

Board of Directors

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| Date: | 30 October 2019 | Attachment item: | 7 | | | | | | | | | | | | | | | |
| Title of Report: | Chief Executive's Report | | | | | | | | | | | | | | | | | |
| Purpose of the report and the key issues for consideration/decision: | The purpose of the Chief Executive's Report is to highlight developments that are of strategic relevance to the Trust and which the Board of Directors needs to be aware of. This report covers the period since the meeting on 25 September 2019. | | | | | | | | | | | | | | | | | |
| Prepared by: | Victoria Pickles. Associate Director of Corporate Affairs | | | | | | | | | | | | | | | | | |
| Presented by: | Brendan Brown, Chief Executive | | | | | | | | | | | | | | | | | |
| Strategic Objective(s) supported by this paper: | <table border="1"> <tr> <td>Financial Sustainability</td> <td>X</td> <td>Empower & Engage Staff</td> <td></td> </tr> <tr> <td>Quality of Care</td> <td>X</td> <td></td> <td></td> </tr> </table> | Financial Sustainability | X | Empower & Engage Staff | | Quality of Care | X | | | | | | | | | | | |
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| Quality of Care | X | | | | | | | | | | | | | | | | | |
| Is this on the Trust's risk register: | <table border="1"> <tr> <td>No</td> <td>X</td> <td>Yes</td> <td></td> <td>If Yes, Score</td> <td></td> </tr> </table> | No | X | Yes | | If Yes, Score | | | | | | | | | | | | |
| No | X | Yes | | If Yes, Score | | | | | | | | | | | | | | |
| Which CQC Standards apply to this report: | Well Led | | | | | | | | | | | | | | | | | |
| Have all implications related to this report been considered: (please X) | <table border="1"> <tr> <td>Finance Revenue & Capital</td> <td>X</td> <td>Equality & Diversity</td> <td></td> </tr> <tr> <td>National Policy/Legislation</td> <td>X</td> <td>Patient Experience</td> <td>X</td> </tr> <tr> <td>Human Resources</td> <td>X</td> <td>Terms of Authorisation</td> <td>X</td> </tr> <tr> <td>Governance & Risk Management (BAF)</td> <td>X</td> <td>Other:</td> <td></td> </tr> </table> | Finance Revenue & Capital | X | Equality & Diversity | | National Policy/Legislation | X | Patient Experience | X | Human Resources | X | Terms of Authorisation | X | Governance & Risk Management (BAF) | X | Other: | | |
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| Governance & Risk Management (BAF) | X | Other: | | | | | | | | | | | | | | | | |
| Action Required: (please X) | <table border="1"> <tr> <td>Approve</td> <td></td> <td>Discuss</td> <td>X</td> <td>Receive for information</td> <td></td> <td>Decision</td> <td></td> </tr> </table> | Approve | | Discuss | X | Receive for information | | Decision | | | | | | | | | | |
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| Previously Considered By: | N/A | | Date: | | | | | | | | | | | | | | | |
| Recommendations: | The Board of Directors is requested to receive this paper as assurance and progress against the local, regional and national agenda, and as an update against leadership responsibilities within the CEO portfolio. | | | | | | | | | | | | | | | | | |

Chief Executive's Report

30 October 2019

This update to the Board is structured around the five key areas we have agreed as part of our developing Board Strategy – people, patients, partnerships, population and progressing whilst still reflecting the national, regional and local developments, challenges and achievements in the NHS and wider health and social care environment.

