

## Council of Governors

<b>Date:</b>	1 November 2018	<b>Attachment Number:</b>	C																
<b>Title of Report:</b>	<b>Chief Executive's Report</b>																		
<b>Purpose of the report and the key issues for consideration/decision:</b>	<p>The purpose of this report is to brief the Council of Governors on key developments that have occurred during the second quarter of 2018/19 (July to September 2018). Further details were included in the Chief Executive's monthly Board update reports (July and September), national development summaries and team briefings which were circulated to Governors at the time of publication.</p> <p>The following appendices are included in my report:  Appendix 1: Patient Safety Review Report Q1  Appendix 2: Finance and Performance Report Q2</p>																		
<b>Prepared by:</b>	Jane Downes, Company Secretary																		
<b>Presented by:</b>	Brendan Brown, Chief Executive																		
<b>Strategic Objective(s) supported by this paper:</b>	<table border="1"> <tr> <td><b>Financial Sustainability</b></td> <td>X</td> <td><b>Empower &amp; Engage Staff</b></td> <td>X</td> </tr> <tr> <td><b>Quality of Care</b></td> <td>X</td> <td></td> <td></td> </tr> </table>			<b>Financial Sustainability</b>	X	<b>Empower &amp; Engage Staff</b>	X	<b>Quality of Care</b>	X										
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<b>Is this on the Trust's risk register:</b>	<table border="1"> <tr> <td><b>No</b></td> <td>X</td> <td><b>Yes</b></td> <td></td> <td><b>If Yes, Score</b></td> <td></td> </tr> </table>			<b>No</b>	X	<b>Yes</b>		<b>If Yes, Score</b>											
<b>No</b>	X	<b>Yes</b>		<b>If Yes, Score</b>															
<b>Which CQC Standards apply to this report:</b>	Well-led domain																		
<b>Have all implications related to this report been considered: (please X)</b>	<table border="1"> <tr> <td><b>Finance Revenue &amp; Capital</b></td> <td>X</td> <td><b>Equality &amp; Diversity</b></td> <td>X</td> </tr> <tr> <td><b>National Policy/Legislation</b></td> <td>X</td> <td><b>Patient Experience</b></td> <td>X</td> </tr> <tr> <td><b>Human Resources</b></td> <td>X</td> <td><b>Terms of Authorisation</b></td> <td></td> </tr> <tr> <td><b>Governance &amp; Risk Management (BAF)</b></td> <td>X</td> <td><b>Other:</b></td> <td></td> </tr> </table>			<b>Finance Revenue &amp; Capital</b>	X	<b>Equality &amp; Diversity</b>	X	<b>National Policy/Legislation</b>	X	<b>Patient Experience</b>	X	<b>Human Resources</b>	X	<b>Terms of Authorisation</b>		<b>Governance &amp; Risk Management (BAF)</b>	X	<b>Other:</b>	
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<b>Action Required: (please X)</b>	<table border="1"> <tr> <td><b>Approve</b></td> <td></td> <td><b>Discuss</b></td> <td>X</td> <td><b>Receive for information</b></td> <td>X</td> <td><b>Decision</b></td> <td></td> </tr> </table>			<b>Approve</b>		<b>Discuss</b>	X	<b>Receive for information</b>	X	<b>Decision</b>									
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<b>Previously Considered By:</b>	<table border="1"> <tr> <td>n/a</td> <td><b>Date:</b></td> <td></td> </tr> </table>			n/a	<b>Date:</b>														
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<b>Recommendations:</b>	To receive and note the Chief Executive's Report.																		

# Chief Executive's Report

## 1 November 2018

This month's report details events that have taken place over the busy summer months through to September and the start of Autumn. Whilst activity in the hospital and our community settings has been high, activity behind the scenes in the CEO's department has been working at pace, as I establish relationships with key stakeholders and partners.

The report is also set out differently against our 'Right Care' values, as I am keen to see this mirrored in the organisation from Board through to ward, and framing our conversations as leaders of the organisation.

