

<b>Report to:</b>	Board of Directors				
<b>Date of Meeting:</b>	25 January 2017				
<b>Report Title:</b>	Report of the Chief Executive				
<b>Status:</b>	<b>For information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>	<b>Regulatory requirement</b>
Mark relevant box with X	X	X	X		
<b>Prepared by:</b>	Jane Downes, Company Secretary				
<b>Executive Sponsor (presenting):</b>	Bridget Fletcher, Chief Executive				
<b>Appendices (list if applicable):</b>	Appendix 1: National Developments Summary (for information)				

<p><b>Purpose of the Report</b></p> <p>The purpose of the Chief Executive's report is threefold, namely:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• to bring together key messages from the Board papers into a single, high level assurance narrative; and</li> <li>• to update the Board on key strategic and operational developments that the Executive Team are leading.</li> </ul> <p>This report covers developments that have happened since the November Board of Directors' meeting.</p>
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<p><b>Key points for discussion</b></p> <p><b>National Developments</b> Significant national developments since the previous Board meeting include:</p> <ul style="list-style-type: none"> <li>○ Publication of the National Tariff 2017 -2019</li> <li>○ CQC Report - Learning, candour and accountability</li> <li>○ Junior Doctor's Contract</li> </ul> <p><b>Local health and care economy</b> 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.</p> <p><b>Airedale</b> For the Trust, key points to note from this month's Board pack include:</p> <ul style="list-style-type: none"> <li>• Learning from this month's patient story about a mother's birthing experience at Airedale</li> <li>• Forecast plan at month 9</li> <li>• Exception reports regarding A&amp;E 4 hour standard and staff sickness</li> <li>• Right Care Programme Quarterly Report</li> </ul>
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<p><b>Recommendation</b></p> <p>The Board is asked to <b>receive</b> and <b>note</b> the Chief Executive's update report and attachments.</p>
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## 1. NATIONAL DEVELOPMENTS AND PUBLICATIONS

Details of the main developments and publications during November are summarised in **Appendix 1**.

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

### 1.1 NHS Operational Planning 2017-2019

The Trust submitted its final two year operational plan in line with the submission date of 23 December. This followed a detailed scrutiny of the plan at a special Board meeting held in December. The Board will be aware of the operational and executive focus in ensuring a robust plan is in place for 2017-2019. The next stage will be to focus on the implementation plan and governance process to ensure delivery of the plan. The establishment of a Board Finance Sub-Committee comprising Non-Executive Directors (including the Chairman), Chief Executive, Director of Finance and Chief Operating Officer will enable scrutiny and additional monitoring of the Trust's CIP plans and financial reporting to provide assurance to the Board.

### 1.2 CQC Report - Learning, candour and accountability

The Care Quality Commission has [published a report](#) following a national review of the quality of investigation processes led by NHS trusts into patient deaths. The CQC have made seven recommendations that require action across the health system, including the following from 31 March 2017:

- the boards of all NHS Trusts and Foundation Trusts will be required to Identify a board-level leader (likely the medical director) as patient safety director to take responsibility for this agenda and ensure it is prioritised and resourced within their organisation and;
- appoint a non-executive director to take oversight of progress.

The Board will wish to discuss the recommendations further and consider the appointments as required.

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

### 1.3 A&E Pressures

The Board will be aware of the increasing pressures in A&E both locally and nationally, as demonstrated by more than four in 10 hospitals in England declaring a major alert in the first week of the new year.

From October to December 92.6% of patients were seen in four hours - below the 95% target. This performance was the worst quarterly result since the target was introduced at the end of 2004.

The rest of the UK also missed the target with a number of hospitals declaring "major incidents" recently, signifying they are facing exceptional pressures and triggering extra staff being called in and other steps, including cancelling non-emergency care, such as routine operations.

The Director of Acute Care for NHS England, Professor Keith Willett, has estimated that 30% of patients attending A&E would be better cared for elsewhere in the system. The Prime Minister was reported as wanting to help reduce pressures on hospitals in a number of ways, including:

- Ministers may ask GP surgeries to use a new appointments tool to submit appointments data;
- GPs would receive extra funding for offering extended hours only if they could demonstrate they were offering appointments which patients wanted and were advertising them properly; and
- Surgeries receiving extra cash for longer opening times would be asked to expand their online services for patients to free up time for consultations and treatment

This month's Board pack includes an exception report from the Chief Operating Officer on the Trust's failure to meet the 4 hour standard for Quarter 3. The Performance Report outlines the actions being taken to support improvement.

