

# **Chief Executive Update**

**Council of Governors**  
**Quarter 4, 2017/18**

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**Chief Executive**  
**26 April 2018**

## 1. Introduction

The purpose of this report is to brief the Council of Governors on key developments that occurred during the fourth quarter of 2017/18 (January to March 2018). Further details were included in my monthly Board update reports (January and March), 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

National developments of note to draw to the Governors' attention include the following:

### 2.1 2018 Local Elections: Purdah considerations for providers

Governors should be aware the Council of Governor's meeting falls in pre-election 'purdah'. This means announcements from and activities by public bodies which could influence or be seen to influence the election are restricted. There will be pre-election national media interest in the NHS – in line with purdah rules no comment is included in this report.

### 2.2 National Pay Structure and Terms and Conditions

The NHS Staff Council met on 21 March 2018, and formally signed off a framework agreement for the reform of the NHS pay structure and terms and conditions for all Agenda for Change staff. The NHS trade unions have set in motion a consultation period with their members on the proposed agreement. The assumption is therefore that any deal will move forward to implementation from July 2018, with backdating to April 2018.

In brief, the proposed agreement would deliver:

- A three year fully funded pay deal covering 2018/19 - 2020/21, which would reform the pay structure delivering fewer pay points, faster progression, and higher starting salaries, and award a 6.5% over the three years to the top of pay scales.
- A new system of pay progression.
- A minimum rate in the NHS of £17,460 from 1 April 2018 – compliant with Living Wage Foundation Living Wage, and the closure of Band 1.
- Terms and conditions improvements including enhanced shared parental leave, child bereavement leave, and a national framework on buying and selling leave.
- Development of a joint programme of work to improve health and wellbeing to improve attendance levels and reduce sickness absence.
- A commitment for the NHS Staff Council to negotiate a provision for apprenticeship pay, and look at the scope for a national agreement on bank and agency working.

The government has confirmed that additional money will be made available to fund the increased salary costs. NHS Improvement has confirmed that funding for the NHS Agenda for Change staff pay agreement will be provided direct to NHS organisations in 2018/19. An appropriate mechanism for distributing the funding in future years is currently being considered by NHS Improvement and NHS England.

### 2.3 NHS70 Celebrations

The NHS will mark its 70<sup>th</sup> birthday on 5<sup>th</sup> July and all NHS organisations are being encouraged to join in the celebrations. The Trust has already commenced planning what we might do locally to mark the occasion. A Task and Finish Group has been set up and Governors are invited to join the Group.

### 2.4 Spring Statement

The Chancellor delivered the Spring Statement on 13 March 2018. It contained no new policy announcements, but gave an update on the overall health of the economy, the Office for Budget Responsibility forecasts and on progress made since the Autumn Budget 2017.

### **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 Accountable Care Programme Board
- West Yorkshire Association of Acute Trusts (WYAAT)
- West Yorkshire and Harrogate and Care Partnership (previously known as the STP)

#### **3.2 Partnership Developments**

Throughout Q4 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 Primary Care Federations, local providers, the local authority and providers across West Yorkshire.

### **4. Airedale Updates**

#### **Retirement of Chief Executive**

As the Governors will be aware, I announced my intention to retire earlier in the year. Following a robust recruitment process the decision to appoint Brendan Brown was ratified by the Council of Governors on 18 April 2018. Plans are in place for Brendan to take up the position of Chief Executive, Airedale NHSFT and Partnership Lead for the Airedale, Wharfedale and Craven Health and Care Partnership shortly.

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

##### **Patient Stories**

During Q4 the Board reflected on learning from the following patient stories:

- At the January meeting, the Board heard from a patient about their experiences of the Head and Neck Cancer SLT service.
- At the March Board meeting the patient story focussed on a patients experience of the new Bronchiectasis pathway, which offers patients with the condition the chance to review their IV antibiotics at home. This particular story emphasised the relevance of the Trust's '*Right Care*' vision by enabling the patient to orchestrate their care closer to home. I have invited the patient to become an Ambassador for the Trust.

