

Council of Governors

Date:	6 February 2020	Attachment item:	6														
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 Governors need to be aware of.																
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										
Financial Sustainability	X	Empower & Engage Staff															
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:	
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:															
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									
Approve		Discuss	X	Receive for information		Decision											
Previously Considered By:	<table border="1"> <tr> <td>N/A</td> <td>Date:</td> <td></td> </tr> </table>			N/A	Date:												
N/A	Date:																
Recommendations:	The Council of Governors 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.																

Chief Executive's Report 6 February 2019

My report details events that have taken place over the last quarter. It is structured around the five key areas we have agreed as part of our new 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 I am starting this report with an unusual but good news story for Airedale. Earlier this year we entered a competition being run by the Department of Transport to win one of three de-commissioned Pacer trains. Seventeen groups or organisations were shortlisted and the BBC One Show announced our Trust as one of the winners two weeks ago. Our plan is to transform the carriage into a mixed-use, non-clinical space to improve experiences for various patient groups, including the children's unit, our dementia patients, youth volunteers and the community. It is a really exciting venture. The carriage is still being used as rolling stock, however we hope that it will be delivered to us in the summer, and we will keep Governors updated as to progress with its delivery and fit out.
- 
- 1.2 It would be remiss of me not to mention coronavirus. At the time of writing this report, there are two confirmed cases in the UK, however the risk to the public remains low. Like all NHS organisations, we have put in place arrangements to publicise the symptoms of coronavirus and our clinical teams are clear on the process should a patient with appropriate symptoms be brought to the hospital.
- 1.3 The recent election gave the Conservative Government an 80 seat majority. As a result, it is highly likely that the bills set out in the December Queen's Speech will be passed through Parliament. Attached to my report (appendix 1) is the NHS Providers' overview of key announcements relevant to health and social care, including the three health-related bills that have secured legislative time, along with a summary of other legislation of interest and draft bills.
- 1.4 One which will have an impact on the Trust in the near future and which I know has been of particular interest to the Governors is the plan to remove hospital car parking charges "for those in greatest need", currently described as:
- Blue badge holders – Airedale already offers free parking to patients designated blue badge holders;
 - Frequent outpatients who have to attend regular appointments to manage long-term conditions; and

- Free parking will also be offered at specific times of the day to certain groups, including parents of sick children staying in hospital overnight and staff working night shifts.

In advance of further detail being released, I have asked David Moss, Managing Director of AGH Solutions Ltd who manage the parking on behalf of the Trust, to provide a summary of the options and the impact for the Trust. This will be brought to the Board of Directors meeting in March and means that some of the conversations we have been having about car parking are not yet resolved as we wait for the national announcements. David will also provide an update at this meeting on the staff car parking issues previously raised by the Governors.

- 1.5 The new NHS Planning Guidance for 2020/21 was published on 30 January. It sets out key priority areas of focus for all NHS organisations. For hospitals this includes urgent and emergency care; referral to treatment times; the need to transform outpatients; cancer targets; and a significant focus on sustainable development.
- 1.6 Governors will know that NHS England has been consulting with the public on the future of **vascular services** across West Yorkshire based on a proposal to have two specialist centres – one in Leeds and one in Bradford. Patients from Airedale already receive vascular services at Bradford. The consultation closed on 17 January (it was extended due to the election period) and we expect a decision to be announced in March.

2. Patients

- 2.1 Performance figures for the NHS released over Christmas demonstrated the significant challenges faced nationally. The figures showed that nationally just 81.4% of A&E patients were seen within four hours in November.
- 2.2 Locally we have seen a rise in A&E attendances coupled with an increase in the proportion of patients requiring admission, which has created pressure on our bed capacity, nurse staffing and delivery against performance targets. We are closely monitoring quality and safety measures as well as patient feedback to understand any impact. 20 intermediate care beds at Valley View opened fully to admissions Thursday 19th December after some delays due to problems with the heating.

We held a Multi-Agency Discharge Event (MADE) in the first week of January and we will be holding them during the first week of each month. MADE is a patient-focused event over the course of a week which aims to do the right thing by patients by getting them home quickly and safely. A big part of it is identifying people as 'medically fit' on our patient system and understanding what patients and their families need to support discharge.

Our telehub offer a 'My Care 24' service to support discharges. They will follow up patients after discharge via phone or video link to support with medicines prompting;

wound reviews; and welfare checks. Our partners have also been supporting us through the multi-agency support team (MAST) who help with patients with frailty, alcohol and or mental health issues. They have representatives from local charities who are available to help. We also run #longstaywednesday where we review all patients who have been with us for more than 21 days to see what needs to happen to be able to discharge them safely and appropriately.

- 2.3 One of the most important issues to impact the NHS over the last couple of months have been the stories relating to maternity services at two hospital trusts - Shrewsbury and Telford Hospital Trust and East Kent Hospitals Trust. These follow the previously well-publicised issues at Morecambe Bay Hospital. The Shrewsbury and Telford investigation revealed repeated clinical errors were compounded by substandard follow-up investigations that failed to ensure lessons were learnt, while bereaved families were treated with “a distinct lack of kindness and respect”. It is important that as a Board, we review the findings from these cases and ensure that we take on board any lessons for our own provision of maternity care. The Associate Director of Quality and Safety is leading a review of the findings from the published reports and will report back to the Board in March.

3. People

- 3.1 Governors will have seen that Karl Mainprize has announced that he will retire from May 2020. I want to thank Karl for his time and commitment at the Trust and I am sure there will be plenty of opportunities for you to wish Karl well for the future over the coming weeks. I am in the process of working with the Director of People and OD to plan the interim and permanent appointment process to the MD role.
- 3.2 As a result of the continued levels of activity, our people are working incredibly hard to provide care to patients in challenging circumstances. We are only part way through the winter period and it is important that we continue to provide health and wellbeing support to colleagues. My sincere thanks and appreciation go to all our colleagues for their hard work.
- 3.3 **Pride of Airedale**
The Annual Pride of Airedale Awards nominations closed on 27 January. We received a record breaking number of nominations across the 11 categories. I know that some of you are involved in the panels to select the winners taking in place in February. I look forward to congratulating all those shortlisted as well as the winners at the Awards Night on 3 April 2020.

The most recent winners of our monthly Pride of Airedale awards are:

- Julie Hird, Medical Laboratory Assistant
- Ward 19 Team
- Liz Shenton, Clinical Trials Co-coordinator
- Nick Bergin, Senior Dietitian

- Annette France, Mammographer
- Susan Haley, Specialist Diabetes Dietitian
- John Oversby, Biomedical Scientist

4. Progressing

- 4.1 Our Theatre Team has launched a website to support patients who are coming to the hospital for surgery <https://yourexperiencercare.org/> . Patients are often anxious about surgical procedures and the site aims to provide information on what to expect; who is in the surgical team; and what happens after surgery.
- 4.2 We have launched our foot selfies service in our diabetic foot clinic, specifically for Airedale patients. New diabetic foot issues should be assessed by a specialist service within 24 hours of referral. However, many patients know they have something wrong for a considerable time before seeking help. To make it easier people with diabetes can now share any change in their feet using 'foot selfies', delivered through the VitruCare app, which significantly shortens the time to first (virtual) assessment.

