

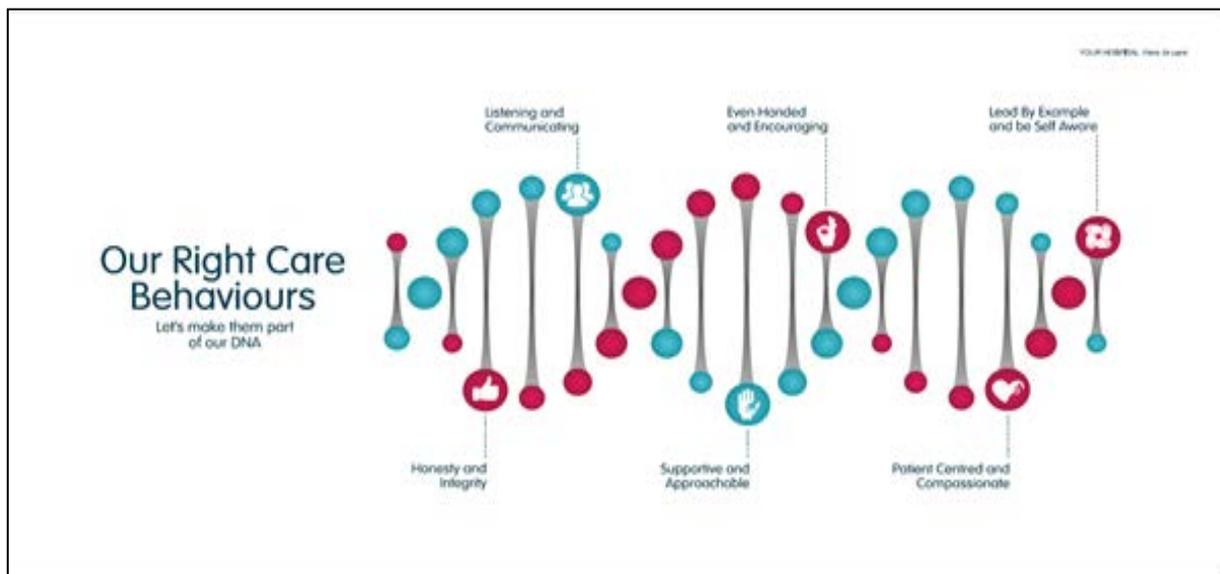
**Operational Plan
for 2019/2020
(March 2019)**

Airedale NHS Foundation Trust



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Section 1 Forward Plan

A. Establishing The Strategic Context

Building on our progress to date, the Trust Board of Directors have considered our future requirements and next steps in our journey as we strive to meet the challenges ahead. Our focus over the previous few years has centred on improving the patient experience, maintaining high quality care, whilst at the same time putting in place the foundations to achieve our shared Right Care ambition. Our Right Care vision remains at the heart of what we are trying to achieve, placing the patient at the centre, empowering and supporting people in a way that best meets their individual needs, enabled by technology.

However, we fully recognise the range and diversity of the increasing demands, expectations and challenges over the next few years, requires a significant shift in emphasis away from episodic care to population based health, with partners coming together as a system to meet our local population's health and social care needs. Our focus going forward is therefore on ensuring we maintain a high quality care and experience, whilst achieving financial sustainability, through transforming the way care is delivered for our local population.

This one year plan sets out our initial steps towards this approach and to meeting the expectations highlighted in the NHS Long Term Plan, focussed heavily on system partnership, integration, quality and efficiency. Key areas include;

New Models of Care – Learning from best practice, we are looking to lead partnerships with others, in developing new models of care for our local population.

Partnerships – Developed with other Providers through horizontal service delivery networks established across WYAAT (West Yorkshire Association of Acute Trusts) or through new organisational forms with commissioners, social care, voluntary and community partners as part of a Bradford and Airedale Strategic Partnering Agreement, all progressing towards an Integrated Care System for future years. All of these require a different way of working with partners to release energy and ambition.

Productivity – An increased focus on productivity and efficiency, driven by publications such as the Model Hospital and GIRFT, where we need to look for service efficiencies through increasing standardisation and reducing variation.

Quality Improvement - Embedding our Quality Improvement Strategy and Plan, focusing on improvements in quality and safety and in our systems and processes, but also making small continuous improvements in ways of working and practice.

Our People – We can't do any of this without our staff, who are our biggest asset and committed to providing great care and experience for our population. We need to live our values and behaviours and support everyone by protecting staff well being. Leadership development shall be key to supporting our ambition, including through the use of new roles.

Change – We shall be reviewing our Right Care Portfolio of transformation programmes and linking both Trust and System work in key areas. Priority areas are likely to be required around Urgent Care, Patient Flow, Operating Theatres, Productivity, Standardisation and Reducing Variation, Outpatients and Digital, People and the implementation of an Integrated Electronic Health Record. We recognise this required change and that we need to try new things, new ways of working and embrace new technology.

Our Annual Plan 2019/2020



Vision / Strategic Objectives

Ensuring we deliver high-quality patient-centred care / Be the employer of choice / Deliver better care through the most effective and efficient way of using resources

Values

Working together for patients / Respect and dignity / A commitment to the quality of care / Compassion / Improving Lives / Everyone Counts

Partnerships and Integration

A different way of working with partners to release energy and ambition

Developing clinical partnerships and leading new models of care for our local population

Supporting progress towards an Integrated Care System for future years

Quality Improvement and Productivity

Embedding our Quality Improvement Plan - Continuous improvements in working practice

Ensuring our services continue to innovate and develop, through medical advancement and technology

Realising service efficiencies through increasing standardisation and reducing variation

Our People and Change

Delivering our People Plan, living our values and behaviours and supporting everyone by protecting staff well being.

Right Care Portfolio - Priority focus on patient flow, theatres, outpatients, workforce and IHR.

Leadership development - key to supporting our ambition through the use of new roles

YOUR HOSPITAL *Here to care*

B. Activity and Performance

Activity Planning

The Foundation Trusts starting point for activity planning is the 2018/2019 forecast out turn. Operational Groups present their Annual Plans to the Trust Board of Directors each year. The content of Group plans incorporates an assessment of demand and capacity against key objective areas and highlights pressures or gaps. These in turn are built into contract negotiations with Commissioners and the Foundation Trusts overall Annual Plan submission.