##### **CQC Maternity Care and Treatment Survey**

The survey published by the CQC highlighted the Trust's maternity care and treatment as providing a positive experience. The survey involving 18,000 people in England showed Airedale to be amongst the best performing trusts in elements of all three aspects of maternity care:

- In antenatal care midwives at Airedale were rated as amongst the best for providing information about feeding your baby and also scored highly for having a contact number for a midwife, for being listened to and being spoken to in a way you could understand
- During labour and birth Airedale was rated as amongst the best for being given appropriate advice and support when contacting a midwife or the hospital, the length of stay being adequate and being treated with kindness and understanding.
- Postnatally women rated Airedale amongst the best for giving consistent advice about feeding their baby and scored highly on providing a contact number for women to contact a midwife at home after the birth.

The Trust also hosted a successful Maternity Open Day on 17 February attended by hundreds of new parents, mums-to-be and families, as well as those interested in pursuing a career as a midwife.

## **CQC Local Health and Social Care System**

The CQC have carried out a number of reviews in which Phase 2 included a review of Bradford. The visit to the Bradford district was carried out late January/early February and included a site visit to Airedale week commencing 12 February. Each local area review highlighted:

- what is working well
- where there are opportunities for improving how the system works for people using services.

The CQC will report to the local authority area's health and wellbeing board and expect to publish their findings late May. Once the CQC have completed all the reviews a national report will be published later in the year.

## **Winter Pressures – 'thank you' to staff**

The bad weather in March brought out the best in our staff in the face of the 'Beast from the East'. Community teams worked throughout Airedale, Wharfedale and Craven, visited patients in their own homes and ran clinics in community venues. Staff made extraordinary efforts to get round patients either on foot or in 4X4 vehicles working cooperatively across teams, with some having been rescued/transported by friends and family members with tractors. Colleagues and members of the public with 4x4 vehicles also came to the rescue, ensuring that patients continued to receive the same high quality of care and service.

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

### **Infection Prevention**

I am pleased to report a number of excellent results the Trust has achieved in preventing infection over the past year:

- NHSI have confirmed the Trust had reduced its E-coli infections by 29.2% since 2016, and is one of only 59 Trusts to have achieved a 10% or greater reduction in the onset of E-coli bloodstream infection;
- The Trust had no cases of MRSA and only one avoidable C-Diff case during 2017/18; and
- The Trust experienced a lower prevalence of norovirus during the winter period compared to national figures and benchmarks well against neighbouring providers.

### **Quarter 3 Patient Safety Review Report**

In this month's papers Governors will note the Quarter 3 Patient Safety Review Report (appended to this report). 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: 2017/2018 Annual Plan Delivery**

### **Flu Campaign**

The Trust commenced its flu vaccination campaign for 2017/18 in October. I am pleased to report that the Trust almost reached its target level of 75% (74.5%) for this winter helped by the offer of free flu jabs and the setting up of other initiatives including the 'flu fighter station'.

### **Harden Ward, Castleberg Hospital**

The Council of Governors are aware that the Trust temporarily withdrew services from the Harden Ward at Castleberg Hospital in Giggleswick at in Spring 2017 because of safety concerns with the property. The Trust's commissioners, Airedale Wharfedale and Craven (AWC) CCG, ran an engagement exercise over the summer to understand from people across Craven what they would expect to see in a formal consultation on the future of Castleberg. The outcome of the engagement exercise was completed and published by HealthWatch Yorkshire.

The AWC CCG governing body launched the formal consultation on community care services for people living in Craven, which included the future of Castleberg. The formal consultation period ran until 27 February 2018 following which the report was shared with Trust. It is anticipated that a final decision will be made in May 2018.

### **Wholly owned subsidiary**

The Trust successfully completed the transfer of its estates, facilities and procurement services to AGH Solutions Limited with effect from 1 March 2018. The Trust has appointed the Managing Director, Director of Finance and a Non-Executive Chair.

### **Staff Survey**

The NHS Staff Survey launched earlier in October. The survey gives employees the chance to tell us how it feels to work here, what works well and what can we do to improve things. Following last year's survey a number of changes were made such as refreshing our People Plan to focus on issues that matter to staff, like health and wellbeing, good line management, and training and development and setting up inclusion focus groups to give our black, asian, minority ethnic, disabled and LGBT staff a forum.

The 2017 results overall were encouraging for the Trust, with improvements in engagement, staff feeling they can contribute to improvements at work and communication between senior management and staff. These along with improvements in some of the key people processes eg quality of appraisals, support from line managers and quality of non-mandatory training, suggest that the focus on leadership and management within the Trust's People Plan is beginning to deliver improved employee experience outcomes.