Chief Executive Report
6 February 2019

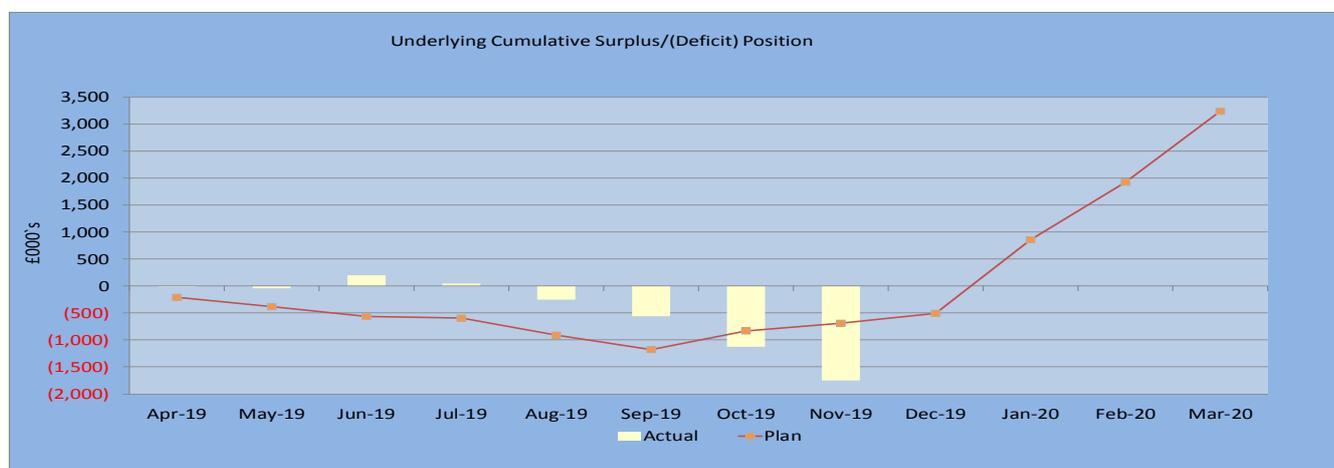
Council of Governors

Date:	6 February 2020	Attachment Number:	6																
Title of Report:	Finance Report for the Council of Governors for the Period Ending 30 November 2019																		
Purpose of the report and the key issues for consideration/decision:	<p>To provide the Council of Governors with an overview of the financial position, key areas of risk, CIP position, and forecast.</p> <p>Key Considerations:</p> <ul style="list-style-type: none"> The position shows the underlying position is a deficit of £1,749k, £1,058k worse than plan; EBITDA performance is £2,368k worse than plan. This position delivers a UoR rating of 3 against a plan of 1; CIP has over achieved at month 8, delivering £4,131k against a target of £3,505k, £626k above plan; 																		
Prepared by:	Amy Whitaker, Deputy Director of Finance; Gillian Elsworth, Assistant Directors of Finance and Neil Helm, Senior Financial Accountant																		
Presented by:	Andrew Copley, Director of Finance																		
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></td> <td></td> <td></td> </tr> </table>			Financial Sustainability	X	Empower & Engage Staff		Quality of Care											
Financial Sustainability	X	Empower & Engage Staff																	
Quality of Care																			
Is this on the Trust's risk register:	<table border="1"> <tr> <td>No</td> <td></td> <td>Yes</td> <td>X</td> <td>If Yes, Score</td> <td>16</td> </tr> </table>			No		Yes	X	If Yes, Score	16										
No		Yes	X	If Yes, Score	16														
Which CQC Standards apply to this report:	Use of Resources																		
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></td> </tr> <tr> <td>Human Resources</td> <td></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		Human Resources		Terms of Authorisation	X	Governance & Risk Management (BAF)	X	Other:	
Finance Revenue & Capital	X	Equality & Diversity																	
National Policy/Legislation	X	Patient Experience																	
Human Resources		Terms of Authorisation	X																
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									
Approve		Discuss	X	Receive for information		Decision													
Previously Considered By:	<table border="1"> <tr> <td>Trust Board</td> <td>Date:</td> <td>08.01.2020</td> </tr> </table>			Trust Board	Date:	08.01.2020													
Trust Board	Date:	08.01.2020																	
Recommendations:	To receive and note the financial report and associated appendices.																		

FINANCE REPORT FOR THE COUNCIL OF GOVERNORS FOR THE PERIOD ENDING 30 November 2019

Financial Performance Summary

Area of Review	Key Highlights	Year to date Monitor Financial		
		Nov Plan	Nov Actual	Q3 Plan
Liquidity Ratio	The liquidity ratio shows that working capital (cash + debtors - creditors) is in line with plan.	1	1	1
Capital Service Capacity	Capital Service Capacity looks at the level of debt we are required to service, i.e. PDC expense, interest on loans, and other finance costs, against the level of revenue we are generating to determine whether we can continue to service that debt. Capital Service Capacity is behind plan.	1	2	1
I&E Margin	I&E Margin looks at the return the Trust makes on it's activities. It is behind plan.	2	3	1
I&E Variance from Plan	I&E Variance from plan looks at the planned I&E margin and compares this to the actual position. It is behind plan.	1	3	1
Agency Spend	Agency Spend is monitored in relation to the cumulative agency cap given to the Trust by NHSI. Expenditure is currently £2,637k above YTD than the maximum level allowed by the cap.	2	4	2
Weighted Average Use of Resource (UOR Metric)	Overall the Financial Risk Rating is behind plan The key risks to this are CIP shortfall and increased Medical and Nursing Agency costs.	1	3	1
Cash Balance £'000	Cash was £15.3m at the end of November, which is ahead plan.	12,208	15,267	12,280
Right Care & Tactical CIP £'000	In November CIP achieved is £4,131k against a target of £3,505k, £626k ahead of plan.	3,505	4,131	3,505
EBITDA £'000	EBITDA is £2,623k against a plan of £4,991k, £2,368k behind plan.	4,991	2,623	4,990



Income and Expenditure

Summary/Overview

The underlying consolidated position at the end of November is a deficit of £1,749k which is £1,058k worse than plan mainly relating to additional agency costs for nursing & medical staff.

The Trust is also subject to achieving a control total with NHSI. The control total excludes donated assets and previous year PSF payments, and includes in-year PSF funding, therefore will be different to the underlying position. At the end of November the control total position is a deficit of £885k, £1,931k worse than plan.