1. Population

- 1.1 October has been a challenging month for us, and our provider partners, both across the system and beyond. Along with other trusts regionally and nationally we have seen a significant increase in attendances in our A&E, and this has impacted on our performance. The Board will hear today about the actions we are taking to improve the patient experience and patient flow across the hospital, working with our community, primary care and social care colleagues – these actions were also considered in detail at the Finance, Performance and Digital Committee last week. It is however, a very challenging time for our staff who are working above and beyond to ensure that patients are seen and treated as quickly as possible.
- 1.2 As I write this paper it remains unclear as to **whether the UK will exit the EU** on 31 October or not. NHS England has issued guidance that all trusts should have full contingency plans in place to ensure safe services for patients can continue to be provided in the event that the UK leaves the EU on 31st October 2019. The Trust has a Brexit Working Group in place which meets regularly to review issued guidance, assess any existing or emerging risks, and ensure adequate mitigation is in place. Board members will receive a report setting out more detail on our contingency plans later on at this meeting. Our Brexit preparations build on the work that we do to ensure that we are compliant with the **Emergency Preparedness Resilience and Response Core standards** and a copy of our self assessment statement of compliance is attached at Appendix 1.
- 1.3 In the meantime, the second **Queen's Speech** (a summary is attached at Appendix 2) of the 2019 Parliament earlier this month set the priorities for the Government and the planned legislative agenda for the year ahead, subject of course to any announcement regarding a General Election. The Queen's Speech has introduced two bills likely to be introduced before Christmas, directly related to health and social care (the Health Service Safety Investigations Bill and the Medicines and Medical Devices Bill), with the possibility of two more (on the NHS long term plan and on adult social care). The draft legislation to implement the recommendations of the NHS Long Term Plan is currently expected to be published in January for pre-legislative scrutiny.
- 1.4 In February 2019 NHS England and NHS Improvement launched public and stakeholder engagement on proposals for **NHS primary legislation**, building on the outline proposals that arose from the NHS Long Term Plan process. On 24 June

Parliament's cross-party Health and Social Care Select Committee published the findings of their parallel inquiry, which has helped shape NHS England and Improvement's response. At the end of September they published their final recommendations to Parliament and Government <https://www.england.nhs.uk/wp-content/uploads/2019/09/BM19175-recommendations-to-government-for-an-nhs-integrated-care-bill.pdf>

- 1.5 NHS Providers have published their fourth edition of their report that looks at the **state of the provider** sector. This report is a commentary on how the provider sector is performing, the challenges that trusts and their partners are facing, and the support they need as we look ahead to delivering the aspiration and the commitments set out in the NHS long term plan. We would clearly recognise all of the challenges described in this report as being relevant for Airedale. <https://nhsproviders.org/the-state-of-the-nhs-provider-sector-october-2019>
- 1.6 NHS Providers also published the first **Providers delivery report** which is intended to celebrate and promote the work of NHS foundation trusts and trusts in improving care for patients and service users. It aims to ensure that the extraordinary work and achievements by trusts and their staff are acknowledged, and that good practice and innovation are shared. The report clearly shows the key attributes for improvement are good leadership, effective staff engagement and a strong organisational culture that embraces learning – all of the things we are focused on at Airedale. https://nhsproviders.org/providers-deliver?dm_i=52PX,38HC,13CAEV,ATNS,1
- 1.7 On the theme of improving quality, the Care Quality Commission has published its **State of Care report** which is its annual assessment of health care and social care in England. <https://www.cqc.org.uk/publications/major-report/state-care>. The report looks at the trends, shares examples of good and outstanding care, and highlights where care needs to improve.

For all of these reports it is important that we assess how Airedale compares; what we can learn from and put in place to improve; and what we already do well and should be promoting more widely across our system and beyond.

2. Partnership

- 2.1 I am pleased to report that Harrogate District Foundation Trust officially became part of our **pathology joint venture** as of Tuesday, 1 October. This real strengthening of our service shows a real commitment to delivering services in partnership.
- 2.2 The pathology work is one of the work streams included in this year's **annual report of the West Yorkshire Association of Acute Trusts** (WYAAT) which outlines some of the important work we have all been doing together in 2018-19. A copy of the summary is attached at Appendix 3 and you can find the full report on WYAAT website <https://wyaat.wyhpартnership.co.uk/publications>. WYAAT acts as the delivery

mechanism for West Yorkshire and Harrogate Health and Care Partnership's hospitals working together programmes, and provides a strong voice for hospitals within the Partnership. As members of WYAAT our shared vision is to provide an efficient and sustainable healthcare system across the region that uses innovation and best practice for the benefit of patients. The time we spend working together across our trusts has grown substantially to the extent that we all now view WYAAT as part of our everyday business. We exist as a group because we know it is helping us deliver the best possible experience and outcomes for our patients and populations.