#### **1.4 Junior Doctor Contract**

During December 2016, the first group of junior doctors in England moved on to the new 2016 terms and conditions. The principles of the new contract include:

- Greater focus on Education and Training
- Educational Supervisor to act as trainees advocate to champion high quality training, reasonable workload and fair rostering
- Rostered hours to reflect actual hours worked and doctors paid for hours worked "overtime"
- Guardian of Safe Working ('GOSW') to oversee safe working; Department of Medical Education to ensure access to and consistent delivery teaching and training

A quarterly report by the Trust's appointed GOSW, Dr Martin Kelsey, will be presented to the Board at the March meeting.

## **2. LOCAL HEALTH ECONOMY DEVELOPMENTS**

### **2.1 Sustainability and Transformation Plans 2016-2021 (STP)**

All 44 sustainability and transformation plans for England have now been published.

### **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 in conjunction with partners - Yordales GP Federation and BDCFT
  - West Yorkshire Urgent Care Vanguard

### **2.3 Partnership Developments**

Throughout November and December, 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.

### **WYAAT Governance Arrangements**

The governance arrangements agreed with the West Yorkshire and Harrogate NHS acute providers for the West Yorkshire Association for Acute Trusts ('WYAAT') will be the subject of Board discussion in the private session.

### **Joint Collaboration - Pathology Service**

The collaboration with Bradford THFT to provide a joint pathology service achieved its planned go-live on 9 January 2017. A detailed report will be provided in the private session of the Board meeting.

### **2.4 Apprentice Scheme – Keighley College**

The Trust has developed a 12-month apprenticeship scheme in partnership with Keighley College. The apprentices will study for a diploma in health and social care and have classroom-based sessions delivered by Keighley College. The joint venture between Airedale NHS Foundation Trust and the college's health and social care team is designed to guarantee the trainees a permanent job following the completion of their apprenticeship.

## **3. AIREDALE FOUNDATION TRUST UPDATE**

### **3.1 Right Care: Improving Patient Experience**

#### **Patient Story**

The Board will see a short film focussing on a mother's birthing experience at Airedale.

#### **Performance Standards – A&E 4 Hour Standard**

This month's report includes an exception report showing the Trust's performance for Q3 against the A&E 4 hour national standard. The report outlines the actions we are taking to improve performance against these standards.

#### **Friends and Family Response Rate**

At the November Board meeting, the Board requested an update report on staff sickness within the Trust. The report included in this month's Board pack outlines the progress we have made to date and the ongoing work we intend to undertake.

#### **Mealtime Assistants**

The Trust has re-launched its initiative enabling non-clinical staff to assist patients at mealtimes. The Mealtime Assistants (formerly Feeding Buddies) will help provide extra support to encourage and assist patients with eating and drinking.

### **3.2 Right Care: Improving Quality and Safety**

#### **Quality Improvement Monthly Report**

The Quality Improvement Monthly Report is included in this month's Board pack. The Report presents a range of metrics indicative of quality and safety based on national and local priorities.

### Scrutiny of mortality and avoidable mortality

This month's Board pack includes the mortality report from the Executive Medical Director, Karl Mainprize. The data shows the number of observed deaths, the predicted expected deaths and the SHMI for each coded condition.

### 3.3 Right Care Today: 2016/17 Annual Plan Operational Delivery

#### Safe Staffing

This month's Board pack includes the nursing and midwifery staffing exception report for December 2016. 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. The Board will wish to scrutinise the Report given the CQC Quality Report references to nurse staffing levels.

#### Staff Sickness Report

At the Board's request, this month's Board pack includes an exception report on staff sickness from the Director of HR and Workforce.

### Month 9 financial and service performance headlines

#### Financial performance

The overall financial position at the end of December showed:

- An underlying deficit, before the release of non-recurrent balance sheet contingencies, of £1.8m. After support the position is a surplus of £52k, £54k better than plan.
- The NHSI control total (which excludes donated assets and includes STF funding) showed a surplus of £4,072k against a planned surplus of £4,063k, £9k better than plan.
- EBITDA is £84k worse than plan. This position delivers a UsR rating of 1 against a plan of 1;
- PbR income is £983k below plan.
- CIP has achieved £4,542k against a plan of £6,609 - £2,067k behind plan. This is £976k worse than the contingency set aside, therefore contributing to the deterioration of EBITDA.

#### Performance Standards

The summary key points to December are:

- The Trust's governance rating is Amber due to the A&E 4 hour standard being at 87.0% for December.
- There is a potential risk of a formal Governance trigger by NHS Improvement as a result of the A&E 4 hour standard not being achieved for four of the last five quarters. Continuing pressures regarding the RTT standard are potentially increasing this risk further.
- We are continuing to declare risks on the Clostridium difficile and A&E 4 hour standards for 2016/2017 due to the low threshold and continuing pressures.
- Following further details received from NHS Improvement regarding the Sustainability and Transformation Funding, we have achieved the requirements for Quarters 1 and 2 following a successful appeal regarding the A&E standard as a result of the system wide pressures we have reported over several months.
- NHS Improvements new Single Oversight Framework (which replaces the Risk Assessment Framework) was implemented from 1<sup>st</sup> October 2016. The Foundation Trust has received

notification they are initially placed in Segment 2 (on a scale where 1 is highest and 4 is lowest);

Other key performance indicators to the end of December are shown below.