Demand Assumptions

In this plan, for 2019/2020 the assumptions we have made are as set out below. As part of the Activity Planning Template submission, we have worked with partners in a place based approach that has built the following shared and agreed demand assumptions;

	19/20 Annual Plan Growth						
	AWC	Districts	City	East Lancs	Spec Comm	Dental	Trust
Consultant Led First Outpatient Attendances	4.6%	5.5%	11.3%	4.3%	5.6%	(0.2%)	5.2%
Consultant Led Follow-Up Outpatient Attendances	3.4%	4.7%	17.0%	3.6%	7.5%	6.6%	4.3%
Total Consultant Led Outpatient Attendances	3.7%	5.3%	3.3%	3.8%	7.2%	2.5%	4.6%
Total Outpatient Appointments with Procedures	(6.7%)	(7.3%)	9.6%	(8.1%)		9.6%	(6.2%)
Total Elective Admissions - Day case	4.1%	3.7%	43.6%	1.4%	1.0%	13.6%	4.7%
Total Elective Admissions - Ordinary	1.1%	2.6%	2.5%	1.2%		47.6%	1.7%
Total Elective Admissions	3.8%	4.0%	3.8%	1.3%	1.0%	13.8%	4.5%
Total Non-Elective Admissions - 0 LoS	4.1%	3.9%	9.4%	0.4%	0.0%	47.6%	3.7%
Total Non-Elective Admissions - +1 LoS	4.1%	3.9%	9.4%	0.4%	0.0%	47.6%	3.7%
Total Non-Elective Admissions	4.1%	4.1%	4.1%	0.4%	0.0%	47.6%	3.7%
Total A&E Attendances excluding Planned Follow Ups	4.7%	4.2%	10.8%	0.6%			4.8%
Type 1 A&E Attendances excluding Planned Follow Ups	4.7%	4.2%	10.8%	0.6%			4.8%

These agreed assumptions are based on the historical trend over the previous three years, adjusted for where we believe additional work for national performance standards are most likely to be targeted (e.g. Inpatient Elective) or where service developments shall occur (e.g. Inpatient Elective work moving to Day Case Elective). At this stage, they reflect the expected growth levels.

Contracts

Contracts are agreed in principle with Commissioners. Building on the joint approach, and under a Strategic Partnering Agreement framework across Bradford and Airedale, we have agreed an Aligned Incentive (fixed income) Contract approach for Airedale, Wharfedale and Craven, Bradford Districts and City CCG's. This approach shall help to develop a balanced approach to risk and working in a more integrated way. Further work is being progressed on developing the detail around these Contracts, including the governance and how this supports a System Finance position in 2019/2020.

NHS England, East Lancashire, Leeds and other Associate CCG Contracts are remaining on PbR at this stage. The increasing activity seen from East Lancashire has already been factored into our activity plans, as these were set based on the forecast out turn. This is included in the activity planning templates.

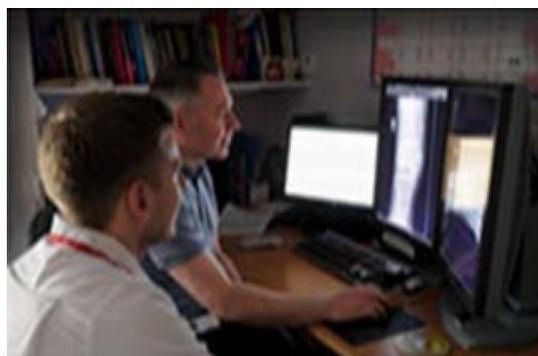
Capacity

Our Groups plans are centred on the delivery of the contracted activity levels within our existing resource, based on demand levels highlighted above. Options to complete additional evening or weekend working in a range of specialties allows us to supplement our timetabled weekday sessions if required. We also have a spot purchase agreement with an independent sector provider should this be needed for any unplanned changes in demand. Given the improvement in recent years following the development of our new units, we are not planning further material reductions in Length of Stay in 2019/2020. Work on clinical pathways arising from our GIRFT programmes may see some improvements, although this is more likely to be from 2020/2021 onwards.

Transformation

The Foundation Trust has entered into a Strategic Partnering Agreement across the Bradford and Airedale District. This followed agreement at the Integration and Change Board and then the joint Bradford and Airedale Health and Care Partnership Board, to work on a standardised framework that would operate across both the Airedale, Wharfedale and Craven and Bradford Health and Care Partnerships, albeit initially operating in two individual places. As noted above, Contracts are now agreed in principle for 2019/2020 and these shall work in conjunction with this overarching SPA approach. Within our 2019/2020 Contracts, a number of system based transformation programmes have been agreed for development;

- Prescribing and Pharmacy
- Referral Management through agreed thresholds in line with growth levels highlighted above
- Procurement
- Review of investment
- Primary Care and Community Partnership joint investment decisions



National Performance Standards

We plan to progress towards the National Performance Standards outlined in the Operational Planning Guidance as follows;

Accident and Emergency and Length of Stay

Following the demand pressures experienced this year (6.0% increase year to date in 2018/2019) we plan to continue work both internally and with partners in the Health and Care system to progress towards the national A&E 4 hour standard. We are profiling our A&E 4 hour standard broadly in line with our PSF trajectories in 2018/2019, adjusted slightly where we believe they shall be further impacted by staffing and demand pressures. We remain concerned on the deliverability of this until system wide transformation is sufficiently robust to allow us to show this differently.

The system's integrated Urgent Care group, who report to the A&E Delivery Board, have the continued progression on the A&E 4 Hour Standard and reduction in Length of Stay as a key priority. The focus in 2019/2020 shall be on;

- Roll out of discharge to assess pathways across all of the Airedale, Wharfedale and Craven patch, including an operational plan to support the commitment that Continuing Health Care assessments will not take place in an acute hospital bed. This is a significant operational ask and requires the capacity to be in place outside of acute hospitals which is part of the plan.
- From a Foundation Trust perspective, a continued focus on SAFER, particularly consistency regarding the use of Estimated Date of Discharge
- Home care capacity (Domiciliary Care) – Bradford Local Authority are working up a new proposition for the Providers to incentivise the market
- The Foundation Trust will continue to invest in the MAID (Multi-Agency Discharge) team and the Matron for patient flow which has worked well to date
- A System wide plan to focus on Mental Health and Frailty in respect of attendance and admission avoidance

We would signal at this stage that meeting the full 40% reduction for patients with a Length of Stay over 7 and 21 days remains a challenge, particularly given the prevalence of our patients conditions which are clinically likely to require a longer length of stay. Without an amendment to our baseline that includes a number of Intermediate Care and Specialist Rehabilitation beds, we would be unlikely to reduce much further than the current reduction. NHS Improvement teams are aware of this through our QRM's.