The table below shows the summary performance:

	Nov-19	Year to date	
	Budget	Actual	Variance
	£,000	£,000	£,000
Operating Income	124,016	128,000	3,984
Operating Expenditure	(119,025)	(125,377)	(6,352)
EBITDA	4,991	2,623	(2,368)
Non Operating items	(3,944)	(3,266)	678
I&E Surplus/(Deficit)	1,047	(643)	(1,690)
PSF	(1,738)	(1,106)	632
Underlying Surplus/(Deficit) excluding PSF	(691)	(1,749)	(1,058)
NHSI Control Total Position	1,046	(885)	(1,931)

Consolidated EBITDA performance is £2,368k worse than plan.

Actions Being Taken

Controls remain in place for nursing bank, agency and overtime with daily sign off by the Director of Nursing.

Forecast recovery plans continue to be closely monitored and further actions put into place where required.

The divisional teams are progressing their 5 year financial plans to be triangulated with the high level submission in September. The first cut of the detailed plans have been taken through a scrutiny process in November and will now be reviewed in more detail in preparation of the presentation to the board strategy day in February.

Cost Improvement Plan Performance for Month 8 ending 30 November 2019

	Savings to Nov-19 (to date)			Forecast to end of 2019/20			Forecast
	Target £'000	Achieved £'000	Variance £'000	Target £'000	Forecast* £'000	Variance £'000	WTE Reduction
Improving Patient Flow	0	0	0	0	0	0	-
The Value Programme	98	0	(98)	147	0	(147)	-
Corporate	524	606	83	852	1,089	237	-
Diagnostics	139	138	(1)	208	204	(4)	-
Women & Children's	335	421	86	502	614	112	-
ICG Tactical	1,594	960	(634)	2,391	1,318	(1,073)	-
Surgical Tactical	1,060	1,320	260	1,590	1,847	257	4.02
Procurement	318	318	0	478	478	0	-
Closing the Gap Contingency	(667)	263	930	0	480	480	-
Pathology	104	104	0	156	156	0	-
Total	3,505	4,131	626	6,324	6,186	(138)	4.02
AGH Solutions	0	0	0	0	0	0	
Consolidated Total	3,505	4,131	626	6,324	6,186	(138)	4.02
ICS Support	0	0	0	3,200	0	(3,200)	
Total	3,505	4,131	626	9,524	6,186	(3,338)	4.02

CIP performance for month 8 is £4,131k against a plan of £3,505k, £626k better than plan.

PBR Contract CCG Performance

	Annual Plan £000's	Plan £000's	Actual £000's	Variance £000's
NHS ENGLAND YORKSHIRE & HUMBER	11,184	7,463	7,475	13
NHS LEEDS CCG	1,447	958	1,016	58
ENGLISH NCA CCGs	3,329	2,207	1,278	(929)
NHS EAST LANCASHIRE CCG	13,950	9,203	10,234	1,031
NHS MORECAMBE BAY CCG	421	279	324	45
NHS BRADFORD DISTRICTS CCG	21,460	14,308	14,308	0
NHS BRADFORD CITY CCG	1,440	960	960	0
NHS AIREDALE, WHARFEDALE AND CRAVEN CCG	94,651	63,098	63,022	(77)
NCA - CROSS BORDER LHB'S	33	21	31	10
TOTAL	147,916	98,498	98,649	151

The Trust is now working within a fixed income contract with their main commissioners; AWC and Bradford. Actuals for month 7 have now been reported and month 8 is shown at plan for fixed income contracts and forecast for all others.

The Balance Sheet as at 30th November 2019

	Opening Mar-19 £000s	Plan Nov-19 £000s	Actual Nov-19 £'000s	Variance Nov-19 £'000s	Plan Mar-20 £'000s	Forecast Mar-20 £'000s	Variance Mar-20 £'000s
Total Non Current Assets	56,152	63,089	56,508	(6,581)	64,346	61,842	(2,504)
Inventories	2,097	2,209	2,103	(106)	2,275	2,275	0
Current Receivables	17,495	8,110	15,801	7,691	9,996	9,996	0
Cash	14,528	12,208	15,267	3,059	11,099	15,303	4,204
Current Liabilities	(23,470)	(15,589)	(23,748)	(8,159)	(13,160)	(15,420)	(2,260)
Long Term Liabilities	(5,033)	(5,906)	(4,687)	1,219	(4,880)	(4,880)	0
Taxpayers Equity	(61,768)	(64,121)	(61,244)	2,877	(69,676)	(69,116)	560
Balance	0	0	0	0	0	0	0

Total Non-Current Assets

The Capital expenditure revised forecast figure for 2019/20 is £6,412k.

The revised forecast includes the following:

- £600k for theatres, £1,948k slipping into next year (following receipt of planned cash-flows from the main contractor);
- £619k for IHR funded through PDC (confirmation of the £500k funding has now been received);
- £100k for a Surgi-cube, to provide an ultra-clean surgical environment to carry out microsurgical procedures and minor surgeries.

The balance of the capital programme comprises of routine capital upkeep of the buildings, replacement of Medical Equipment, and upgrade of the IT infrastructure.

In November capital is under spending against the original plan by £2,701k, mainly relating to six schemes, new Theatre barn development, car parking facilities expenditure, estates backlog, Information Technology, IT Cooling/Power and Integrated Health Records (IHR). This underspend will be reduced as the capital plan is aligned to the resubmitted value.

The remaining balance of the movement is in respect of Injury Cost Recovery schemes.

Inventories

Total stock held as at end of November 2019 is £2,103k.

Cash

Cash is £3.1m higher than original plan this month mainly driven by the slippage on the capital programme. Cash is £122k above the revised forecast this month, and expected to continue in line with the revised forecast closing year-end cash position of £15,303k.

Payments on trade invoices have been extended, the expectation is that they will be paid within the terms on the order or less if the agreed contractual terms require. Increases in creditors, in line with the increases in expenditure, will be monitored to ensure all due invoices are processed and paid in a timely manner.

Glossary for Abbreviations and Terminology

EBITDA

Earnings before Interest, Tax, Depreciation and amortisation. This is an indication for the level of operating performance.

Surplus

Where income is greater than expenditure.

Liquidity Ratio

Gives a measure for monitoring the availability of cash the greater the ratio or number of days, the better the performance.

The Return on Assets

The level of surplus generated in proportion to the level of assets used to generate the surplus.

Overtrade

This refers to the level of performance on the contract with the PCTs indicating that the level of actual income is greater than the expected plan.

CIP

Cost Improvements Programmes for generating savings.

Capital Expenditure

Expenditure that supports the purchase of items that will have a useful life greater than one year and a value greater than £5,000.

Depreciation

The expenditure charge in the income and expenditure account for capital expenditure. The cost of the capital purchase is spread over the life of the asset.

Debtors

The value representing outstanding amounts still owed to the trust.

MFF

Market forces Factor is the uplift the Trust gets for unavoidable cost differences for providing healthcare.

PSF

Provider Sustainability Fund – (replaced STF – Sustainability & Transformation Fund) the funds that have been included as part of Trusts control totals that are accessible dependent on performance against agreed trajectories.

STP

Sustainability & Transformation Plans – a 5 year sustainability plan at West Yorkshire level.