### 1. Working Together for Patients

#### **West Yorkshire and Harrogate Health and Care Partnership – Memorandum of Understanding (MoU)**

The Chair and I met with other representatives of the West Yorkshire Association of Acute Trusts at the Committee in Common ('CiC') meeting on 12 September and following an extensive and detailed discussion, the CiC agreed to support the MoU with the following consensus:

- By further developing our understanding of mutual accountability and decision making as an ICS, we must achieve greater clarity in the relationship between 'the Partnership Board, System Leadership Executive Group and System Assurance & Oversight Group, especially the flow of information between them.
- We strongly support the invitation for a provider chair to take on the role of Vice Chair of the Partnership Board. This would help shape the future development of partnership working to ensure all voices are heard
- Becoming an ICS is a journey so WYAAT recommends that the MoU should be reviewed within the first year to ensure that it is fit for purpose in the context of the NHS 10 year plan and as our thinking on mutual accountability and ICS decision making develops. It should be reviewed at least bi-annually thereafter.

The Board approved the MoU at the September Board meeting. The MoU is publicly available and can be viewed on the Board meeting section of the Trust website.

#### **Pathology Joint Venture – Bradford Teaching Hospitals Foundation Trust ('BTHFT')**

A new pathology laboratory with the latest technology opened on 1 August, based at Airedale General Hospital. This is the latest phase in a £2m investment in pathology services in Bradford and Airedale.

Pathology at Airedale Hospital is delivered by Integrated Pathology Solutions LLP (IPS), a joint venture between Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust. This latest investment in pathology services follows recent investment on the Bradford Royal Infirmary site, where a new laboratory has also been established. Combined, the laboratories serve patients at both Trust hospitals and also many GP practices across Bradford and Airedale.

The blood testing laboratory at Airedale has been significantly upgraded and moved into a large open plan space, below the new Acute Assessment Unit, where the latest robotic analysers and equipment have now been installed. The previous laboratories will now also be refurbished to create more room for the other teams of scientists.

#### **Chief Executive - Partnership and External Engagement**

Over the summer months I have met with a number of our external partners and neighbouring Trusts and established regular meetings, including:

- Three local MP's, the Chief Executive and Council Leader of Bradford MDC.
- WYAAT Programme Executive and Committee in Common meeting.

- West Yorkshire & Harrogate Health and Care Partnership Board and System Leadership meetings.
- Established regular meetings with the Chief Officer, AWC, Bradford District and Bradford City CCG's.
- Established monthly meetings with the Chief Executive at Bradford Teaching Hospital Foundation Trust and Bradford District Care Foundation Trust.
- Scheduled Executive to Executive meetings with Harrogate and District Foundation Trust.

### **Winter Planning 2018/19**

The government and national bodies have made number of announcements related to winter planning for 2018/19.

- The Department of health and social care has announced that £145 million of funding will be made available for some NHS trusts for measures designed to improve emergency care this winter.
- Pauline Philip, National Director of Urgent and Emergency Care at NHSE and NHSI has written to NHS leaders acknowledging the challenges of the previous winter and outlining ambitions for maintaining performance against key targets in the coming months.
- NHS Improvement's review of winter 2017/18, reflects on the surge in demand experienced across almost all services last winter. Their review reflects the hard work and commitment of trusts and their staff in these difficult months, and sets out the priorities for the winter ahead.
- As part of the comprehensive plan for winter, Trusts have also been advised in a letter from NHS England and NHS Improvement that 100% of NHS staff should receive the flu vaccination to help protect patients and reduce the impact of flu ahead of the winter months. The Boards have made a commitment to the following statement:

***“The Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated.”***

### **Shared Stroke Service update**

Governors will be aware that via the Stroke joint business and governance meetings we (Airedale NHS FT and Bradford Teaching Hospitals FT) are working together to improve our Stroke service. We are committed to the outcome being a single, effective, high quality and sustainable service for the population of Bradford and Airedale and to help us drive this work forwards a Head of Collaboration for Stroke has been appointed.