### **Quarter 4 (Q4) finance and performance update**

#### **(i) Financial Position**

The overall position at the end of March (Q4) showed:

- The underlying position before the release of non-recurrent balance sheet contingencies deficit of £946k, £1,166k worse than plan. After releasing contingencies the position is a surplus of £1,089k, £869k better than plan;
- There has been a technical adjustment relating to the revaluation of assets of £6,152k. the position including this is a deficit of £5,063k, £5,283k worse than plan;
- The NHSI control total is a surplus of £4,520k, £96k better than plan. The position includes £3,684k of STF representing achievement of the financial element in full, and the performance element for Q1 – Q3;
- EBITDA performance is £1,999k worse than plan including non-recurrent support. The underlying EBITDA position is £3,941k worse than plan driven by Junior Doctor, Middle Grade and Nursing pressures, Consultant premium costs and income under-trades. This position delivers a UoR rating of 1 against a plan of 1;
- PbR income is £2,595k below plan;
- CIP has been achieved in full, although £1.7m has been delivered non-recurrently; and
- £2,035K of balance sheet contingencies has supported the position to date, this is an additional £187k in month.

The Trust Executive and Senior Managers continue to monitor the financial position on a weekly basis to seek assurance around recovery of the financial position.

#### **ii) Performance Standards**

The attached report shows the overall position against the key performance standards at the end of Q4.

- Our NHS Improvement Single Oversight Framework Governance rating is Amber due to the A&E 4 hour standard and Diagnostics 6 week standard being below the national threshold in March. In addition, we are currently experiencing pressure around the 62 day Cancer screening standard. It should be noted that we continue to experience operational demand pressures and have also had the impact of the adverse weather to deal with in this month. The Board continue

to acknowledge the hard work of staff across the Trust in dealing with the considerable urgent care pressures over the previous year.

- All other Single Oversight Framework standards were achieved or were within de minimis limits. The current position remains tight for a number of these areas.
- There is still 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 eight of the last nine quarters and the continuing pressures regarding the Diagnostics 6 week and Cancer 62 day screening standards. As the national A&E standard was achieved in both June and July and the STF trajectories delivered for Quarters 1, 2 and 3 this is probably slightly reduced at this time.
- We are continuing to declare risks going forward on the Clostridium difficile and A&E 4 hour standards for 2018/2019 due to the low threshold and continuing pressures noted in this report.
- We achieved the A&E STF requirements for Quarters 1, 2 and 3. Following further discussion with NHS Improvement, our Quarter 4 STF requirement was delivery of the A&E 95% national standard for March 2018. This is an increase from the threshold set out in correspondence received regarding our Winter funding allocations, which was a requirement to achieve 93.91% for Quarter 4. The Board recognise the 95% national standard continues to be part of the Single Oversight Framework as measured monthly by NHS Improvement.
- For the NHS Improvement Single Oversight Framework, the Foundation Trust has received notification they are currently continued to be placed in Segment 2 (on a scale where 1 is highest and 4 is lowest).

Further details of the financial and performance position for Q4 are attached to this report.

#### **4.4 Right Care Tomorrow: Looking Ahead to 2017/2018**

##### **Acute Assessment Unit**

The new Acute Assessment Unit is scheduled to open to patients on 25 April 2018. The unit is co-located next to the Emergency Department and will incorporate ambulatory care, acute admissions and short stay for medical, surgical and some orthopaedic patients.

The new AAU will enable the redesign of patient flow through A&E and will include:

- A surgical assessment unit (medical and surgical)
- Eight 5 bed bays and eight single bedrooms – all with en-suite facilities
- Ambulatory lounge
- Four assessment rooms for examinations
- Accessible toilets
- Wheelchair access to two of the single bedrooms

Work is ongoing to transition patients, staff and equipment and the new unit will soon be clear of contractors, so staff who will be working there can orientate themselves into the new environment. Governors have been invited to tour the new AAU on 8<sup>th</sup> May.

##### **Digital Airedale Event**

On 2 February, over 90 people from across the Trust, GPs, members of the public and young people from South Craven School attended a very successful Digital Airedale event to look to the future and think about what being digital means to us and to our patients.

The key output from the event will be the development of Airedale's Digital Strategy, a blueprint that will set out our digital ambitions and what we need to do to get us there. The Board will hear in the private session how these plans aim to be implemented.