Referral To Treatment

Following the pressures experienced this year, our current projection for 2019/2020 is delivery of this standard at an aggregate level of 92%. For three services, there continues to be a challenge to deliver at specialty level;

General Surgery and Urology – These are impacted by both sub-specialisation and cancer work. However, focus through our Right Care Programmes (Theatres and Outpatients), together with work based on the outputs of the Model Hospital and GIRFT, should lead to further improvement through 2019/2020;

Orthopaedics – We have seen significant improvements in 2018/2019 but there is still a longer term challenge to sustain this. There are sub-specialisation and capacity pressures we shall continue to progress in year to work towards sustainably deliver for this specialty.

The challenge of meeting further reductions in the waiting list size shall be subject to referral demand not being higher than planned activity levels highlighted on the previous pages. We anticipate being able to continue meeting the 52 week waiting standard and shall manage the 6 month waiting time choice offering for patients, although this might create some risk if patients choose to transfer to another Provider.



Cancer

Building on the focussed work completed with the NHS Improvement National Cancer Intensive Support Team in Urology, we plan to deliver all cancer standards in 2019/2020 subject to a consistent flow of work, although the 62 Day Standard remains challenging and the two week standards potentially impacted by patient choice based on historical trend. Demand and capacity profiles for each standard in 2019/2020 are in line with previous years trends and reviewed regularly for fluctuations, potential impact and managed accordingly. Emphasis this year shall be on the development required for 2020/2021 around the new 28 day referral to diagnosis standard, which all of our clinical services are preparing to work on.

Diagnostics

We plan to deliver the 6 Week Diagnostics Standard from May 2019, subject to managing a short term capacity gap in Echocardiography and being able to sustain capacity to meet demand for our growing Ultrasound work. Diagnostics services are pivotal to progressing work in 2019/2020 around the national 28 day referral to diagnosis cancer standard required by 2020/2021.

Risks and Mitigation

Set against the proposed trajectories of the NHS Constitution and national access standards, we fully recognise there is a potential impact on planned care work given the financial constraints in our local system and the move to an Aligned Incentives (fixed income) Contract.

The specific risks include;

- If urgent care demand consistently runs above the 4% three year historical level in the plan (this is currently showing a 6% increase over the previous 12 Months)
- If the level of referrals increases above the rate in 2017/2018 against which the current plans are based and/or conversion rates increase.
- The requirement to reduce the 14 day diagnostic time in cancer pathways from an average of 13 days to 7 days in preparation to deliver the 28 day diagnostic standard from April 2020

We shall mitigate against this as far as is possible through close monitoring and specific Trust and system based initiatives to allow as much redistribution of income and budget as possible to support this including;

- Each specialty shall review any increase in demand above those agreed in the indicative activity plan for 2019/2020 using a risk management approach that sets a clear expectation of how the impact of the increase is assessed, the ability of the Trust to absorb the increase and any system actions required to address persistent or significant increases in demand, or high risk impacts of increased demand.
- A specific focus on Outpatients transformation, linked to the aspiration in the NHS Long Term Plan regarding significantly reducing the volume of follow up appointments, together with further efficiency regarding cancellations
- Jointly with our CCG's, developing a Referral Management approach through agreed thresholds in line with growth levels highlighted above and an Aligned Contract
- Developing Primary Care and Community Partnership joint investment decisions, with potential impacts on supporting demand

Winter (including Beds)

There is a significant piece of work to develop a Resilience Plan for Winter - led by the Chief Operating Officer and approved by the Trust Board of Directors. This plan is shared through the local A&E Delivery Boards to site partners on the detail and is in line with the key interventions outlined by NHS England. Our Winter Champions have helped to design plans.

The hospital has 325 beds in its established bed base. From analysis of the previous years trends and forward projections, for Quarter 1 and the winter period of October to March, the Foundation Trust is projecting it shall require an additional 20 to 40 beds based on the projected number of escalation beds to be opened specific to each of these months. We continue to use Operational Pressure and Escalation Level (OPEL) and Command levels to manage increased attendance and admissions, acuity (i.e. sicker patients consistent with a winter pattern of illness), and patients who have delays in their discharge. In 2019/2020 we plan further work on the SAFER bundle to facilitate the discharge process;

Senior review for all patients by 12.00 noon every day,

Assessment – Expected date of discharge agreed within 24 hours of admission,

Flow – Wards that routinely accept patients doing so by 10.00

Early Discharge – 50% of patients planned for discharge completed by 1pm each day,

Regular Review – Weekly review of all patients with LOS>7 days.



C. Quality

Quality Improvement Strategy

The Foundation Trust aspires to deliver harm-free, high quality, patient-orchestrated care and be renowned for doing so. Our staff embrace our Right Care vision, which has the individual patient at the centre and combined health and care integrated around their needs.