To further support our development we have:

- Established a joint Stroke Project Board chaired by the Medical Director, BTHFT; and
- Established a Stroke Operational Group to feed into the project board. This will largely be the existing joint business meeting and will be jointly chaired by the Divisional Clinical Director BTHFT and the Deputy Medical Director ANHSFT.

### **National Nurse Recruitment Campaign**

A new national campaign to recruit Registered Nurses has been welcomed by the Trust. The aim of the initiative, launched to coincide with the 70th anniversary of the NHS, is to spotlight the range of careers on offer within the profession.

## **2. Commitment to Quality of Care**

### **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 in Spring 2017 because of safety concerns with the property. The Trust's commissioners, Airedale Wharfedale and Craven (AWC) CCG, ran an engagement exercise during 2017 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 the Trust. The AWC CCG informed the Trust on 9 May of the outcome of the governing body meeting held on 8 May in relation to the Community Care Services, including the future of Castleberg Hospital.

The established implementation group is continuing to meet with a view to re-opening Castleberg Hospital during 2018/19.

### **Friends and Family Test**

NHS England is carrying out a national review of the Friends and Family Test. This will be complete and new guidance will be in place by April 2019. A number of changes are under discussion including:

- Changing the standard question: this means that the name of the survey will change as well.
- No longer asking patients if they recommend their care and treatment to their family and friends: this means there will no longer be a recommendation score.
- Removing the requirement to complete the survey within 48 hours of discharge for inpatients and emergencies: this might mean it is no longer possible to calculate a monthly response rate.
- Merging the four separate touchpoints in maternity (antenatal, birth, postnatal ward and postnatal community): this means that women will no longer be repeatedly surveyed and will comment instead on their whole experience.

These proposals have significant implications for our ability to use the survey to support performance monitoring. The focus will shift towards how to use qualitative feedback to support quality improvement.

### **Care Quality Commission ('CQC') Quality Assessment**

The CQC have confirmed the inspection dates as 18, 19 and 20 December. The CQC will wish to meet Governors during the inspection, and therefore all Governors are invited to a discussion forum to be held at 2.30pm to 4pm on Tuesday 18 December. Further details will be announced nearer the time.

We are anticipating the unannounced core service inspections (4 to 5 areas) in either November or December.

### **Mobile Cancer Unit**

A new mobile cancer care unit arrived on site during August. This is an exciting development in partnership with the [Hope For Tomorrow](#) charity that will see us providing cancer services into some of the remotest corners of our patch. The mobile unit will become operational in the autumn.

### **Patient Stories**

During Q2 the Board reflected on learning from patient stories presented over the previous 10 months. The Board received stories on the following subject matters in July and September:

- In July the Enhanced Care Collaborative Team showcased their work and achievements as part of the pilot rapid improvement programme facilitated by NHS Improvement.
- In September the Board heard from James, an apprentice health care support worker, and how the Trust had worked with James and his family in supporting him to work flexibly to meet his needs.

### **Quarter 1 Patient Safety Review Report**

In this month's papers, Governors will note the Quarter 1 Patient Safety Review Report (appended to this report). This important report presents a range of patient 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.

## **Quarter 2 (Q2) finance and performance update**

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

The overall position at the end of September is shown in the attached report. 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 Q2. Further details of the financial and performance position for Q2 are attached to this report.

## **3. Improving Lives**

### **Quality Summit**

In responding to the four Never Events in the organisation in the last 12 months, the learning from these has revealed a number of themes for the Trust to address and explore. A Quality Summit took place on 20 September, with the aim of sharing that learning more widely in the organisation. It also created a unique opportunity for discussion amongst all staff groups (clinical and non-clinical), to recognise the contribution and responsibility of all our staff in delivering a safer healthcare environment for our patients, visitors and colleagues.

### **Rapid Improvement Event**

A Rapid Improvement Event took place earlier in the month to tackle how we manage complex discharges, and how GP referrals for admission are handled with the ultimate aim of streamlining our admissions and improving our patient flow across the Trust and out into our local system.