UoR

NHS Improvement have changed their metric for measuring financial performance to the Use of Resources (UoR) metric. This is similar to the previous measurement but includes variance on agency costs. One key thing to note is that the new metric has reversed the ratings so that 1 equals Strong Performance and a rating of 4 would lead to special measures.

February 2020

Reporting December 2019

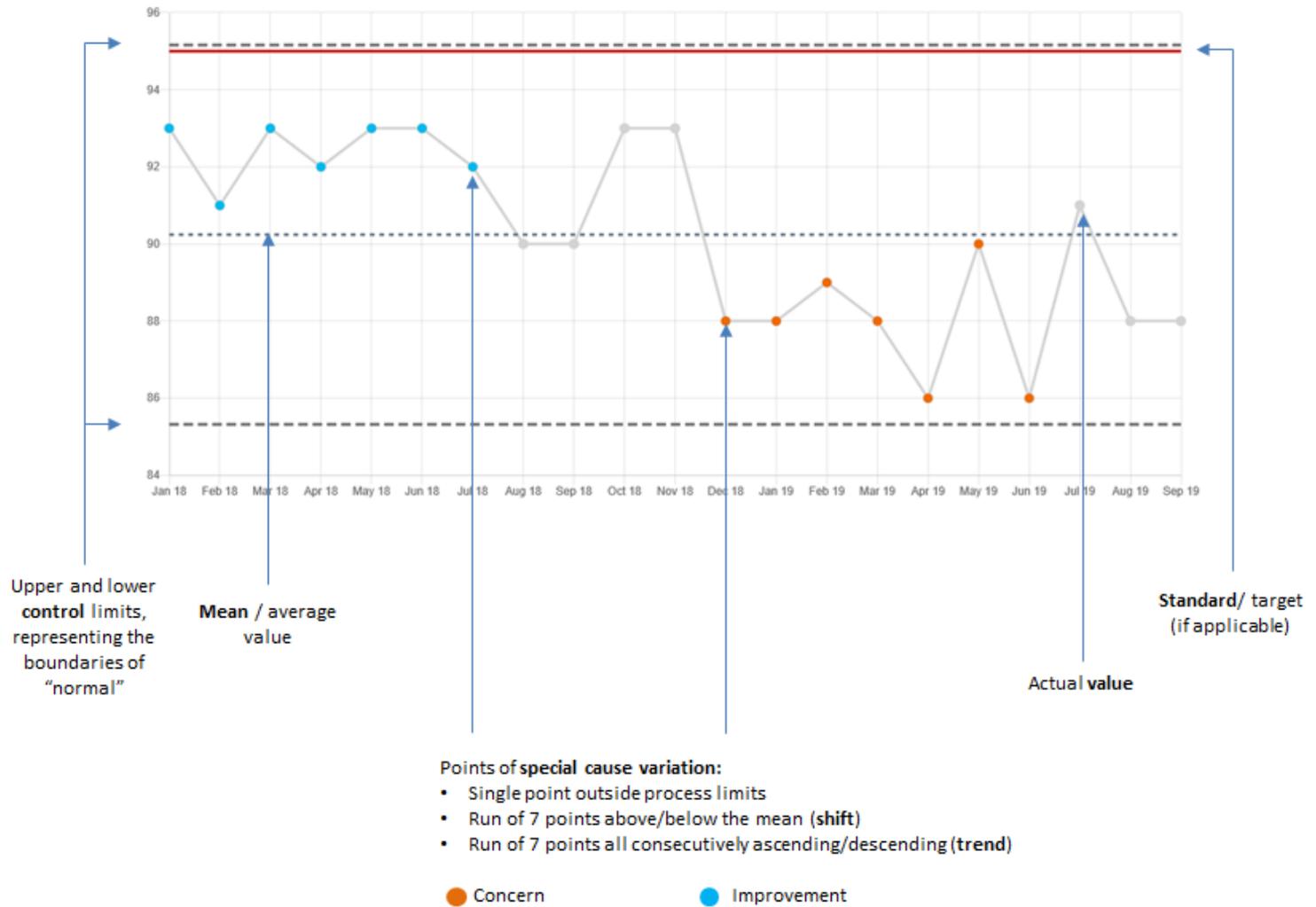
Contents

Guidance notes	1
Introduction	2
Operational Performance	3
Urgent and Emergency Care	3
Capacity and Flow	5
Referral to Treatment	7
Diagnostics	9
Cancer	10
Productivity	12
Quality, Safety, Experience	14
Cognitive Screening and VTE.....	14
NHS Improvement Single Oversight Framework	15

Guidance notes

Reporting within this document uses a combination of chart types. Where appropriate, Statistical Process Control (SPC) charts have been used to aid analysis.

SPC charts



Introduction

The attached Performance Report shows the position to December 2019 for the NHS Improvement Single Oversight Framework requirements for Service Performance as part of the Foundation Trusts quarterly Governance declaration.

Performance is shown against the required threshold or trajectory for each indicator assessed as part of the framework.

The report highlights the continued pressures in meeting national operational standards, with bed availability and urgent and emergency care activity on performance. A consistently high demand for beds and very high occupancy rate affects planned activity and the Trust's ability to meet the performance standards for Referral to Treatment, Cancer Waiting Times and Diagnostics. The report outline actions being taken to address these challenges, endeavoring to ensure the Trust's response and priority remains maintaining safe access for patients.

The Foundation Trust Care Quality Commission Inspection Report 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.

Operational Performance

Performance Domain: **Urgent and Emergency Care**

Reporting Month: **December 2019**

Executive Lead: **Rob Aitchison**

Key Indicators for the Board to note

A&E 4 Hour Wait

National Standard
95%

Trust
78.23 %

Total Attendances

6156

Arrival to Triage (avg)

National Standard
<15 mins

Trust
19 mins

Arrival to Seen (avg)

