

## Board of Directors

<b>Date:</b>	4 November 2020	<b>Attachment item:</b>	7																
<b>Title of Report:</b>	<b>Chief Executive's Report</b>																		
<b>Purpose of the report and the key issues for consideration/decision:</b>	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 2 September 2020.																		
<b>Prepared by:</b>	Victoria Pickles. Associate Director of Corporate Affairs																		
<b>Presented by:</b>	Brendan Brown, Chief Executive																		
<b>Strategic Objective(s) supported by this paper:</b>	<table border="1"> <tr> <td><b>Financial Sustainability</b></td> <td>X</td> <td><b>Empower &amp; Engage Staff</b></td> <td>X</td> </tr> <tr> <td><b>Quality of Care</b></td> <td>X</td> <td></td> <td></td> </tr> </table>			<b>Financial Sustainability</b>	X	<b>Empower &amp; Engage Staff</b>	X	<b>Quality of Care</b>	X										
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<b>Quality of Care</b>	X																		
<b>Is this on the Trust's risk register:</b>	<table border="1"> <tr> <td><b>No</b></td> <td>X</td> <td><b>Yes</b></td> <td></td> <td><b>If Yes, Score</b></td> <td></td> </tr> </table>			<b>No</b>	X	<b>Yes</b>		<b>If Yes, Score</b>											
<b>No</b>	X	<b>Yes</b>		<b>If Yes, Score</b>															
<b>Which CQC Standards apply to this report:</b>	Well Led																		
<b>Have all implications related to this report been considered: (please X)</b>	<table border="1"> <tr> <td><b>Finance Revenue &amp; Capital</b></td> <td>X</td> <td><b>Equality &amp; Diversity</b></td> <td></td> </tr> <tr> <td><b>National Policy/Legislation</b></td> <td>X</td> <td><b>Patient Experience</b></td> <td>X</td> </tr> <tr> <td><b>Human Resources</b></td> <td>X</td> <td><b>Terms of Authorisation</b></td> <td>X</td> </tr> <tr> <td><b>Governance &amp; Risk Management (BAF)</b></td> <td>X</td> <td><b>Other:</b></td> <td></td> </tr> </table>			<b>Finance Revenue &amp; Capital</b>	X	<b>Equality &amp; Diversity</b>		<b>National Policy/Legislation</b>	X	<b>Patient Experience</b>	X	<b>Human Resources</b>	X	<b>Terms of Authorisation</b>	X	<b>Governance &amp; Risk Management (BAF)</b>	X	<b>Other:</b>	
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<b>Action Required: (please X)</b>	<table border="1"> <tr> <td><b>Approve</b></td> <td></td> <td><b>Discuss</b></td> <td>X</td> <td><b>Receive for information</b></td> <td></td> <td><b>Decision</b></td> <td></td> </tr> </table>			<b>Approve</b>		<b>Discuss</b>	X	<b>Receive for information</b>		<b>Decision</b>									
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<b>Previously Considered By:</b>	<table border="1"> <tr> <td>N/A</td> <td><b>Date:</b></td> <td></td> </tr> </table>			N/A	<b>Date:</b>														
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<b>Recommendations:</b>	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 4 November 2020

### 1. Population

1.1. I am starting this report under the heading of population which reflects the ongoing position in relation to **the impact of the Covid-19 pandemic**. As I write this report, it has been announced that West Yorkshire will move into Tier 3 with effect from Monday 2 November. This is not unexpected. Trusts across West Yorkshire have seen a steady increase in the number of covid positive patients in our bed base alongside the rising infection rates. The difference between now and the first wave of the pandemic is that we have also seen a continued increase in the numbers of non-covid activity through our emergency department meaning that our bed occupancy has grown from 65% to approximately 85%, in an environment where we are very closely managing the separation of covid and non-covid patients.

As a result, like all trusts across West Yorkshire, we took the difficult decision to pause non-urgent elective activity for two weeks. We continue to see urgent, cancer and day case surgical patients, and our outpatients and diagnostics are running as they were. All of these remain under review as the teams work hard to manage the flow of patients through the building.

Our community teams are also extremely busy supporting patients in their homes. We are working closely with our partners in social care, primary care and the care and voluntary sectors to ensure that our patients are discharged as safely and quickly as possible.



For all of us, it is important that we role model behaviours both inside and outside of work and remember the key messages:

- Wash your hands frequently and use hand gel regularly.
- Wear the correct PPE at all times
- Remember to stay socially distanced at all times

The move to tier 3 inevitably has meant that we have re-introduced the visiting restrictions. We know that this will be disappointing for the friends and family of patients in our care and we are increasing the services we have in place – virtual visiting; drop off service; sending hugs; and care parcels – as well as introducing support to the wards to handle relatives' queries and calls.