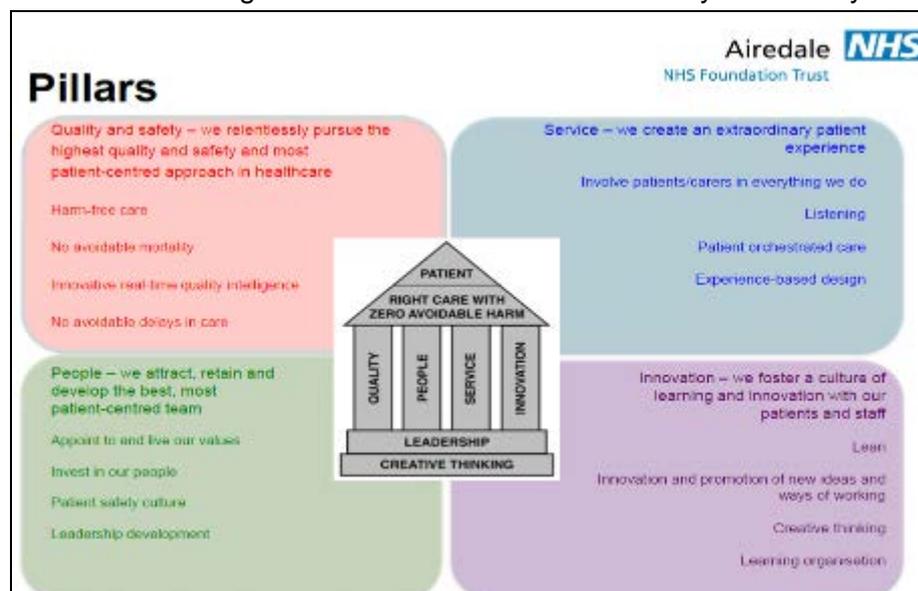
Patient safety lies at the heart of what we do and research has shown that up to one in ten patients suffer harm, at least half of which is potentially avoidable. **We aim to reduce this, aspiring to zero avoidable harm.**

Whilst we have a reputation for delivering high quality safe care, we believe we can do it better. Quality and Safety is our business and our number one priority.

Our Quality Improvement Strategy is something we expect every current and future member of staff to commit to. We aspire to zero avoidable harm and have introduced the Right Care Quality Temple, which shows the four pillars that we use to drive the improvement in quality and safety. This organisation wide approach to improvement supports our approach to achieving a Good or Outstanding Care Quality Commission rating going forward.

Responsibility for this is embedded in everyone's role within the organisation. The Quality Assurance Framework outlines a change to deliver more robust and streamlined governance that will help deliver this strategy. Performance and improvement objectives are reviewed monthly at the Integrated Performance Reviews with each of the Clinical Groups. Any areas of concern above a certain level on the risk register are then reviewed for mitigation and improvement through the Risk and Compliance Group. At Board Sub-Committee level detailed reviews by our Quality and Safety Committee (which includes Non-Executive Directors representation) together with regular Director walk rounds, staff briefings and Director listening sessions, provide a more transparent Ward to Board approach.

The Quality Improvement Strategy is led by the Executive Medical Director and Executive Director of Nursing who are the Trust leads for Quality and Safety.



Care Quality Commission

The Foundation Trust Care Quality Commission Inspection Report from October to December 2018 shows an Overall combined Good rating. Use of Resources was rated Good with the overall Quality of Care rated as Requires Improvement. Within this, we were rated as Good for the Responsive, Caring and Effective domains. There is further work to complete for the Safe and Well Led domains that were rated as Requires Improvement.

Quality Improvement Plan

The Foundation Trust has developed a Quality Improvement Plan to address the requirements identified in Quality Reports, and is employing the same rigorous monitoring through a programme whereby leads provide updates in relation to immediate compliance, continued compliance and present the evidence for this.

The Plans also cover elements highlighted through work on the Model Hospital, GIRFT, Right Care as well as national and local quality priorities. Details are shown on pages 14/16.

Taking forward the work from the most recent Care Quality Commission Report, we shall;

- Implement fortnightly monitoring of the Quality Improvement Plan developed from the Report; this also includes any issues noted in 2016 and 2017 that have not been embedded
- Have named leads and roles in line with the responsibility for completion, embedding a sustained compliance
- Clear process for the challenge to the completion of actions and accountability for assurance from Ward to Board.

Management of the challenges has led to a series of processes and systems to increase grip and control through greater focus, transparency and accountability. Through this we aspire to maximise our Single Oversight Framework and Care Quality Commission ratings.

Quality Improvement Governance

The Quality Improvement governance is progressed and monitored through;

- Quality priorities reviewed with the Groups in year and presented for consideration and challenge at the Quality and Safety Board Sub-Committee.
- Identification of the top three priorities with a further two immediate areas indicated.
- Recommendation made to the Board of Directors in relation to this

Quality Improvement capacity and capability is developed in the following ways:

- Internally delivered training by the organisational learning and improvement team via management skills training, nurse preceptorship, junior doctor training and leadership programmes including rising stars and right care leaders
- Internally via experiential learning through rapid improvement events and improvement workshops
- Externally from partners in the Academic Health Science Network hosted Improvement academy - online and face to face

Measures that demonstrate the impact of Quality Improvement include;

- Quality Dashboard – Where it links to a Quality Improvement intervention e.g. Stroke rapid improvement workshops and SSNAP data
- Staff survey questions on 'I feel able to contribute to improvement'
- CIP tracker – As an enabler for productivity improvements

Quality Account 2019/2020 Priorities for Improvement

These have now been reviewed in conjunction with the publication of the NHS Long Term Plan. For continuity, current focus continues to be on **Patient Experience, Patient Safety and Clinical Effectiveness** with the priorities being;

- The care and support of Mental Health patients (and the interface with the District Wide Mental Health Strategy)
- Sepsis
- Prevention of falls
- End of Life Care
- Wound care including pressure ulcers

Other local quality improvement priorities to be included in 2019/2020 include:

Patient Experience: Improving care for patients living with dementia;

Privacy and Dignity: Progress customer services culture and patient-led care environment.

Patient Safety: Infection prevention and control; Frail Elderly Care Pathway Team - frailty identification and care planning between health and social care.

Clinical Effectiveness: Care co-ordination and the overall quality of healthcare for people with long-term conditions; Better Births and Fractured neck of femur improvements

Learning From National Investigations

When relevant national investigations are published, a True for Us approach is taken by the appropriate senior clinician or personnel to establish any risks and learning that our organisation needs to consider. Our approach to the Gosport Independent Panel followed this approach, for example whether we have safe reporting systems in place, such as mortality reports and adverse reporting from Pharmacy for controlled drugs. The relevant operational groups and disciplines of professional groups are asked to give consideration to the recommendations from such reports and take forward any appropriate actions.

Progress is presented at local governance groups for the development of specific, smart actions with lead persons and timeframes. Once agreed this is monitored at the most relevant group within the updated governance structure.

