

Chief Executive Update

**Council of Governors
Quarter 3, 2016/17**

**Bridget Fletcher
Chief Executive
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1 Introduction

The purpose of this report is to brief the Council of Governors on key developments that occurred during the third quarter of 2016/17 (October to December 2016). Further details were included in my monthly Board update reports (October and November), national development summaries 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 these Board papers.

2 National Developments

Governors will have seen from the National Development updates circulated with the monthly Board papers that there has been no let-up in the number of announcements, developments and consultations during Q3.

National developments and publications:

- **Submission of Two-Year Operational Plan**

The Trust submitted its final two year operational plan in line with the submission date of 23 December 2016. Prior to this, a Board to Council meeting was held with Governors on 7 December to review and discuss the Plan and was followed by further detailed scrutiny at a special Board meeting held on 19 December 2016.

- **Sustainability and Transformation Plan ('STP') Guidance**

All 44 sustainability and transformation plans for England have now been published, including the STP for west Yorkshire and Harrogate.

- **National Tariff and Contracting Policy**

Several publications were published by NHS Improvement and NHS England relating to the national tariff and contracting policy. The documents that have been published are:

- The final Standard Contract;
- Final CQUINs and CQUIN Guidance; and
- The full 2017/19 national tariff. It contains a range of features designed to offer stability and a positive environment for realising the goals of the Five Year Forward view. These new features include:
 - a two-year tariff;
 - a move to the HRG4+ phase 3 currency design for national prices; and
 - two new mandatory best practice tariffs (chronic obstructive pulmonary disease and non-ST-elevation myocardial infarction).

- **NHS Financial Performance Q2**

NHS Improvement (NHSI) released the quarter two (Q2) [finance and operational performance figures](#) for the provider sector. These figures cover the period of six months ending on 30 September 2016 and show providers are on track to record a year-to-date deficit of £648m in the first half of the year.

- **Chancellor of the Exchequer's Autumn Statement**

The Chancellor delivered his Autumn Statement on 23 November. No direct mention was made to the NHS or social care, although other changes to salary sacrifice schemes, off-payroll working, NI thresholds, devolution and the national living wage increase will indirectly impact on the NHS generally. Of note was the Chancellor's confirmation of funding for up to 1,500 additional medical training places each year, from the 2018/19 academic year onwards.

3 Local Health Economy Developments

3.1 New Models of Care Update

The Trust continues to be involved in a significant number of new care model 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.**

3.2 Partnership Development

Throughout Q3 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 Acute Alliance.

Of particular note is the progress made with the West Yorkshire Association for Acute Trusts (WYAAT), to establish the governance arrangements and mechanics of how this will operate in taking forward the West Yorkshire and Harrogate STP.

3.3 Sustainability and Transformation Plans 2016-2021 (STP)

The STP for West Yorkshire and Harrogate published earlier in the month, sets out how the region proposes to close an expected financial gap of £1.07bn by 2021.

The STP, which covers a large patch with a 2.5 million population, is broken down into six smaller constituent parts which have their own separate plans - These are: Wakefield, Bradford District and Craven, Leeds, Kirklees, Calderdale and Harrogate.

The wider West Yorkshire and Harrogate STP will focus on nine specific areas including cancer, urgent and emergency care, specialist services, stroke and mental health as well as standardising commissioning, acute service collaboration, prevention, and community and primary care.

Key planks of the plans include redesigning community care with a focus on prevention, making the region's hospitals sustainable and changing the way services are commissioned.

3.4 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 apprenticeships.

4 Airedale Updates

4.1 *Right Care: Improving Patient Experience*

Patient Stories

During Q2 the Board reflected on learning from the following patient stories:

At the October Board meeting the patient story focused on the experiences of a patient with COPD and the support he has received the respiratory nursing team in managing his long term condition.

At the November Board meeting the Board viewed a short film focussing on patient experience titled '*Empathy: The Human Connection to Patient Care*'.

4.2 *Right Care: Improving Quality and Safety*

Quarter 2 Quality Improvement Quarterly Report

In this month's papers Governors will note the Quarter 2 Quality Account (Appendix 1). 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.

4.3 *Right Care: 2015/2016 Annual Plan Delivery*

NHS Improvement review update

NHS Improvements new Single Oversight Framework (which replaces the Risk Assessment Framework) was implemented from 1st 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);

Quarter 3 (Q3) update

i) *Right Care Portfolio of Programmes*

Each quarter the Board receives an update on progress of the Right Care Portfolio of Programmes focusing on the financial profile of all the programmes that make up the Portfolio, alongside a programme by programme update of key actions.

ii) *Financial Position*

The overall position at the end of December (Q3) showed a surplus of £4,027k which is £54k better than plan. In 2016/17 the Trust is also subject to achieving a control total with NHSI. The control total excludes donated assets and therefore will be different to the underlying position. At the end of September the control total position showed a surplus of £2,072k, £9k better than plan.

The financial position included sustainability and transformation funding of £3,975k and non-recurrent support of £1,872k, therefore the underlying recurrent position is a deficit of £1,820k, which is £1,818k worse than the planned deficit of £2k. The position has been significantly affected by the number of beds that remain open due to delayed discharges. This is having an effect on the amount of elective activity that the Trust is able to do and although the Trust has implemented a recovery plan, the payment by results ('PbR') income remains £983I behind plan.

iii) Performance Standards

The overall position against the key performance standards at the end of Q3 was:

- 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.

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 financial and performance position for Q3 are included in [Appendix 2](#).

4.4 *Right Care Tomorrow: Looking Ahead to 2016/2017*

CQC Inspection

As reported at the previous Council of Governors meeting, the Trust as part of its response to the CQC Quality Report has established a Board Assurance Sub-Committee (chaired by a Non-Executive Director). The Committee continues to meet on a monthly basis to monitor progress by exception against the CQC Improvement Report.

4.5 Good News

Good news items to bring to the attention of the Council of Governors this quarter include:

Rapid Improvement Week

The 'Rapid Improvement Week' held at the end of November was open to all staff and generated ideas about how to improve discharge and flow processes within the hospital.

Patients Choice Awards

Kelly Hayes-Head, Senior Rheumatology Nurse was awarded 'Highly Commended' for 'Best Care provided by a Rheumatology Nurse' in the recent Patient Choice Awards. Kelly received her award on 2 November at the Houses of Parliament.

Pride of Airedale Awards

Our third Pride of Airedale Awards will be held in March. The Trust has received its highest number of nominations with over 170 staff and/or teams nominated. For the first time this year, the Trust has 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 – once to recognise the great work we do outside of our hospital setting, and the other to recognise the work of our people in our corporate service teams.

Staff Reward and Recognition: Pride of Airedale Awards

During Q3 Pride of Airedale **Individual** Awards were presented to:

- Ben Lymak, Senior Assistant Technical Officer, Pharmacy
- Kelly Baxter, HR Adviser, Surgery
- David Allen, IT Pathology Manager, Pathology Department
- Bev Beaumont, Labour Ward Supervisor, Maternity
- Jahanzeb Mir, Pharmacy Assistant
- Donna Meegan, Paediatric Support Secretary

Team Awards presented to:

- Outpatients Appointments Team

Falls Free Days Awards

The Trust has also initiated a recognition scheme to highlight areas of good practice in preventing patient falls. A number of awards have been made including the following:

- Ward 7 Gold award 38 falls free days
- Ward 4 Bronze award 12 falls free days