1.2. NHS Providers has published the results of its annual survey of NHS hospital, mental health, community and ambulance trusts – [The state of the NHS provider sector 2020](#). Each year, the survey looks at the past year's policy developments and provides commentary on the sector's contributions. As well as including some tracker questions from previous annual surveys, the survey also focussed on the

current environment and the preparedness of the provider sector to meet pressing challenges related to the coronavirus pandemic and recovery of services in the months ahead. The survey asked for members' views across a number of areas, such as COVID-19, Brexit, capacity to meet rising demand, winter pressures, quality of care, workforce priorities and system working.

The results reflect the concerns of this Board, with the wellbeing and resilience of the workforce being the number one issue – and the Board will be discussing this later on today's agenda.

- 1.3. The Department of Health and Social Care (DHSC) has published a national Personal Protective Equipment (PPE) Strategy. The strategy covers England, and details work undertaken since the first peak of the COVID-19 pandemic to move away from an emergency response and towards a stable and resilient PPE supply. It also sets out a plan and associated targets to prepare PPE stockpiles and distribution systems for future waves of the virus, accounting for the fact that the next wave will take place alongside winter pressures. The preparations include completion of a Board Assurance Framework to support trusts in assessing their compliance with this training. Compliance is expected to be monitored by Boards and submitted to the Care Quality Commission at their request..<https://nhsproviders.org/media/690196/next-day-briefing-ppe-strategy.pdf>

## 2. Patients

- 2.1. The Integrated Performance Report this month shows that we continued to focus on performance while restarting services. However during September the demand for hospital services began to increase and it has become progressively more challenging over the last two weeks. The Chief Operating Officer will provide an update on the particular pressures across the hospital and our local system at this meeting and the impact that this is having on performance. It must be stressed that at all times our focus remains on the quality of care for our patients and keeping them safe while in our hospital.
- 2.2. This focus on the quality of care is reflected in the [Care Quality Commission's \(CQC's\) 2020](#) report on the state of health care and adult social care in England which examines how well the system was working before the arrival of COVID-19, including improvements to the quality of care in the lead up to March 2020, and the impact of COVID-19 on providers, our colleagues, and the patients and communities we serve. The report also summarises findings from 11 provider collaboration reviews, carried out to assess the impact of joint working in systems on the care people received during the first wave of the pandemic. NHS Providers have done a useful summary of the report [here](#).
- 2.3. Our orthopaedic teams have recently **launched the first NHS one-stop upper limb clinic** to reduce waiting and treatment times for patients with shoulder pain. The new clinic allows patients with shoulder or elbow problems to see a consultant

surgeon and consultant radiologist, get a diagnosis and treatment plan and start treatment such as injections and physiotherapy, all at the same appointment. It will reduce patient appointments at the hospital from four to one and will reduce waiting times to around four weeks. The team has also invested in an online system so patients can report their own symptoms before clinic and throughout their treatment and afterwards, without having to come back to the clinic.

2.4. Surgicube opened in September and saw its first patients. We are the first Trust in Yorkshire and one of only a few in the country to have a Surgicube. The surgical unit features a mobile hood to create an ultra-clean air environment so our patients can now have microsurgeries like cataract surgery quickly easily and safely in our Dales Suite. Patients don't have to prepare for surgery in the same way. They don't need to dress for surgery and the fact that they can sit down themselves on the treatment chair and the surgery is completed quickly creates a much more relaxing experience. By expanding our operating capacity in this way it means the Dales Suite will be able to be used for other surgical procedures in the future, such as minor hand and foot surgeries.

### 3. People

3.1. I was honoured and delighted that His Royal Highness The Prince of Wales recorded a [special video message](#) for our staff, in celebration of our 50<sup>th</sup> anniversary. His Royal Highness officially opened the hospital in December 1970, and his message is a fitting way to honour the extraordinary commitment of our people over the last year, as well as the hospital's 50th anniversary. His Royal Highness also signalled the Trust's role as a cornerstone of our community, and our commitment to providing services for the next 50 years.

The West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) Review into the impact of COVID-19 on health inequalities and support needed for Black Asian and minority ethnic (BAME) communities and colleagues has published its [report](#) setting out the critical next steps.

The review panel sessions, chaired by Professor Dame Donna Kinnair, Chief Executive and General Secretary of the Royal College of Nursing, a leading figure in national health and care policy, included WY&H HCP leaders, members of the WY&H HCP BAME Network and voluntary and community sector partners.

The Report recommendations include:

- Delivery of co-designed ethnically appropriate advice and support for people working in high risk roles to mitigate risk to their health, their families and communities.

- Equality of opportunities for BAME groups in all economic development and recovery plans, including work on apprenticeships, job creation and start up grants.
- The coproduction of an anti-racism campaign. Recognising and appreciating that BAME is not one homogenous population.
- Inclusive leadership standards which leaders pledge to personally uphold within their organisations, starting with recruitment and selection processes.
- Development of independent discrimination panels with BAME representation to review all cases of racial discrimination in disciplinary and complaints cases.
- All organisations in West Yorkshire and Harrogate engage in positive action to actively seek out local, ethnically representative talent with local recruitment targets for senior level roles.
- Ensure that ethnicity recording is 100% in all settings and that this data, coupled with local insight, is used across WY&H HCP to inform the design and delivery of care.
- Monitoring of service access, uptake and outcomes by ethnicity to identify inequalities.
- Demonstration that services are culturally competent and are contributing towards reducing inequalities.
- Work to address the determinants that lead to ethnic inequalities in mental health. This includes using procurement and employment opportunities to create community wealth among BAME populations, improving housing conditions for people from BAME communities, and equity in skills opportunities.
- Work together to co-ordinate, lead and measure progress on reducing inequalities in mental health by ethnicity, including sharing good practice, improving use of evidence and coordinating training.
- Support the voluntary, community and social enterprise sector to provide ongoing mental health support to Black, Asian and minority ethnicity communities. Colleagues from this sector should receive additional specialist emotional and practical support to continue this work.