##### **Roll-out of SystmOne**

SystmOne achieved its 'go-live' date of 1 April become the primary record from 1st April 2018 meaning that from April, SystmOne will be the first 'go to' place for clinical information. Paper notes will still be available, but gradually clinic letters, results, discharge letters and other information that is already available in SystmOne will no longer be filed in the paper notes. Staff training sessions are in place using a number of training methods including utilising You-Tube videos.

## 4.5 Good News

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

### **Staff Recruitment Event**

As part of our recruitment drive we held a very successful special event for allied health professionals (AHPs) on the evening of Monday 26 March. As we look to our future workforce and think about how we could mix skills differently on wards and in departments, we need more people in all our therapy areas: occupational therapy, physiotherapy, speech and language therapy, dietetics and radiology.

### **Sustainability Reporting Award**

The Trust has been judged to have excellent sustainability reporting as part of its annual report. Each year, the Sustainable Development Unit (SDU) conduct an analysis of all provider and clinical commissioning group annual reports to evaluate the sustainability sections. In recognition of this, the Trust received a Certificate of Excellence awarded on behalf of the SDU, NHS Improvement and the Healthcare Financial Management Association (HFMA).

The awarding of the certificate coincided with the launch of the new '*Sustainable Health and Care Campaign*' - a programme of events, awareness and awards to increase engagement with sustainable development across the health and care sector.

### **Award – Telehealth in Care Homes**

The Trust's Telehealth in Care Homes project won Health Business magazine's Telehealth award. Staff working from the Digital Hub provide 24/7 clinical advice and support for residents in over 500 residential and nursing homes across the country. The service provides care home residents with specialist medical care and support via a secure two-way video link without them having to go to hospital.

### **Staff National Recognition Awards**

Neil Sugden, clinical lead for community intermediate care has received the NHS Leadership Academy Award in Senior Healthcare Leadership. The Academy are very clear that the award is not automatically awarded on completion of the course, it is only awarded when excellent leadership practice has become someone's normal way of working, and they display the behaviours and attitudes of a compassionate leader – in short, our Right Care values.

I would also like to congratulate Dr Stephen Porter, consultant obstetrician and gynaecologist, who was awarded a Primrose Health Professional Award in recognition for his care of patients with endometriosis. Several patients nominated Stephen for the award, which is given to professionals who show understanding and empathy, but who also make a positive impact on the patients' overall well-being and outcomes.

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

Since the last meeting, the following individual Pride of Airedale Awards have been given to:

- Pat Smith & Michelle Tullett, Outpatients
- Cherie Melvin, Cardiac Rehab
- Dr Emily Jackson, Orthogeriatrics
- Fiaz Karim, Radiographer
- Martha Picken, Communications
- Dawn Shaw, AMU
- Pat Smith/Katie Powell, Outpatients

Pride of Airedale Team awards have also been given to:

- SystemOne Training Team
- Estates Team – gardening & security

### Annual Pride of Airedale Awards

The Trust's fourth annual Pride of Airedale Awards, took place on 8 March. The aim of the awards is to recognise staff who do their utmost to look after those in the local community, whether caring directly for patients or behind the scenes providing vital support.

The awards have gone from strength to strength as staff increasingly want to show their appreciation and admiration of their colleagues by nominating them for an award. Over 250 nominations were received for the 15 award categories, which included Team of the Year, and two new categories this year for Apprentice of the Year and the Special Pride Award.

The overall Annual Pride Award winner was Danielle Stoneley from the Frail Elderly Pathway team, and the Annual Special Award winner was Afruj Ruf, Head of Pathology. The other category winners are shown below:

<b>Category</b>	<b>Winner</b>
Outstanding Patient Care/Experience	Lynsey Nicholson
Improving Quality for Right Care	Community Advanced Practitioners – Community IV pathway
Out of Hospital Care Award	Community Advanced Practitioners – Community IV pathway
Innovation & Technology Award	Stammering Therapy
Ward of the Year	Ward 5
Outstanding Support (Corporate Services)	Income and Information team
Improving Staff Experience	Respect and Dignity Campaign Team
Volunteer of the Year	Voluntary Guides
Unsung Hero	Jackie Jopson, Ward 6
Apprentice of the Year	Amy Williams, ED
Colleague of the Year	Vicky Barlow
Team of the Year	Children's Therapy
Leader of the Year	Julia Nixon