Any trust wide learning is presented for discussion and cascade through a number of forums

- Quality Summits
- Clinical Executive Group (this is part of the updated governance structure)



Board Assurance Framework and 7 Day Standards

The new measurement system replaces the previous self-assessment survey and consists of a standard measurement and reporting template, which all providers of acute services will complete with self-assessments of their delivery of the 7 Day Services clinical standards. On behalf of the Board, the Finance, Performance and Digital Sub-Committee shall review and give formal organisational assurance of the self-assessment of 7 Day Service delivery before it is formally submitted to regional and national 7 Day Service teams. Using the proposed NHS England methodology and template as a national pilot site, we have confirmed continued compliance against the four priority standards in September 2018.

Airedale NHSFT shall continue to progress seven day services in 2019/2020 through; Patient Experience – Focus on specifics relating to weekend service provision

MDT Review at weekends - We need to prioritise this assessment in the next 12 months, however we do have criteria led discharge pathways across seven days and the number of patients discharged on Saturdays and Sundays has seen a steady growth in the last year. This is evidenced by a sustained reduction in acute length of stay, evidencing that discharge pathways suffer minimal disruption at weekends and that pathway management remains active seven days of the week.

Shift Handovers - This has been audited and we are confident that shift handovers at weekends across the Acute Admissions Unit and our Emergency Department reflect those between Monday to Friday.

Mental Health Liaison - Services are available seven days a week, although work continues to evolve in this service to meet what is sometimes an unpredictable demand and develop links with Mental Health partners to reduce time to gatekeeping assessments resulting in extended patient waits in our Emergency Department, especially overnight.

Transfer to community, primary and social care - 7 day social workers are already in place for Bradford Local Authority and will soon be in place for North Yorkshire (planned for April). We have a 7 day Frailty Service (with Therapists) plus transport and pharmacy.

Quality Improvement - We have completed a number of rapid improvement events to look at increasing the number of same day emergency care pathways undertaken at weekends with great success. We also include as part of our performance pack, weekend metrics on discharge rates, Length of Stay and re-admissions.

Summary of Quality Improvement Plans 2019/2020
National Performance and Quality Standards (Not covered in Section B)

Priority Area	Delivery Plans 2019/2020
<p>Infection Prevention</p> 	<ul style="list-style-type: none"> • Sustain historically low levels of MRSA/Clostridium difficile. • Hand Hygiene audits across all wards and departments to be consistently >95%. • Gram Negative Ambition - On the basis of the reduction in gram negative (e-coli) rates to date, we intend to make a further 5% reduction in 2019/2020 to ensure progress towards the 50% reduction by 2021.
<p>Quality Standards</p> 	<ul style="list-style-type: none"> • National 7 Day standards for 2020. Based on audits completed to date, we have achieved the required level to meet the April 2018 deadline for the 4 key standards: 90% of patients seen with 14 hours of arrival, 90% of patients received ongoing review, access to diagnostics and access to interventions. • We are complying with the National Quality Board learning from deaths and NEWS2 is embedded in our Trust.

Clinical Service Plans 2019/2020

<p>Quality Improvement Plan Priorities</p>   	<p>Surgery</p> <ul style="list-style-type: none"> • Continue Patient Safety Improvement work in Operating Theatres and Interventional Suites • Critical Care Nurse Development Programme • Improve out of hours Critical Care medical staff provision • Critical Care Outreach time released to educate and support nursing teams – manage the deteriorating patient <p>Women's and Children's</p> <ul style="list-style-type: none"> • Delivering the Maternity Incentive Scheme standards • Deliver continuity of carer for 20% of women increasing to 35% by 2020/2021 • Improve Autism/Special Education Needs waiting times <p>Integrated Care</p> <ul style="list-style-type: none"> • Share learning from complaints and incidents to drive improvements • Collaborative work with partners to drive improvements in clinical outcomes (e.g. Stroke SSNAP) • Reduce unwarranted variations in care using care bundles and learning from GIRFT <p>Diagnostics</p> <ul style="list-style-type: none"> • Maintaining the 6 week diagnostic target • IQIPS accreditation in Audiology • Support progress towards the 28 day cancer target
<p>Developing Areas Of Excellence</p>	<p>Surgery</p> <ul style="list-style-type: none"> • Further develop Urology Cancer pathways • Develop Surgical pathways for patients with dementia • Psychological support on ICU – Nurse Lead



- GIRFT - Development of a Urology Investigation Unit
- Women's and Children's**
- Same Day Emergency Care - Reduce Children's bed days
 - Progress Local Maternity System work streams
 - Expansion of the MDC model for suspected cancer
- Integrated Care**
- Progress Cancer Services, Frailty, Mental Health and Long Term Conditions objectives
- Diagnostics**
- Attract and retain suitably qualified and experienced staff
 - Succession planning in place

Improving The Patient Experience



- Surgery**
- Dementia Friendly Environment – Upgrade of day rooms
 - Develop vulnerable patient elective surgical care pathway
 - Extend pre-assessment for Endoscopy patients
 - Supportive technology in place for informed consent

- Women's and Children's**
- Improve Friends and Family response rates to 25%
 - Engage with the Maternity Voices Partnership
 - Reinvigorate the Youth Forum
 - Respond to National Cancer Patient Experience Survey
 - Engage service users for Autism and Learning Disabilities

- Integrated Care**
- Development of 7 day services (e.g. Cardiology)
 - Improved patient flow and LOS reduction
 - Improved access to specialist care
 - Clear focus on patient feedback in Ward/Community development plans and governance

- Diagnostics**
- Meeting national standards and develop patient forum

Parking

Ongoing schemes around improving parking are included in the Capital Programme.

In addition, we plan to;

Continue concessions for a variety of service users at a discounted rate for patients who are frequent attenders

We plan this year to evaluate implementing patient only parking outside the main entrance.

Wayfinding

Further improvements in 2019/2020 to the wayfinding system



shall focus on Outpatient Clinics and Pre-Operative assessment and we propose to review the rest points with the help of our Volunteer Guides

Food

Our 2019/2020 plans include further flexibility to food related services.

We now take meal orders through the use of tablets and patient feedback could be obtained through this medium in the future.