## **4. Everyone Counts**

### **NHS Improvement ('NHSI') - Use of Resources ('UoR') Assessment**

NHSI has notified the Trust of a forthcoming UoR assessment scheduled for 20 November 2018. The outcome of the assessment will be a draft report and proposed rating that will feed into NHSI's consideration about the Trust's improvement support as part of the Single Oversight Framework. These will also be considered by the CQC as part of the post-inspection process for reviewing and approving the inspection reports and rating for the Trust, resulting in the publication of the UoR rating.

### **Brexit**

The Secretary of State for Health, Matt Hancock, wrote to all NHS trusts to outline the Government's preparation for all Brexit scenarios, including a 'no deal' Brexit. His letter was particularly focused on safeguarding the supply of medicines and ensuring the UK has an additional six weeks supply of medicines in case imports from the EU are affected. In summary:

- Pharmaceutical companies must ensure they have an additional six weeks supply of medicines
- Hospital trusts should not stockpile additional medicines beyond our business as usual stock levels
- There is no need for clinicians to write longer NHS prescriptions
- Clinicians should reassure patients that the Government has plans in place to ensure a continued supply of medicines
- Patients should not store additional medicines at home.

The Government has also published a number of Technical Notices which outline what could happen if we leave the EU next March without an agreement. They cover things such as batch testing medicines, labelling tobacco products and e-cigarettes, ensuring blood and blood products are safe, the quality and safety of tissues, organs and cells, how medicines, medical devices and clinical trials would be regulated, and submitting regulatory information on medical products. All are available to read on the [gov.uk](http://gov.uk) website.

These Technical Notices have been developed with the government by the Brexit Health Alliance, which brings together the NHS, medical research, patients and public health bodies to safeguard the interest of patients, providers and healthcare. Our industry body, NHS Providers, is part of the Alliance and gives us a strong voice at the table. You can read more about the Brexit Health Alliance on [their website here](#).

## 5. Respect and Dignity

### Stepping Up Programme

The Trust is sponsoring a leadership development programme for ('Black and Minority Ethnic') BAME colleagues who work within healthcare. The programme is aimed at BAME leaders and aspiring leaders across healthcare working in pay bands 5 to 7. The two to three month programme is designed for individuals who have an interest in developing their leadership abilities and want to be involved in creating a transformational change in equality and diversity across the healthcare sector.

### Trainee Nurse Associates Update

As our first cohort of Trainee Nursing Associates approach their final few months on the programme, it truly is inspiring to see how much they have all achieved over this past year and a half – and also extremely rewarding to reflect on how we have seen this new role developing at pace and firmly forging its position in health and care settings.

In December, England's first ever trainee nursing associates will complete their programme and in January, once the NMC register is open, we will have our first nursing associates on the register and out in practice. As a Trust, we will soon be advertising for a practice educator for the trainees and advertising for another intake to commence in December/January time.

### Awards

A number of Trust staff have been nominated for national and local awards over the summer months. These include:

- **HSJ Award** - The stammering therapy team at Airedale Hospital have been shortlisted for a prestigious national award for their innovative service offered UK-wide for patients who stammer. The project, which has already won a Guardian Public Service Award, offers a specialist speech therapy service to adults across the UK via videolink to patients' laptops, tablets and mobile phones.
- **Yorkshire Women of Achievement** – Rachael Sharples, Therapy Team Leader has been given the award for her outstanding contribution to Manorlands, the Sue Ryder Hospice in Keighley. The awards celebrated Yorkshire women who work in the fields of business, education, sport, arts and health, as well as paying tribute to those who have shown immense courage.
- **Pride of Airedale Awards** – since the last meeting the following awards have been made:

#### Individual awards

Sharron McGuinness, senior healthcare assistant  
Kath Aspinall, head of procurement and supplies  
Hannah Bateson, operational manager blood sciences  
Emma Kaye, finance student  
Nafees Nazir, discharge coordinator  
Nigel Slater, domestic assistant  
Jackie Bailey, complaints manager  
Ken Charles, clinical skills educator

#### Team awards

Pathology specimen reception team  
Acute Assessment Unit/Emergency Department  
Training nurse associates – cohort 1  
Blood sciences, pathology  
AAU admin reception team