- The sustained increase in delayed transfers of care ('DTC') and patients who are medically fit for discharge continues to have a significant impact on available bed capacity in the hospital on a day to day basis and is causing delays in getting patients transferred from the Emergency Department once it is determined they require admission. The bed occupancy figures have increased as a result of this issue. When compared to Q3 2015, this accounts for an additional 12 beds in the bed base.
- We have also experienced an increase in A&E attendances of 4.6% for the period April to December inclusive, compared to the same time the previous year. This has included three months where the total number of attendances has exceeded 5,000 and also includes a 6.9% increase in the number of patients arriving between 8pm and 8am.
- Since mid-December the Foundation Trust has consistently been at Operational Pressure and Escalation Level (OPEL) 2 to 3 which requires instigating Silver Command. This is due to increased attendance and admissions, acuity (i.e. sicker patients consistent with a winter pattern of illness) and significant numbers of patients who have delays in their discharge arrangements. As a result there have been 39 escalation beds opened (over and above the additional Winter beds as part of the plan).

Further details of the actions being put in place to support improvement are shown in the Director of Finance's Report.

### **Trainee Nurse Associates**

On 23 January the Trust became a pilot site (with our partners in Leeds and Bradford) for Trainee Nursing Associates. This is a regulated role designed to support the registered nurse across a range of functions including medicines administration.

The eight trainees will be employed by the Trust and attend University one day each week. At the end of the two year course they will become Registered Nursing Associates.

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

### **Two Year Operational Plan 2017/18 – 2018/19**

The final draft plan was scrutinised by the Board at a special Board meeting which took place in December 2016 prior to its successful submission on 23 December 2016.

The Board will recall the discussions regarding the Control Total as part of the Annual Planning process. The Trust has been notified that it has been successful in its appeal. In the private Board meeting Andrew Copley, Director of Finance, will bring the Board up to date with latest information.

### **CCG Contracts**

The Trust has signed the main CCG contract for 2017/18 – 2018/19. The Trust remains optimistic that the contract with NHS England will be signed within the next week.

### **3.5 CQC Inspection**

The Board Assurance Sub-Committee (chaired by a Non-Executive Director) continues to meet on a monthly basis to monitor progress by exception against the CQC Improvement Report.

### **3.6 Good News**

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

#### **Collaboration with China**

A memorandum of Understanding has been signed between the Trust and XI'an, Yan Liang Health Informatisation Construction Management Centre to explore opportunities for collaboration on remote online clinical consultation cooperation.

#### **Freedom To Speak Up Guardian appointed**

Midwife Sarah Broadhead-Crofts from our Labour Ward has been appointed as the Trust's Freedom To Speak Up Guardian. The role of a Freedom To Speak Up Guardian is to provide confidential, independent advice and support to staff in relation to concerns about patient safety and all elements of care and practice. Speaking up about concerns is vital, and helps the Trust to keep improving its services for patients and the working environment for everyone.

#### **Airedale's palliative care consultant receives MBE**

Specialist palliative care consultant Dr Helen Livingstone was named in this year's New Years Honours for her services to end of life healthcare. Dr Livingstone accepted the award on behalf of her palliative care team including consultants Drs Michael Hughes and Linda Wilson who care for patients at Airedale Hospital, Manorlands Hospice and in the local community. The consultant led palliative care service is a partnership between the Trust, Sue Ryder Care and Airedale Wharfedale and Craven Clinical Commissioning Group.

#### **Pride of Airedale Awards**

Our third Pride of Airedale Awards will be held on 9 March. The Trust has received a fantastic response from staff with over 170 nominations submitted for a range of awards, including for the first time this year an award to recognise our people who live and breathe our values and Right Care Behaviours. Also new for this year are two other awards – one to recognise the great work we do outside of our hospital setting, and the other to recognise the work of people in our corporate service teams.

#### **Staff Reward and Recognition**

Since the previous Board meeting, the following awards have been given to a number of Wards for achieving falls free days:

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|-------------------------------|--------------------|
| o Diamond Certificate Ward 19 | 62 falls free days |
| o Silver Certificate Ward 13  | 24 falls free days |
| o Silver Certificate Ward 16  | 34 falls free days |
| o Bronze Certificate Ward 9   | 15 falls free days |
| o Bronze Certificate Ward 5   | 15 falls free days |
| o Bronze Certificate Ward 18  | 14 falls free days |