Catering staff shall also distribute food alongside house keepers and ward hostesses



The NHS Long Term Plan



#NHSLongTermPlan

www.longtermplan.nhs.uk

Responding to the NHS Long Term Plan

The following summary highlights the areas of greatest impact for the Foundation Trust in the NHS Long Term Plan. Work shall start in 2019/2020 on progressing the following;

<p>New Models of Care</p> <ul style="list-style-type: none"> • Develop Integrated Care System across Airedale, Wharfedale and Craven • Developing Pathology Networks - All Pathology services across England will be part of a Pathology network <p>Stages of Life – Maternity and New born</p> <ul style="list-style-type: none"> • Target reducing still births and mother and child deaths during birth by 50 % by 2030 • Progress from 20% to 35% of women to receive continuity of carer over next five years • Extra support for expectant mothers at risk of premature birth • Increased support for perinatal mental health • Children and Young people’s mental health service improvements • Improvements in the care for children with learning disability 	<p>Clinical Priorities</p> <ul style="list-style-type: none"> • Cancer 28 day cancer standard 2020/2021, key focus areas; <ul style="list-style-type: none"> ➤ Pathology testing and screening ➤ Radiology - Increased capacity to move referrals from 14 to 7 days ➤ Early Diagnostics - Moving to a model of early diagnostic across all modalities ➤ Lung Screening in place (start 2019) ➤ Progress Rapid Diagnostic Centres ➤ Modernisation of screening programmes (e.g. Bowel screening and FIT testing, HPV testing in Cervical cancer) and capacity • Requirement to reduce waiting times for autism assessment • Frailty and Mental Health • Develop clinical leadership in mental health, dementia, learning disabilities • Continue to work within the system to promote improvements in Advance Care Planning • 7 day working Therapies/Cardiology
<p>Health Promotion</p> <ul style="list-style-type: none"> • Develop a Fracture Liaison Service • Smoking Cessation promotion • Diabetes and weight management health promotion • System work to reduce health inequalities in long term conditions 	<p>Workforce</p> <ul style="list-style-type: none"> • Expansion of non-medical roles • Increased Apprenticeship schemes • Increased Nursing Associates • HCSW – Further Apprenticeships • New roles/ways of working across the health and care system • Use of resource planning, e-rostering
<p>Digital Innovation</p> <ul style="list-style-type: none"> • Reducing face to face patient attendances by 30% over five years; • Outpatient transformation –more appointments Telemedicine or Skype. • Ability to share diagnostic images across WYAAT • Assess decision support and Artificial Intelligence (AI) opportunities • Progress digital technology - Genome sequencing and genomic medicine • Develop IHR, self-management Apps, virtual consultations, video conferencing facilities 	<p>Developing the Infrastructure</p> <ul style="list-style-type: none"> • Secure Investment - New Operating Theatres & procedure room • Estate – Development of a new Ward Block with investment required through central funding • Development of Care Coordination – making the system work for patients • New and additional scanners in place supporting high quality care • Use of Model Hospital, GIRFT and National Audits to drive efficiency,

D. Workforce Planning

A workforce strategy covering the Bradford and District health and social care economy has been in place for a couple of years. This was developed with the involvement of employees from across a range of provider, commissioner and voluntary sector organisations. The four key areas of focus are: growing our own workforce from across the health and care economy; developing talent; creating the environment to retain talent within the system; and creating a shared culture of integration and system wide working. This strategy shaped our local input into the wider West Yorkshire and Harrogate Health and Care Partnership Workforce Strategy.

We have developed a Board supported People Plan that sets our ambitions in relation to being an employer of choice and this is refreshed every two years to ensure it reflects current priorities and challenges. On the back of a Workforce Summit with employees, we developed our workforce strategy with a focus on growing a future workforce from within the local population; recruitment and retention of key skills; and developing the existing workforce. The Trust has recently established a Board Sub Committee to oversee this work; and at this committee and Board there is a review of high level metrics and focus on specific workforce and people issues.

In order to sustain high quality services for our local population, we recognise that changes are required in how we deliver care; the utilisation of technology to enable people to provide care in different ways and settings; and changes in the size and shape of the workforce. The key challenges going forward will remain:

- **Workforce supply**, including the recruitment and retention of medical, nursing and other clinical employees, in areas such as therapies, radiography, health sciences and pharmacy.
- **Developing the future workforce.** We have expanded the Advanced Clinical Practice (ACP) workforce and see this role as a key element of our future workforce strategy. We have also embraced the use of Nurse Associates; and will also continue to deploy a number of other roles, including Discharge Co-ordinators; Pharmacy and Doctors' Assistants, as well as looking at how we best utilise Physician Associates and other roles going forward. We are working with our local colleges to harness the talent from within the local population and grow our own workforce; this includes our apprenticeship programme for health care support workers and other entry level roles. In addition, as part of our inclusion strategy, we will be refreshing our approach to work experience; and the employment of graduates.
- **Maintaining employee involvement, engagement and morale** at a time of unprecedented system and financial pressures. Our People Plan with a focus on strong leadership; health and well-being and learning and development will be key to this. At the same time we will continue our focus on reducing agency spend through contract management arrangements with agencies; continued work on the West Yorkshire collaborative bank project; and by encouraging more people to join the bank. If we can secure appropriate funding externally we will also look to roll out e-rostering to all clinical areas to achieve flexible working and productivity benefits.

Description of Workforce Challenge and Risk	Impact	Initiatives In Place
Workforce supply challenges; <ul style="list-style-type: none"> Registered Nursing, Midwifery and Health visiting staff Allied Health Professionals Health Care Scientists Support to clinical staff 	Service cover Rostering challenges Reliance on bank and agency	Increase WTE in line with growth built in plan through Contract agreement; <ul style="list-style-type: none"> Registered Nursing, Midwifery and Health visiting staff Allied Health Professionals Health Care Scientists Support to clinical staff
Shortage of Consultant Gastroenterologists – Vacancies and recruitment pressures		This shall be addressed through the Acute Provider collaborative with BTHFT
Shortfall in the number of Consultant Acute Paediatricians – Vacancies and recruitment pressures		This shall be addressed through the Acute Provider collaborative with BTHFT
Vacancies – Rates below 4% for most staffing Groups. Main pressures for Registered Nursing		Further detail on approaches being taken shown below

Over the next few years the Foundation Trust plans to:

- Further develop and deploy new roles, such as the Advanced Clinical Practitioner (ACP), Nurse Associate and assistant roles in Medicine, Nursing, Pharmacy; as well as evaluating the benefits of such an approach. ACP and Nurse Associate numbers are included in the workforce template, with other role numbers to be identified in year.
- Consider further international recruitment and networked service models with other providers to address supply shortages at SAS Doctor, Consultant, Registered Nurses
- Develop the clinical workforce to work across traditional and professional boundaries both within and outside a hospital setting, including the development of skill sharing and joint roles to support the provision of an integrated approach to health and social care for patients and partnership working.
- Continue the integration and development of the workforce aligned around services provided in the community. Nurse staffing levels will remain under constant review to ensure safe staffing levels are maintained in line with requirements and the needs of patients.
- Design new workforce models linked to patient needs both within and outside a hospital setting.
- We are committed to being an inclusive health care provider and employer. This is central to achieving our Right Care ambition and is at the heart of NHS and Trust values. We value the diversity of our workforce and the contribution that people make whether

they be recruited locally, from within the European Union or further afield. We anticipate the continued need for diverse recruitment routes in the future.

- Continue to develop our apprenticeship programme in line with Government commitments and the new Apprenticeship levy with the expectation that apprenticeships will become the main entry level (band 1-4) route into work at our Trust.
- Progress work on productivity through areas highlighted in Model Hospital and GIRFT.
- All Groups have assessed the requirements for implementing the four priority standards for seven-day hospital services. Pressures currently exist regarding Pharmacy, Out of Hours GI, Cardiology, Diagnostics (MRI, CT and Ultrasound). In some cases, we recognise a partnership based approach could be the potential solution to ensuring these standards are met and so these shall form part of further WYAAT based discussions.
- Continue to progress work across the West Yorkshire Health and Care Partnership and WYAAT on workforce, linked to supporting operational delivery.
- In 2019/2020 we shall be looking to further embed quality improvement methodology throughout the Trust, including further Rapid Improvement weeks such as those we have held regarding discharges, flow and surgical services in the current year and through the inclusion of quality improvement methodology in leadership development programmes. We will also be launching the 'Great Place to Work' programme.
- We shall continue to promote our Right Care Vision, Values and Behaviours with all staff, helping to continuously improve our approach the way we work together and for our patients. Communication shall be a key area in this.



Specific plans being taken forward in support of our clinical workforce provides a focus on recruitment, retention and new ways of working

Nursing Workforce

- Senior Nursing teams weekly review of roster management
- Actively participating in NHS Improvement retention project
- Actively recruiting to our bank staff
- Run regular Nurse recruitment evenings
- Run 'Keep in touch' events with Nursing new starters
- Developing pipelines into vacancies with our 3rd year Nursing students
- We are planning to implement a Fellowship for Nurses programme to support our 12 Nurses from India to receive their UK NMC registration
- Our first cohort of Nursing Associates have received NMC registration, with four further cohorts in the pipeline – Deployed in Surgery and Medicine and moving into Children's Services in 2019/2020

- Health Care Support Workers - Apprentices pursued through recruitment and continuing to focus on developing skills



Medical Workforce

- Operational leads regularly reviewing Medical Workforce vacancies
- Actively participating in NHS Improvement retention project
- Actively recruiting to bank staff
- Annual advertising contract in place with BMJ
- We are actively participating in the WYATT collaborative bank project
- Developing new roles, for example the Clinical Assistant.
- Use of Advanced Nurse Practitioners/Emergency Nurse Practitioners on junior doctor rotas in the Emergency Department



Our People Plan

Our people are key to our success. Evidence suggests that healthy, engaged and happy employees provide outstanding care. Our People Plan sets out our people management priorities.



Actions in our People Plan to respond to the challenges ahead

- Continuing to develop leadership and management capability at all levels, with a focus on inclusive, compassionate and accountable leadership; and core management skills
- Further improving our approaches to inclusion through reciprocal mentoring for involving Board members and BAME colleagues; and actions related to WRES and WDES.
- A focus on reflecting the community served through approaches to recruitment, work experience and apprenticeships.
- Improving the health and well-being of our people, through continued support on mental health with the expansion of the Mental Health First Aider programme at Airedale and across the health and social care system; Implementation of Schwartz rounds; and supporting attendance
- Continued workforce redesign – embedding new roles and reconfiguring some areas of the workforce to reflect changed needs
- Managing talent through new recruitment pipelines for employees at all levels; a graduate programme and focused development at all levels

Our Workforce KPI's build on the work we have done to date and which are represented positively in some of our recent National Staff Survey results. Specific areas we aspire to deliver in 2019/2020 include;

- Stable Staff Turnover and improved Nurse retention
- Reduction in Sickness Absence
- Stable Vacancy Rate
- Maintenance of the high levels of Appraisal and continued improvement in quality
- Achievement of the Mandatory Training stretch target; and
- Further improvements in engagement to progress to top quartile of employers.

E. Capital Programme

The main capital priorities for 2019/2020 are set out below. These are in line with our Clinical Strategy in providing for the delivery of safe, productive services, with investments that are affordable and provide value for money.

Key capital expenditure priorities	Contribution to the strategy (including service delivery)
<p>Operating Theatres</p> 	<p>Potential Operating Theatres development at some point across 2019/2020 supporting surgical services expansion to help meet our Planned Care aspirations for our health and care system. This would include;</p> <ul style="list-style-type: none"> • A procedure room within the main theatre complex (relocating activity currently completed in the Dales Suite); • The development of additional clean air theatre capacity through the development of a two tabled barn theatre <p>Requires Business Case to be developed, reviewed and approved.</p>
<p>Continued investment in improving our Estate Upgrades;</p> <p>Enhancing the environment for our patients and staff</p> 	<p>Car Parking</p> <p>Responding to priorities raised by our Governors on behalf of the Members, further improvements to the parking facilities, both volume and access</p> <p>330 space car-park to provide capacity for the next 5 to10 years</p> <p>Electric parking spaces shall also increase and</p> <p>Plans for Automatic Number Plate recognition to improve flow</p> <p>Ward/Department Upgrades</p> <p>Further work on upgrading ward and department facilities on a priority basis, including;</p> <p>Nurse Call System Replacement</p> <p>Catering</p>
<p>Information Technology – Continued investment in IT infrastructure</p>	<p>This supports the delivery of the key projects set out in the Foundation Trusts 5 year IM&T Strategy.</p> <p>Desktop/Laptop Replacement , Network Infrastructure, Clinical Applications</p> <p>In 2019/2020 we shall also be required to invest in our Cooling/ Power for our servers given the ever increasing reliance on Information Technology</p>
<p>Medical Engineering Equipment Replacement</p>	<p>Supports the provision of excellent, high quality, safe care. Provision for Medical Engineering equipment replacement.</p>
<p>Radiology Room Upgrade/MRI Pad</p>	<p>This is part of the existing managed service contract.</p> <p>Rooms upgraded to accommodate equipment replacement.</p>

