hinchingbrooke Hospital could be merged with Peterborough and Stamford NHS. The proposed review would focus on back-office services, organisational form and how they could collaborate clinically.

Nurses to march over fees
Trainee nurses and midwives marched on Parliament in protest over government plans to make them pay for their own training with student loans – a change which could see their earnings cut by £900 per year.

Sell-off of Surplus NHS Land
The government is considering selling £2bn of surplus NHS-owned land and assets to support the building of 26,000 new homes.

Bradford tops diabetes table
The *Sun on Sunday* reveals the diabetes hotspots in England as the number diagnosed as diabetic reaches 4.05m – 65% more than ten years ago. Bradford tops the table with 9.74% of its patients affected by diabetes, followed by Sandwell and West Birmingham with 9% then Leicester City with 8.86%. Douglas Twenefour, senior clinical adviser at Diabetes UK, warns that the increase in Type 2 diabetes is mostly due to the obesity crisis and almost three-quarters of men and almost two-thirds of women in the UK will be overweight by 2030.

Appendix 2

Publications Gateway Reference No.04494

Dame Barbara Hakin
National Director: Commissioning Operations
NHS England
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London
SE1 6LH

E-mail: england.eprr@nhs.net

To:
NHS Trust Chief Executives
NHS Trust Medical Directors
Accountable Emergency Officers

9 December 2015

Dear Colleague

RE: NHS preparedness for a major incident

In light of the recent tragic events in Paris, NHS England together with the Department of Health and other national agencies are reviewing and learning from the incidents that occurred and will ensure that this is then reflected fully in our established Emergency Preparedness Resilience and Response procedures. We have already undertaken significant work on the clinical implications and expect to communicate with you on this shortly. In the meantime, I am writing to request your support in continuing to ensure that the NHS remains in a position to respond appropriately to any threat.

It is important to be clear that the threat level remains unchanged since 29 August 2014. The threat assessment to the UK from international terrorism in the UK remains SEVERE. SEVERE means an attack is highly likely.

We appreciate that you will currently be in the process of undertaking the annual EPRR assurance process, in line with the recently refreshed NHS England Assurance Framework, available at: https://www.england.nhs.uk/ourwork/eprr/gf/. In addition, it will be important that all trusts review the following immediately and that you are able to provide assurance that:

- You have reviewed and tested your cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including in the event of a loss the primary communications system;

- You have arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency;

- Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care; and

- You have given due consideration as to how the trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries.

Ambulance trusts should also assure themselves that they:

- Ensure that the Marauding Terrorism and Firearms, Hazardous Area Response Team, Chemical, Biological, Radiological and Nuclear capacity and capability is declared live in Proclus and updated a minimum of every 12 hours.

Please could you ensure that your responses to the above form part of a statement of readiness at a public board meeting in the very near future as part of the normal assurance process.

Both my team and I appreciate your continuing support in ensuring that the NHS is in a position to respond to a range of threats and hazards at any time.

Yours faithfully

Dame Barbara Hakin
National Director: Commissioning Operations

Cc.
Prof. Sir Bruce Keogh – National Medical Director – NHS England
Prof. Keith Willett – NHS England – Director for Acute Care
Dr Bob Winter – NHS England – National Clinical Director EPRR
Richard Barker – NHS England - North
Paul Watson – NHS England – Midlands & East
Anne Rainsberry – NHS England – London
Andrew Ridley– NHS England – South
Hugo Mascie-Taylor - Monitor
Helen Buckingham – Monitor
Dr K McLean – NHS Trust Development Authority
Peter Blythin – NHS Trust Development Authority
National on Call Duty Officers NHS England
NHS England Heads of EPRR
NHS England Medical Directors

Introduction

In light of the recent tragic events in Paris, NHS England and the Department of Health are reviewing established Emergency Preparedness Resilience and Response (EPRR) procedures to ensure they address any learning identified from the event

The UK threat level remains unchanged since 29 August 2014. The threat assessment to the UK from international terrorism in the UK remains SEVERE. SEVERE means an attack is highly likely. In addition to the EPRR Core Standards, with which the Trust recently declared full compliance, the Trust has been asked to provide additional assurance on the points listed below.

Requirements

Requirement	**ANHSFT Position**
You have reviewed and tested your cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including in the event of a loss the primary communications system;	The Trust carried out a Major Incident (MAJAX) Communications test in November 2015. This includes staff from all groups (e.g., Doctors, Senior Managers, IT staff, Bed / Site Managers) the results of this are submitted to the Joint Health, Safety and Resilience Committee for oversight and assurance. The cascade includes the use of both pagers and baton bleeps. In the event of these systems being unavailable staff belonging to on call rota are also asked to provide mobile and landline telephone numbers to switchboard.
You have arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency;	Airedale General Hospital can be accessed via the road network for cars and busses. In the event of both these being unavailable the site is within walking distance of the local train station, in addition a number of staff life within cycling distance.
Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care; and	The Trust has a MAJAX and Pandemic flu plans in place to rapidly increase capacity in critical care and other areas of the Trust. The pandemic flu plans contains specific details on how critical care capacity can be increased. Critical Care Network Arrangements are also in place to ensure ANSHFT arrangements are integrated with regional plans.
You have given due consideration as to how the trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries	The MAJAX plan contains a specific section covering the Trusts response to Mass Casualties, which includes links with regional trauma centres and networks to gain specialist advice when required.