- 2.3 Rob Webster, the **West Yorkshire and Harrogate Health and Care Partnership** Lead has written to all West Yorkshire and Harrogate Members of Parliament on the development of the Partnership's Five Year Plan, which is due to be published at the end of the year. A copy is attached at Appendix 4. The letter also provides an update on the work of innovation and improvement and the Government's capital funding programme, including the latest allocation for West Yorkshire and Harrogate.
- 2.4 Board members will know from my previous reports, that Airedale was an active partner in promoting the '**Looking out for our neighbours**' campaign which is up for an award at the Chartered Institute of Public Relations Pride awards in November. Phase 2 of the campaign will launch in mid-November and is focussed on tackling loneliness and social isolation this winter and will have key messages about supporting neighbours and communities over the winter period. I, along with other colleagues across the Trust, will be promoting the campaign.



- 2.5 Helen Hirst, Chief Officer of NHS Airedale, Wharfedale and Craven, Bradford City and Bradford Districts Clinical Commissioning Groups (CCGs) has written to confirm that NHS England/NHS Improvement (NHSE/I) is supportive in principle of their application to create a new CCG for Bradford district and Craven. Her letter also confirms the appointment of Dr James Thomas as the clinical chair of the new CCG who will take up this appointment with effect from 1 April 2020. This is good news in relation to senior representation from the AWC area and we congratulate Dr Thomas on his appointment. A copy of the letter is attached at Appendix 5.
- 2.6 **HealthWatch North Yorkshire**, the independent champion for people using local health and social care services has published a report on its engagement work over the last year with around 530 people across the county. Using surveys and focus groups, local people gave feedback on the changes they would like to see in local hospitals, GP surgeries and community services. They particularly highlighted

difficulties in getting GP appointments, long distances to hospitals and a lack of transport in rural areas as the key issues facing the NHS in the county. This resonates with the conversations I had at the learning network for trusts operating in a rural environment and is useful in the development of our services, particularly our work to transform outpatient services. You can read the full report here:

<https://healthwatchnorthyorkshire.co.uk/news/whatwouldnorthyorkshiredo/>

3. Patients

- 3.1 The newly refurbished **Castleberg Hospital** opened this month following several months of hard work from our community and estates teams. It is an excellent facility and its opening is timely to support our winter plans. Over 100 members of the public attended an open day which demonstrates the importance of this facility to the local community.
- 3.2 We launched a new fracture liaison service this month for patients with fragility fractures, a **new fracture liaison clinic** headed up by orthopaedic clinical specialist sister Vicki Barlow. The service is for both inpatients and as an outpatient clinic and will focus on falls prevention through education and nutrition.
- 3.3 Congratulations go to our **Frailty Team** whose work as part of the NHS Improvement Collaborative on Frailty on the early assessment, diagnosis and management of constipation were voted 'improvement most likely to be adopted across the NHS'; and to **Wards 6 and 9** who were both awarded Gold Standard Framework accreditation in End of Life Care. Both of these make a real difference to patients.

4. People

- 4.1 Our commitment to our people is paramount to ensuring we are able to deliver safe, high quality care for patients. We know that colleagues in the NHS have three key priorities regarding their own place of work: a sense of belonging; development and career progression opportunities; and having a voice. This will be no different for colleagues here in Airedale and it is important that we continue to focus on these things to retain and recruit the right workforce to deliver our services.
- 4.2 We continue to deliver on our **commitment to developing and harnessing leadership talent** across the Trust. The Compassionate and Inclusive Leadership with Accountability cohorts completed their programmes with presentations to the executive team this month. The feedback was incredibly positive and participants reported the benefits of working together, and particularly the action learning sets associated with the programme. A full report evaluation and feedback is expected in November. I have continued to deliver the wider leadership community sessions – the last one with a theme of 'how to be more pirate'. As referred to earlier in my report, this commitment to developing leadership and leaders at all levels across the Trust is imperative if we want to deliver safe, high quality services.

- 4.3 As part of the Brexit preparations I have held open forums with our **colleagues from EU countries** to provide support and a forum for staff to share any thoughts or concerns. We have also provided specific guidance for colleagues going through the ID document check - the official government application that enables people to verify their identity in the process of applying for settled status.
- 4.4 October is a busy month combining awareness, reflection and celebration in equal measure.

As part of **freedom to speak up** month in October our freedom to speak up guardian, Sarah Broadhead-Crofts, is hosting a skills workshop on Tuesday 29 October for colleagues to learn about challenging bad practice and how to raise concerns. Ensuring our colleagues feel safe and supported to speak up when they think something is not right is a really important part of our Trust culture and the executive director team will be discussing how to strengthen our Freedom to Speak Up arrangements next week.