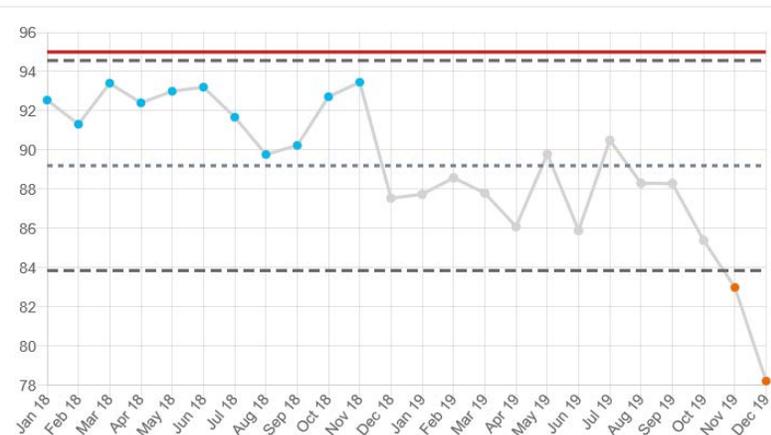
National Standard
<60 mins

Trust
110 mins

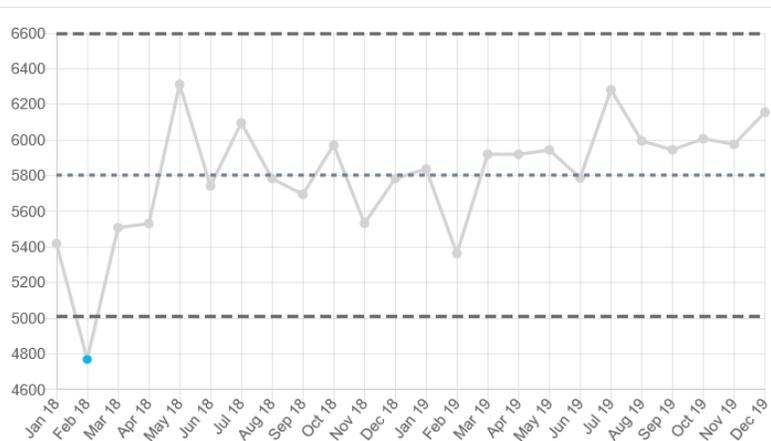
Admission Conversion

22.4 %

IPR Key Performance Indicators (A&E 4 Hour Waits)



IPR Key Performance Indicators (A&E Attendances)



Analysis of current performance

During December, the hospital has remained very busy and we continued to see the increased demand on urgent care services highlighted previously – this is demonstrated by an increase in the volume of patients attending the Emergency Department (up 5% on same period last year), increased admissions to hospital (up 5%) and higher levels of patient acuity (up 10-15%).

As highlighted to Board last month, December saw a decrease in A&E 4 hour wait performance at 78% and arrival time to triage at 19 minutes. Whilst admissions to hospital continue to be a key driver, our ability to safely discharge patients out of

the hospital has remained a key factor in how well the hospital functions. Performance during early January has shown improvement both with regards to 4 hour waits (85% month to date as of 14th Jan) and time to triage (<17 mins as of 14th Jan)

This pressure has continued to be felt by our ED and Acute Assessment Unit teams as they work to accommodate and treat patients in a timely manner. This has resulted at times in longer waits for patients to see be seen in ED and a higher proportion of 4 hour patient breaches due to bed availability.

A range of planned and additional supporting schemes commenced during December in response to the pressures experienced including the opening of the joint local authority scheme to open 20 short stay beds at the Valley View facility, ceasing of elective orthopaedic activity for a 5 week period up to January 20th 2020 and commencement of a MAST (Multi Agency Support Team) based in our Emergency Department supporting patients with alcohol, drug and mental health needs. Despite the ceasing of elective work, earlier than planned, the Cancelled Operations standard was not achieved, 1.15% against the target of 0.08%.

Despite these challenges, it was pleasing to note that planning for the busy Christmas and New Year period ensured the hospital continued to function well during this time. However there was a 10% spike in attendances directly after Christmas and Boxing Day and with the associated acuity of these a patients (29% admission conversion) there was, regrettably, a 12 hour waiting time breach.

Improvement actions planned and timescales for implementation

During January, we will be continuing to sustain a number of our winter schemes aimed towards supporting flow through the hospital

These include:

- Continued utilisation of the discharge lounge (which has now supported >600 patients since it opened late last year)
- TTO buster shifts (additional medical shifts to support timely discharge)
- Additional consultant support to ED, AAU and Wards at peak times of activity
- Enhanced Emergency Nurse practitioner support
- Expansion of operating hours of the Frailty team
- Continued development of the community crisis response team
- Promotion and embedding of the MyCare24 pathway – a digital hub scheme supporting admission avoidance within urgent care

During January, we will also implement a new out of hours crisis response pilot within Respiratory services for the Bradford and AWC system. The digital hub will be providing this input out of hours and it is hoped it will reduce the need for respiratory patients to access urgent care services.

It is expected that attainment against the 4 hour standard will improve in January, supported by time to triage and treatment standards.

Operational Performance

Performance Domain: **Capacity and Flow**

Reporting Month: **December 2019**

Executive Lead: **Rob Aitchison**

Key Indicators for the Board to note

Bed Occupancy

Local target
 < 95%

Trust
98.37 %

Long LOS
 Local target
 40 (Mar 2020)

Trust
 71

Average LOS (Elective)

Local target
 < 2.5

Trust
2.5

Average LOS (Non-Elective)

Local target
 < 4.3

Trust
4.4

Delayed Transfer of Care

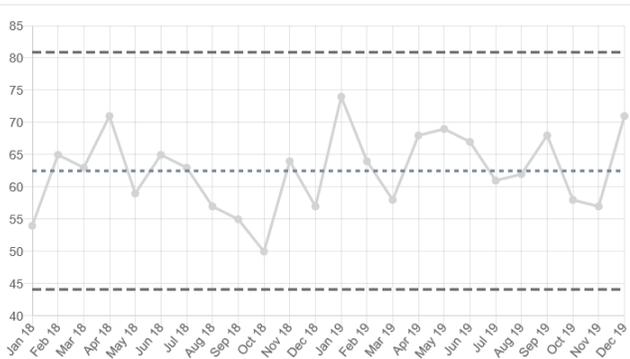
National Standard
 <3.5%

Trust
0.66 %

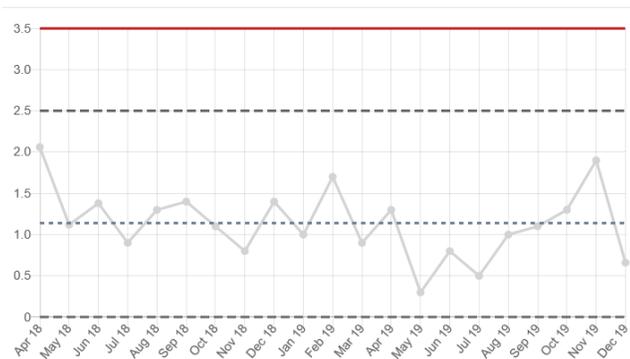
IPR Key Performance Indicators (Bed Occupancy)



IPR Key Performance Indicators (Patients LOS Over 21 Days (last day of month))



IPR Key Performance Indicators (Delayed Transfer of Care)



Analysis of current performance

Continued demand for hospital services in December is again demonstrated by the sustained increase in bed occupancy in the Trust. Whilst this increase has been seen across both adult and paediatric services, we did a slight welcome reduction

demand for paediatric services towards the end of December which has been sustained into January.

In order to respond to demand for adult services, additional bed capacity has remained open and at peak times has struggled to keep pace with demand for services demonstrated by the 98% bed occupancy seen during December (which is an average indicator of the number of all empty available beds in the hospital at midnight).

Whilst the Trust's delayed transfer of care performance remains low and well below the national standard, the significant increase seen in patients with a >21 day length of stay this month has placed additional pressures onto hospital services and reflects the challenges discharging patients from hospital into their preferred place of care. Our teams continue to work closely with local partners to improve pathways out of hospital for patients regardless of the setting they are returning to.