The Director of People and OD will be leading the response from Airedale to these recommendations.

3.2. Our staff flu campaign launched in September and to date 54% of eligible (ie patient-facing) staff have been vaccinated. Credit should go to our peer vaccinators and employee health team for their hard work in administering the vaccinations and encouraging people to take them up. The Director of Nursing will expand on this in her report

3.3. October was Freedom To Speak Up Month and Kate Bell, our Freedom To Speak Up Guardian, led a campaign to highlight the role of the Guardian, and remind people about why it is important to speak up. This included Kate's appearance on a virtual staff briefing to launch the campaign, the launch of an Airedale-specific animation describing why people should speak up (which will be used at induction

going forward) encouraging people to make pledges across the month, and the sharing on the Trust website of a Freedom To Speak Up blog written by the Director of People and OD.

- 3.4. October was also [Black History Month](#) and members of our BAME inclusion group have been working with the Trust's communications team to make a short film highlighting the experience of BAME colleagues. Members of the group have also shared relevant webinars about Black history and experience, and have played a key role in the BAME review carried out by the West Yorkshire and Harrogate Health and Care Partnership, which was launched on 22 October.
- 3.5. Finance manager Amy Denning has received a national Value Maker award in recognition of her outstanding teamwork. Amy was named Team Player of the year at the Future-Focussed Finance virtual ceremony on 24 September. The Team Player Award is given to those who build strong relationships and collaborate effectively with others across the organisation and system. It is a double celebration for the team as the Trust has also recently gained the Future Focussed Finance 'Towards Excellence' Level 1 accreditation, which is given to organisations that have the very best finance skills development culture and practices.
- 3.6. Since the last Board meeting, there have been a number of key appointments made within the Trust:
  - Amanda Stanford has been appointed as Chief Nurse and will move into the role when Jill Asbury retires at the end of the year. The interviews for the Director of Finance take place on Monday 2 November and we look forward to announcing the successful candidate at the Board meeting.
  - Dr Julie O'Riordan has been appointed Deputy Medical Director. She will also lead the Division of Surgery and Diagnostics as Divisional Director. Julie is a Consultant in Anaesthetics and Intensive Care Medicine, and is an experienced Clinical Director and Divisional Director working in West Yorkshire. We look forward to her joining us in the New Year. I would like to thank Dr Girish Ragnathan for taking on this leadership role on an interim basis.
  - Dr Tom Hollins has been appointed substantively as Divisional Director for Women's Children's and Specialist Services. Tom is known to colleagues at Airedale, and will commence with immediate effect.
  - AGH Solutions has appointed Mike Atherton to the role of Finance and Commercial Director. Mike is a chartered accountant by background and was a partner at KPMG. He was a strategic asset management company, and Carillion plc.
  - We have appointed a new Guardian of Safe Working. Respiratory consultant Dr Sam Roberts has taken over the role from Dr Martin Kelsey who has started a new role as Deputy Director of Medical Education. Dr Robert's first report will go to People Committee next month.

#### **4. Partnership**

4.1. We continue to work in partnership across a place and regional level. The West Yorkshire Association of Acute Trusts met on 27 October to discuss our shared response to the increasing activity and staffing challenges; the impact of the covid-19 rising infection rates; and how we would ensure that we are ready to implement a vaccination programme.

4.2. Across Bradford District and Craven we have been progressing the Act as One programmes, in particular the Access to Care, Diabetes and Respiratory programmes. In addition, linked to the discussions around the proposal for a new build for Airedale, we have been working as a system to look at a place based estates strategy for the future, linked to the system-wide clinical strategy.

4.3. Building on the launch of its BAME review report and as part of its commitment to tackle discrimination and abuse towards communities and its workforce, Airedale is supporting the WY&H campaign called Positive About Islam to challenge the misconceptions people may have about the religion and those that follow it. WY&H HCP's BAME Network has led on developing the area's campaign to raise awareness of the positive contribution made by Muslims both in current times as well as historically. During the month the campaign will highlight the role of women in Islam, share blogs from Muslims talking about their lived experience of how their faith has impacted on their work.

#### **5. Progressing**

5.1. We are progressing discussions with the County Air Ambulance Trust to explore the siting of a helipad on the Airedale site.

#### **6. Recommendations**

The Board of Directors is asked to consider the items in this report as context for the reports included on the agenda for today's meeting.