<p>Building & M/E Compliance, Estates Contingency including Backlog Maintenance</p>	<p>Supports the provision of excellent, high quality, safe care. This covers backlog maintenance and ensuring maintenance and equipment compliance standards are met.</p> <p>Our future Estates Strategy, currently being developed, shall focus heavily on approaches to modernising our ageing estate. We have already signalled and shall continue to push for central capital support for a future Ward Block development that would resolve the current pressures as part of a new build.</p>
<p>IHR</p>  <p>IHR Integrated Health Record</p>	<p>Further development of our move to a fully Integrated Health Record, we plan in 2019/2020 to work towards;</p> <p>Emergency department solution, Inpatient documentation Order Communications scoping, Completing Outpatients Completing Maternity, e-Observations Ward Pilots</p>
<p>Diabetes IT Upgrade</p>	
<p>Capital Contingency</p>	

F. Sustainability and Transformation Plans

West Yorkshire and Harrogate Health and Care Partnership

Through 2018/2019, West Yorkshire and Harrogate health and care organisations have continued to work together on the response to the challenges recently highlighted in the NHS Long Term Plan. The focus in the Health and Care Partnership has set out the initial journey towards a vision of closing the health gap between communities, the care gap leading to unwarranted variation and the financial gap. The Partnership have also signed a Memorandum of Understanding to become a shadow Integrated Care System.

Key priorities being progressed in 2019/2020 which our Operational Plan feeds into includes;

- Developing the governance framework and mutual accountability
- Population Health Management
- WY&H Clinical Services Strategy
- WY&H Local Workforce Action Board – Workforce Investment Plan
- WY&H Innovation and Improvement Programme
- Health System-Led Investment in Provider Digitisation

WYAAT - West Yorkshire Association of Acute Trusts

In support of and feeding into the West Yorkshire and Harrogate Health and Care Partnership, the six hospital Trusts across West Yorkshire regularly meet to look at where opportunities to provide services differently exist. The purpose of the collaborative programme of clinical and non-clinical work streams is to reduce variation and deliver sustainable services to a standardised model which is efficient and of high quality. In developing this programme the parties will be designing services over a wider NHS footprint, thinking of different models of care and making collective efficiencies where potential exists.

Led by Chief Executives, WYAAT organisations are looking at opportunities for collaborative working across the six Trusts. These include, transferring or relocating services, service networks to share best practice and reduce variation, integrated services from a single Provider on behalf of all six Trusts and alternative service delivery models e.g. joint ventures.

The key WYAAT objectives in 2019/2020 relevant to our Operational Plan include;

- Developing specialist centres (e.g. Vascular Surgery, Cancer and Acute Surgery)
- Standardised operating procedures and pathways (e.g. Elective surgery)
- Collaborating to develop clinical networks and alliances (e.g. Radiology, Pathology)
- Establishing service models and configuration (e.g. Stroke),
- Developing workforce planning at scale and
- Delivering economies of scale in corporate functions (e.g. Procurement, IM&T)

Bradford and Airedale Place Based Partnership

Work continues with our local partners (Providers, CCGs, Bradford Council) on our local partnership working at Bradford and Airedale level which informs the West Yorkshire and Harrogate Partnership. Locally, work is directed by the Bradford and Craven place based

strategy, Happy and Healthy at Home. This focuses on delivering better outcomes, better services that meet the needs of people and the better use of resources available.

Under an overarching Strategic Partnering Agreement across Bradford and Airedale, we continue to explore through our Airedale, Wharfedale and Craven Partnership, the potential for an Integrated Care System in future years. The Airedale, Wharfedale and Craven locality is currently working on a system approach to run initially during 2019/2020. This shall include a system finance approach, underpinned by a different contractual and governance model.



G. Membership and Elections

Elections

The Foundation Trust has a Council of Governors with 14 public, 4 staff and 4 stakeholder seats (a reduction of 2 seats based on 2017/2018 levels). Since authorisation, we have been successful in attracting candidates to fill the majority of these posts. The Trust has an annual pre-election programme which includes a mailshot (via email) to members in constituencies with vacant seats or subject to in-year election and bespoke information-giving sessions for interested candidates. These sessions are designed to give candidates a comprehensive understanding of the role and election process and the opportunity to speak to current Governors about the role in practice. The pre-election programme is communicated throughout the local community to ensure all members of the public have equal opportunities to become a Governor, encouraging representation of the community. The Trusts next election campaign will be in April 2019 and conclude at the end of May 2019.

Governor Training and Development

Governors have a continuous programme of training and development including:

- Induction at the Foundation Trust
- Govern well training facilitated by NHS Providers on topics selected by Governors
- Networking opportunities with Governors from local trusts
- Governor Involvement Group meeting with presentation and training sessions
- Governors also undertake a full self-assessment of the Council of Governors.

Public and Member Engagement

Governors have the opportunity to participate in an annual programme of engagement and recruitment events such as:

- Trust public and staff open days
- Member events that take place throughout the year
- Health events in the community and at the Trust
- Identifying and establishing opportunities for engagement with a diverse range of people, from all groups in the community including under-represented groups.

Membership Strategy

The Foundation Trust currently has a public membership of 11,500 members and a staff membership of over 2,500 members. The membership is generally representative in terms of age, ethnicity, gender, constituency and socio-economic group and ONS Monitor classifications. There is one out of the 14 public constituencies with a lower than average membership, however it is to be merged with another constituency later this year. The Membership Strategy is reviewed on an annual basis and approved by the Council of Governors. Members also receive an update at the annual members meeting.