During the first week in January we ran our latest MADE (Multi Agency Discharge Event) in the hospital. MADE runs monthly and is a week of focused improvement work, involving small multi-disciplinary teams including local commissioners working together to review blockages preventing effective progression of care and discharge for our patients. The week was very positive, with lots of learning taken from it. We will be running the next MADE at the beginning of February and will be looking to engage teams across a range of different disciplines.

During the first week of January, colleagues from our social care team moved location in the Trust to be co-located alongside hospital staff – this is a really positive move and will support closely working links between teams in the future.

Improvement actions planned and timescales for implementation

During January and February we will be continuing to work closely with clinical teams to maintain flow through the hospital at this busy time. This work will continue to focus on reducing occupancy and ensure timely flow from ED and AAU with continued engagement with teams during this time.

Alongside future MADE events, our team are now running 'Long stay Wednesdays' each week, which involve a small team of long stay experts from within the Trust visiting each ward area and working with them to unblock any delays in the system. This will continue to run alongside our daily 'Get Me Home' meetings which bring together teams from the Trust and Social Care to support timely and effective discharge.

The A SAFER Matron will also continue work within this new role to embed a range of initiatives to support flow including the 'Moving On Policy' and embedding of 'Red to Green days' in ward areas.

Operational Performance

Performance Domain: Referral to Treatment

Reporting Month: December 2019

Executive Lead: Rob Aitchison

Key Indicators for the Board to note

18 Week Wait

National Standard
92%

Trust
88.57 %

Total Waiting List Size

9063

Variance from Plan

+1367

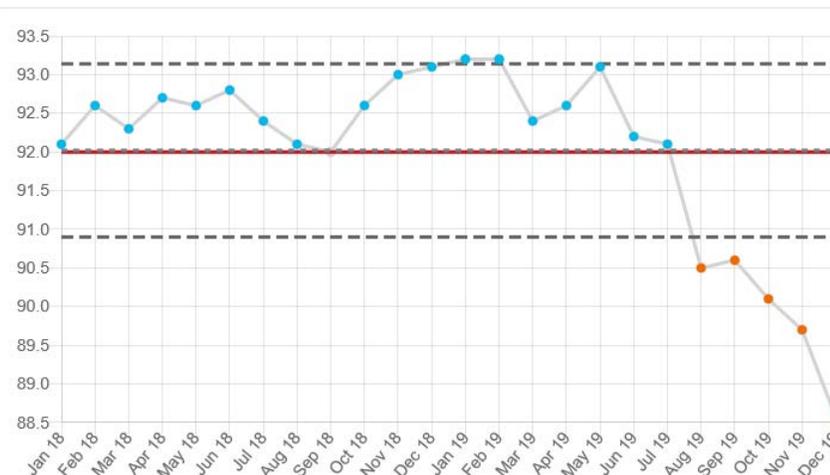
Pathways Over 26 Weeks

339

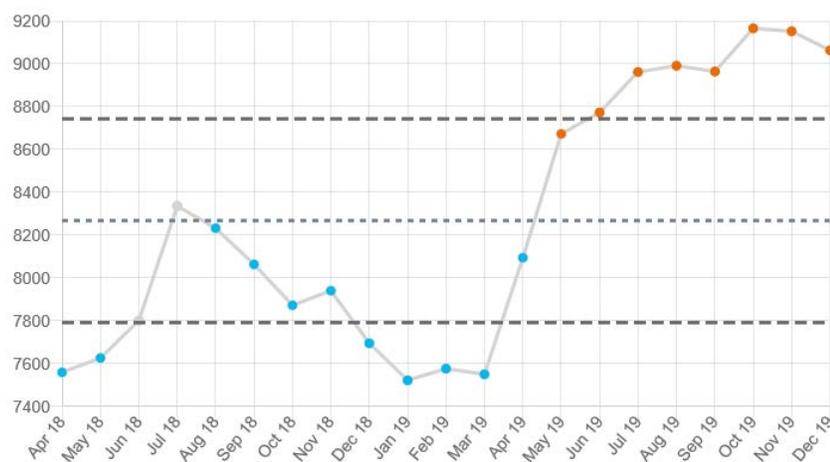
Pathways Over 40 Weeks

23

IPR Key Performance Indicators (Referral To Treatment)



IPR Key Performance Indicators (Total Waiting List (RTT Pathways))



Analysis of current performance

Referral to treatment - as previously highlighted to Board, achievement of the national 18 week standard for Referral to Treatment remains a challenge for the Trust following a prolonged period of achievement. National issues relating to pensions are playing a part in this following the loss of a proportion of additional non job-planned (additional premium activity) and job planned activity (core activity). Following the release of updated guidance for 19/20 we have not seen an increase in the proportion or number of sessions undertaken and indications are that this is unlikely to change until further permanent changes are made to pension guidance. Despite current non-achievement it should be noted that performance

continues to outperform levels seen nationally.

Total waiting list – the total waiting list size has remained stable and has reduced slightly in month. Divisional teams are continuing to review this waiting list with a particular focus on patients who are due for follow up appointments with assurance that patients are seen within the required timeframe. This review also includes a review of access to first outpatient appointments. This work reported to Quality Committee in January and in future months will form part of the Integrated Governance Report.

Improvement actions planned and timescales for implementation

Divisional teams are currently planning capacity and demand for their services in line with planning for 20/21. This planning includes proposals to convert lost clinical sessions into substantive consultant roles.

Teams continue to monitor and treat those patients waiting >26 weeks and >40 weeks. As at December, the Trust has 339 patients >26 (260 last month) and 23 patients >40 weeks (24 last month). Whilst teams are working to reduce these numbers, it should be noted that these numbers compare favourably relevant to other providers locally.

Operational Performance

Performance Domain: **Diagnostics**

Reporting Month: **December 2019**

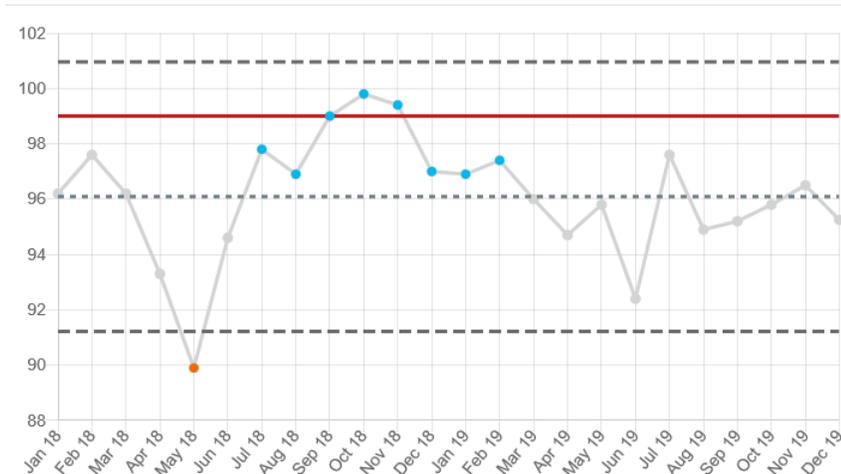
Executive Lead: **Rob Aitchison**

Key Indicators for the Board to note

IPR Key Performance Indicators (Diagnostics 6 Week Waiting Time)

6 Week Wait
 National Standard
 99%

Trust
95.25%



Analysis of current performance

Disappointingly, following attainment of the diagnostic recovery trajectory in previous months the trajectory set for December was narrowly missed this month. Key factors to consider included:

- However, it should be noted that the key elements outlined in the recovery plan did make an impact on performance during December. Fibroscan clinics commenced on 14th December with 54 patients given appointments. Regular clinics will now be provided by LTHT.
- In terms of Stress/Echo tests, twenty patients were treated by an external provider and our overall waiting time has dropped for this procedure
- The MRI scanner was down for 25.8% of its capacity in December (8 days).