October includes **World Mental Health Day**, and we launched the Every Mind Matters campaign, which is an assessment and solutions tool to help you to look after your mental health and wellbeing and we took the opportunity to remind colleagues about our employee assistance programme.

October is **Black History Month** and I opened our Inclusion event on 18 October, open to all colleagues across the Trust. Inclusion underpins all of our values; it's the golden thread that runs through them all and is a key part of our People Strategy to publicly set out what we are doing to be more inclusive as an organisation. Inclusion was also the theme in the launch of the **Rainbow Badge Scheme** in the Trust and we were one of the first trusts in our region to launch the NHS Rainbow Badges. We know that LGBT+ people can still face significant barriers to accessing healthcare and this can have a detrimental impact on their physical and mental health. By wearing the Rainbow Badge you are showing visibly to patients and colleagues that you are someone people can talk to about issues of sexuality and gender identity.

- 4.5 October also includes **allied health professional (AHP)** day; an opportunity for AHPs to come together, celebrate being part of the AHP family and to promote the work of their roles. The 14 AHP professions make up the third largest sector of the NHS workforce. This includes dietitians, occupational therapists, operating department practitioners, paramedics, physiotherapists, prosthetists and orthotists, radiographers and speech and language therapists. Our AHPs provide some outstanding services and this month saw the launch of First Contact Physiotherapy who are advanced practitioners working within primary care with extensive expertise in the clinical assessment, diagnosis and management of musculoskeletal (MSK) conditions.
- 4.6 Earlier this year the Board heard a patient tell us their positive experience of our

stammering **telemedicine service** while a prisoner and the life-changing difference that had made to them. Steph Burgess, who runs the service, received the Giving Voice award on Wednesday night this month at the Royal College of Speech and Language Therapists, in recognition of her commitment to improve the lives of people who need speech and language therapy, and for her video which has raised awareness of the work of speech and language therapists. This award is richly deserved.

- 4.7 This month the next phase of the 'We are the **NHS**' **workforce recruitment campaign** was launched to attract more people to become nurses focusing on 2020 UCAS applicants and inspiring them to apply for nursing degrees. You can watch 'We are the NHS' here: https://www.youtube.com/watch?v=GVP1ld0_n0.
- 4.8 For Airedale, following approval of the business case to recruit 70 nurses from overseas, interviews will start this month via Skype and a small team will be conducting face to face interviews in India and Ireland during November, while we also continue with on-site recruitment events.

5. Progressing

- 5.1 The Department of Health and Social Care (DHSC) has released its **healthcare infrastructure plan (HIP)** setting out changes for how NHS capital funding will be prioritised and allocated to the frontline. This plan follows recent funding announcements for capital investment for trusts across 2020-2030.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835657/health-infrastructure-plan.pdf

The HIP sets out the delivery for a long-term, rolling five year programme in health infrastructure. While including capital to build new hospitals, the government has signalled its intention is to modernise the primary care estate, invest in new diagnostics and technology, and to eradicate critical safety issues in the NHS estate. The plan also commits to allocating capital across the wider health infrastructure, such as public health and social care.

The government has laid out three broad objectives to the health infrastructure plan:

- A five-year rolling programme of investment in NHS infrastructure across hospitals, primary and community care estates, and health infrastructure.
- A reformed system underpinning capital to ensure funding addresses needed.
- Obtaining the support of wider health and care sectors with funding at the capital review.

- 5.2 We will need to see what this means for us and the capital required to redevelop our ward block. There has been some local media attention on this, supported by John Grogan MP.

5.3 As part of our plans for winter we have been piloting a different use of our **digital care hub** to identify and support patients at home rather than an admission in to the hospital. The digital care hub has also used telemedicine to help ward teams support Thornton Hill Care Home with some virtual discharges over the past few weeks. The ward team has worked with the care home to support a discharge as agreed, whilst the care hub facilitate the call and the remote assessment. The team can also then monitor patients over the video link once back in the home if there are any concerns. To date this method has saved a total of 10 days in hospital and we are promoting the service within our wards to identify patients from care homes with telemedicine technology who can also be supported in this way.

6. Recommendations

The Board of Directors is requested to receive this paper as assurance and progress against both the local and national agenda, and as an update against leadership responsibilities within the CEO portfolio.