Improvement actions planned and timescales for implementation

The pressure on stress echoes will continue and the department is still looking to outsource more of these procedures using waiting list initiative monies for winter pressures. These clinics could be arranged for late January and throughout this quarter. We are awaiting notification that these clinics can go ahead.

In terms of ultrasound, funding has been secured and locum sonographers will be working weekends in January. The MRI scans that will breach will be MSK arthrograms due to limited radiologist availability (this is likely to be <20) There was a cardiac CT backlog due to equipment breakdown in December. This is being rectified. Breaches will be reduced in this area.

The service are aiming recover performance to greater than 97% by the end of January

Operational Performance

Performance Domain: **Cancer**

Reporting Month: **December 2019**

Executive Lead: **Rob Aitchison**

Key Indicators for the Board to note

2 Week Wait

National Standard
93%

Performance
95.9 %

2 Week Wait - Breast

National Standard
93%

Trust
95.5 %

31 Day

National Standard
96%

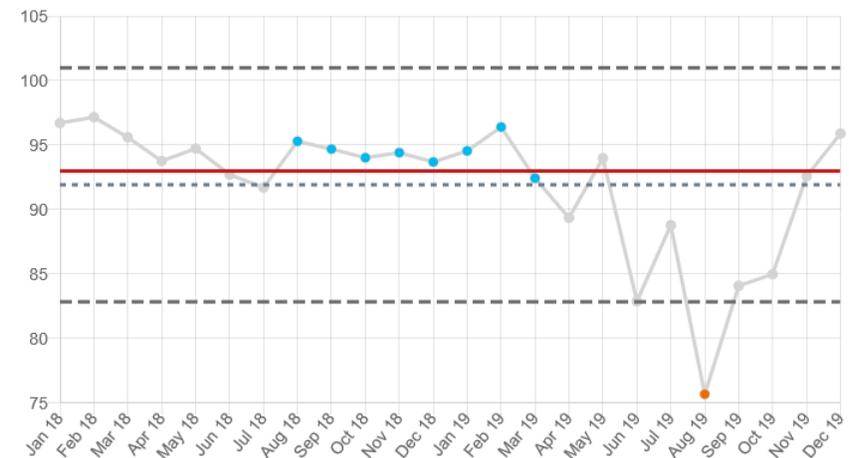
Trust
100 %

62 Day

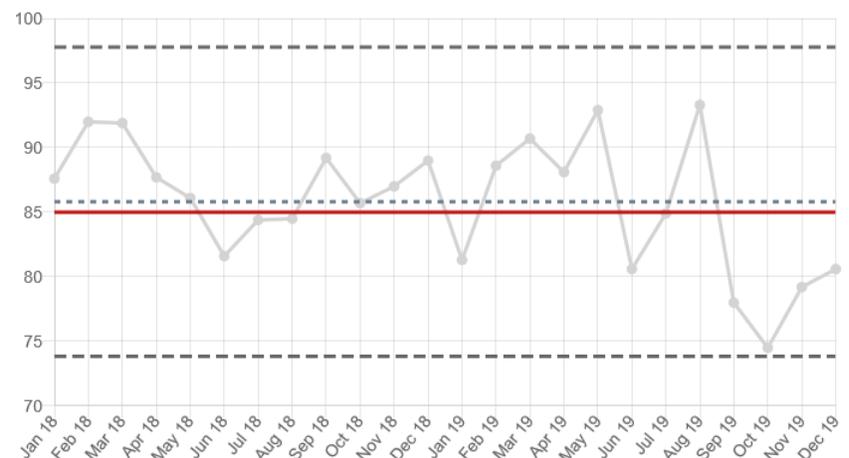
National Standard
85%

Trust
80.6 %

IPR Key Performance Indicators (Cancer 2 Week Wait from Urgent GP Referral)



IPR Key Performance Indicators (Cancer 62 Day Urgent Referral To Treatment)



Analysis of current performance

2 Week Wait – pleasingly this standard continued to improve in December following recent challenges within the endoscopy service and completion of the recovery action plan. This is a great achievement by the team and we will be looking to sustain this level of performance moving forwards.

31 day first treatment – this standard continued to be met during December, continuing excellent performance in this area.

62 day performance – as highlighted to Board in November, whilst a small improvement was seen during December the 62 day standard was again narrowly missed this month and subsequently failed for Q3. A total of 34 treatments were completed in month, with 6 of these pathways closed beyond 62 days. The reasons for those breaches included 1 patient who was unfit for treatment and 1 due to patient choice.

Improvement actions planned and timescales for implementation

Overall these standards are a current challenge for the Trust and so are being monitored closely. As previously noted, we have requested and already received some support from the NHS Improvement Intensive Support Team. The Chief Operating Officer has subsequently implemented additional performance management meetings with the relevant specialties that take place every fortnight.

Shadow monitoring of the new Diagnosed in 28 Days standard continues with the Trust achieving in the region of 80% each month. It has not yet been confirmed what the National Standard target will be set at.

As stated, work will continue during December to ensure patients are available and able to attend their appointment upon fast-track referral to the Trust.

Operational Performance

Performance Domain: **Productivity**

Reporting Month: **December 2019**

Executive Lead: **Rob Aitchison**

Key Indicators for the Board to note

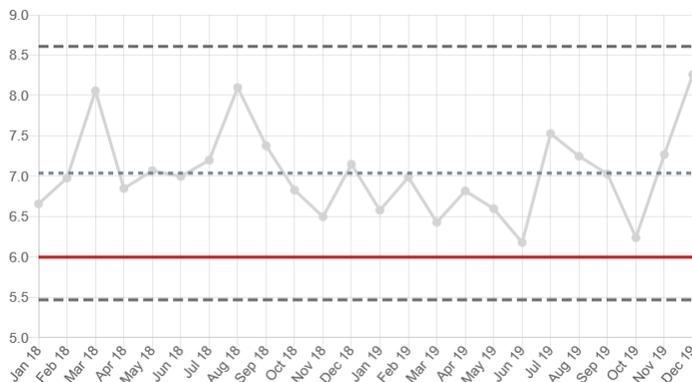
DNA Rate
 National Average (June 2019)
 9.1%

Trust
8.26 %

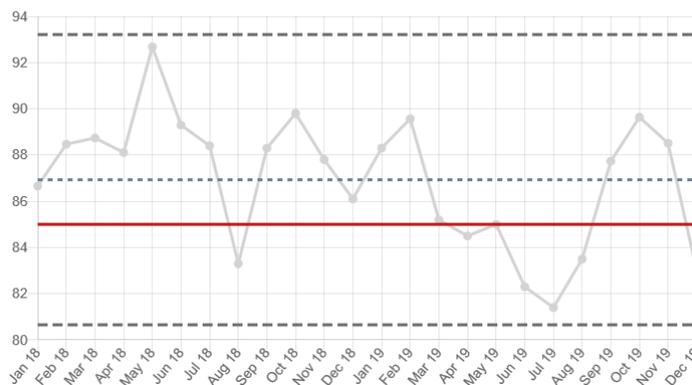
Theatre Time Utilisation
 Local Target
 >85%

Trust
83 %

IPR Key Performance Indicators (Outpatient DNA Rate)



IPR Key Performance Indicators (Theatre Time Utilisation)



Analysis of current performance

Outpatient DNA Rates

These remain consistently in line with the nationally benchmarked average between 7% and 9%. Further work through the Right Care programme on Outpatients shall help continue progress this, through continued initiatives such as the automated and personalised phone calls to some patients as well as text reminders being forwarded for appointments.

Theatre Time Utilisation

This decreased during December for fixed timetable sessions, although additional sessions that we are able to complete are being impacted by the current pension challenges. Within this our biggest specialties, General Surgery and Orthopaedics, are consistently utilising over 90% of their available operating time. Urology and Gynaecology are currently operating at

between 75% and 90% year to date.

Improvement actions planned and timescales for implementation

Outpatient DNA Rates

NHS England has approved funding for the West Yorkshire and Harrogate ICS to pilot the “Dr Doctor” solution under The Innovation and Technology Programme. The pilot presents an opportunity for the Trust to advance existing systems and processes, to enhance the patient experience and deliver operational benefits through the implementation of a fully automated, online, e-mail and SMS patient-led booking process.

Theatre Time Utilisation

It is anticipated that some of the further work completed through the Model Hospital and GIRFT with our clinical teams shall help further progress further improvements in this area. In Gynaecology we are already seeing some sustained improvement and over the past few months the specialty are averaging nearly 90% utilisation. Work shall also be completed around ENT and Oral Surgery sessions in conjunction with our acute collaboration work.

Quality, Safety, Experience

Performance Domain: Cognitive Screening and VTE

Reporting Month: December 2019

Executive Lead: Jill Asbury, Karl Mainprize, Amanda Stanford

Key Indicators for the Board to note

Cognitive Screening

National Standard
90%

Trust
85.8 %

IPR Key Performance Indicators (Cognitive Screening)

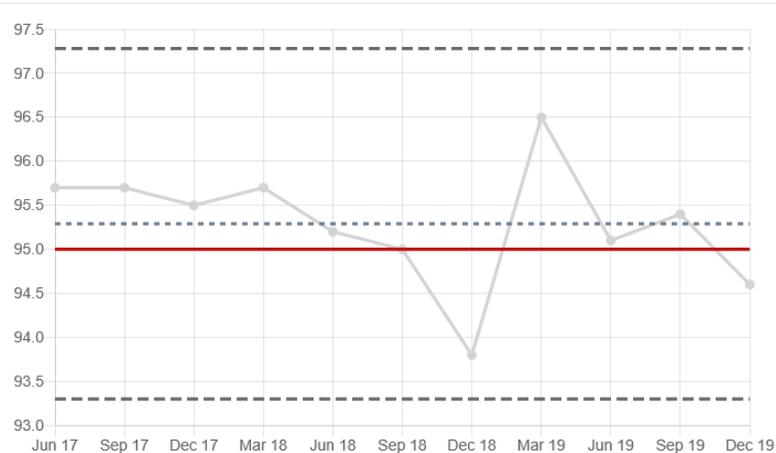


VTE Assessment

National Standard
95%

Trust
Dec 19 94.8%
Q3 94.6%

IPR Key Performance Indicators (VTE Assessment)



Analysis of current performance

Cognitive Screening and VTE thresholds were not met for December with VTE also not achieving for the quarter.

Improvement actions planned and timescales for implementation

Close to real-time reporting is now available detailing areas of non-compliance, this is to be incorporated as a direct link into the Doctor's Handover document to ensure visibility at all times.

Continued surveillance will be maintained at the IPR and Patient Safety Group

NHS Improvement Single Oversight Framework

The Single Oversight Framework assesses an organisation in five areas; Quality of care, Finance and use of resources, Operational performance, Strategic change and Leadership and improvement capability. This is linked to a segmentation process, putting Providers into one of four categories used to define the level of autonomy or support offered and applied to organisations. The Segments are as per the attached table;

Table 2: Segment description

Segment	Description
1	Providers with maximum autonomy – no potential support needs identified across our five themes – lowest level of oversight and expectation that provider will support providers in other segments
2	Providers offered targeted support – potential support needed in one or more of the five themes, but not in breach of licence (or equivalent for NHS trusts) and/or formal action is not needed
3	Providers receiving mandated support for significant concerns – the provider is in actual/suspected breach of the licence (or equivalent for NHS trusts)
4	Special measures – the provider is in actual/suspected breach of its licence (or equivalent for NHS trusts) with very serious/complex issues that mean that they are in special measures

NHS Improvement have recently communicated to the Foundation Trust to inform us that our current position in the Single Oversight Framework is Segment 2.

Segment 2 is where a Provider is offered targeted support in one or more of the five themes, but they are not in breach of their licence and/or formal action is not needed. This could be support either suggested or offered by the regulator to help improve the situation for particular areas. The Foundation Trust has historically utilised such offers of support and shall continue to actively seek and engage help for any areas identified in this framework.

As predicted, the few areas which are leading to us being categorised in Segment 2;

- Safe element of Care Quality Commission Inspection as Requires Improvement
- Well Led element of Care Quality Commission Inspection as Requires Improvement
- Performance Standards regarding A&E (and in year regarding Cancer and Diagnostics)
- Never Events
- Finance Control Total challenges

NHS Improvement review this monthly through a cross-organisation meeting with Care Quality Commission, NHS England and the local CCG's to review each Trusts performance.

As per the quarterly returns, NHS Improvement shall contact Foundation Trusts regarding their segmentation category as these are assessed and they shall also be published on their website.

The Performance Reports going forward shall reflect any updates in how the Foundation Trust is assessed.

NHS Improvement have also recently completed a consultation on updates to the Framework. The main update relating to the Governance element is the introduction of the national Dementia screening, assessment and referral standard that was previously a CQUINS.

Action required by the Council of Governors

The Council of Governors are asked to receive and note the Performance Report to December 2019.